# 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 Commis 00069502	sion Filers)	2 Total pages fi	led: 33
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Dennis R.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	THOIR WILL	Paul		0011170		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	CUITE # CIT	V.	ZIP CODE	Date Hand-delivered o	or Data Postmarkad
4 CANDIDATE / OFFICEHOLDER	626 1/2 Barringer Ln., Ste.		Ι,	ZIP CODE	bate Hand delivered to	or Bate i ostinarica
MAILING ADDRESS	020 1/2 Danniger Lin., Ste.	_			Receipt #	Amount
Change of Address	Webster, TX 77598					
Onlinge of Address	Webster, 1A 77596				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Larry M.				
NAME		,				
	NICKNAME	LAST		SUFFIX		
		Hicks				
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	4145 Gessner Road, Suite	B-415				
(Residence or Business)						
	Houston, TX 77080					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	EXTENSION			
TREASURER PHONE	(713) 785-5515					
PHONE						
8 REPORT					_	
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer ceholder only)
	X July 15	8th day before 6		Exceeded modified	Final Report (Att	
		•	_	reporting limit	-	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	5	
49 51 5031511	EL E02:2::2:2	<u> </u>		EL FOTIO: EL FO		
10 ELECTION	ELECTION DATE  Month Day Year		rimary	ELECTION TYPE Runoff	Other	
	03/03/2026				Other	
		│ ∐ <sup>G</sup>	eneral	Special		
44.055:55	055105 1/51 5 ///			I.a. opp.op 5 - · · -	(1)	
11 OFFICE	OFFICE HELD (if any) State Representative Distri	et 120 Calvecte	on	12 OFFICE SOUGHT State Senator Di		
	State Representative Distri	ci 129 Gaivesii	UII	State Seriator Di	Strict 11	
		CC T	O DACE 2			
		GOI	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Paul, Dennis R. (The	Honorable)		14 Filer ID (Ethics Commission Filers) 00069502			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures n	accepted or political expenditu may have been made without t juired to report this information	the candidate's or office	holder's kno	wledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
_	GENERAL						
		COMMITTEE ADDR	ESS				
	SPECIFIC						
		COMMITTEE CAMP	AIGN TREASURER NAME				
		COMMITTEE CAMP	AIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00	
	5)	\$	132,300.00				
EXPENDITURE TOTALS						0.00	
	4. TOTAL POLITICAL EXPENDITURES					30,617.04	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	149,130.86	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	25,000.00	
<b>17</b> AFFIDAVIT		tru	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.				
			The Hono	orable Dennis R. Pau	ıl		
			Signature of	Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE					
				, this the		_ day	
of	, 20, to co	ertify which, witness m	ny hand and seal of office.				
Signature of office	cer administering	Printed name of	f officer administering	Title of officer	administerin	ig oath	

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

				3 of 33
18 FILER NAM Paul, Deni	ME nis R. (The Honorable)	<b>19</b> Filer ID 00069502	(Ethics Co	mmission Filers)
20 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBT	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	132,300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	30,617.04	
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/33	
2	FILER NAME Paul, Dennis	s R. (The Honorable)		3	Filer ID (Ethics Commission 00069502	on Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ACEC Consulting Engineering PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$1,000.00
_	5	Austin, TX 78701	la = 1 (0 1 1 ii			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Alvia, Steven D.  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10,000.00
	Dringinal occu	Houston, TX 77040  Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	Partner	pation / 300 title (3ee instructions)	New Quest Properties			
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bowen, Scott Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Webster, TX 77598				
		pation / Job title (See Instructions) uction Manager	Employer (See Instructions TPC Group	)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Briggs, Mark Contributor address; City; State; Zip Code El lago, TX 77586			Amount of Contribution (\$)	\$2,000.00
	Principal occu Manager	pation / Job title (See Instructions)	Employer (See Instructions Hpp	)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Bristol Myers Squibb PAC  Contributor address; City; State; Zip Code  Washington, DC 20004			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/33	
2	FILER NAME Paul, Dennis	R. (The Honorable)			3	Filer ID (Ethics Commission 00069502	on Filers)
4	Date 06/25/2025	5 Full name of contributor Capital Leadership Fund	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor  Casselberry, Craig  Contributor address; City; State		)		Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78732 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Consultant			Quorum Public Affairs, I	nc.		
	Date 06/27/2025	Full name of contributor Centerpoint Energy PAC Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Deinsinal assu	Houston, TX 77210-4567		Franks var (Caa kastrustiana			
	Pilicipai occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/25/2025	Full name of contributor  Delisi Communications PAC  Contributor address; City; State  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor  Dixon, Lee Anne  Contributor address; City; State  Bellaire, TX 77401	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$200.00
	Principal occu Civil Engine	pation / Job title (See Instructions) er		Employer (See Instructions Walter P Moore	)		
			,				

	MONEI	ARY POLITICAL CONTRIBUTIO	NS .	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/33
2	FILER NAME Paul, Dennis	R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069502
4	Date 06/29/2025	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$11,000.00
		Houston, TX 77068		
8	Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instructions Elswick Auutomotive	)
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Galveston Pilots for Good Government Contributor address; City; State; Zip Code Galveston, TX 77552		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	)	
	Date 06/25/2025	Full name of contributor	)	Amount of Contribution (\$) \$250.00
	Principal occu	Austin, TX 78701-5001 pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 06/27/2025	Full name of contributor	000337394	Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Gunderson, Samuel Contributor address; City; State; Zip Code Seabrook, TX 77586		Amount of Contribution (\$) \$1,000.00
		pation / Job title (See Instructions) rector on Deferred Retirement	Employer (See Instructions NASA	)

	MONET	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/33	
2	FILER NAME Paul, Dennis	R. (The Honorable)			3	Filer ID (Ethics Commissi 00069502	on Filers)
4	Date 06/25/2025	5 Full name of contributor HILLCO PAC 6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701	,				
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Ins	tructions)		
	Date 06/25/2025	Full name of contributor HOMEPAC of Texas Contributor address; City; S		Employer (See Instructions)  It-of-state PAC (ID#:) Amount of Contribution (\$)		\$1,000.00	
	<u> </u>	Austin, TX 78701					
	Principal occupation / Job title (See Instructions)  Employer (See Instru				tructions)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:) Holzheauser, Craig  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00	
		Austin, TX 78701					
	Principal occu Principal	pation / Job title (See Instructions	s)	Employer (See Inst		Affairs	
	Date 06/25/2025	Full name of contributor Howard, Jay Contributor address; City; S Austin, TX 78701				Amount of Contribution (\$)	\$1,500.00
	Principal occu Partner	pation / Job title (See Instructions	5)	Employer (See Ins Hillco	tructions)		
	Date 06/25/2025	Full name of contributor Insuring Texas PAC Contributor address; City; S Austin, TX 78735	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Ins	tructions)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/33	
2	FILER NAME Paul, Dennis	R. (The Honorable)			3	Filer ID (Ethics Commission 00069502	on Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor</li></ul>	ate PAC (ID#:		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	wichita Falls, TX 76308 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor out-of-st  Kerkhoff, Craig	ate PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		Contributor address; City; State; Zip Coo Dallas, TX 75243					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Engineer	Engineer Birkhoff, Hendricks &		Birkhoff, Hendricks & Ca	arte	er, L.L.P.	
	Date 06/27/2025				Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/25/2025	Moak Casey PAC		)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/25/2025	Full name of contributor out-of-st PAC of Indepedent Insurance Agent Contributor address; City; State; Zip Cod Austin, TX 78768				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/33
2	FILER NAME Paul, Dennis	s R. (The Honorable)		1	Filer ID (Ethics Commission Filers) 00069502
4	Date 06/27/2025	5 Full name of contributor out-of-state PAC (ID#:_ Richard Weekley  6 Contributor address; City; State; Zip Code		+	Amount of Contribution (\$) \$12,500.00
		Houston, TX 77055			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Russo, Christopher Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$50.00
	Principal occu	El Lago, TX 77586 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>  s)	
	President, N		Strong Borders Foundat		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: TALHI Life Insurance PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$5,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)	
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Texans United for a Conservative Majority  Contributor address; City; State; Zip Code  Victoria , TX 77901	)		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)	
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)	
		•			

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/33	
2	FILER NAME Paul, Dennis	R. (The Honorable)			3	Filer ID (Ethics Commission 00069502	on Filers)
4	Date 06/25/2025	<ul><li>5 Full name of contributor</li><li>Texas Association of Hea</li><li>6 Contributor address; City; St</li></ul>		)	7	Amount of Contribution (\$)	\$5,000.00
_	Deignaignal	Austin, TX 78701	, I	O Francisco (Coo Instructions			
ð	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	Date 06/25/2025	Full name of contributor The Beer Alliance of Texa Contributor address; City; St		)	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 5)		
	Date 06/29/2025	Full name of contributor Thomas, Suchmor Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Physician	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor Tomlinson, Richard Contributor address; City; St Houston, TX 77258				Amount of Contribution (\$)	\$5,000.00
	Principal occu Engineer	pation / Job title (See Instructions	)	Employer (See Instructions Gulf Project Solutions	5)		
	Date 06/27/2025	Full name of contributor Troutman Pepper Locke Contributor address; City; St Atlanta, GA 30308	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	NTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to c	complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/33	
2	FILER NAME Paul, Dennis	R. (The Honorable)			3	Filer ID (Ethics Commissi 00069502	on Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor  on Wholesale Beer Distributors PA</li> <li>Contributor address; City; State; Z</li> </ul>			7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/26/2025	Full name of contributor of wilson, Kirk  Contributor address; City; State; Z  Dallas, TX 75229	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions T Wilson Western Fronti			
	Date 06/26/2025	Full name of contributor on the second of th	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Tolunay-Wong Engineer			

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide e	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	Filers)
-	Sch: 1/22 Rpt: 12/33		s R. (The Honorable	e)			ľ	00069502	(Lance Commission	
4	Date	5 Payee name								
	03/21/2025	ATT Conf B	anquets							
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	ode					
	\$20.00	1900 Unive	rsity Ave							
		Austiin, TX	78701							
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Bever	age Expense			=		de of Texas. Comp		
						Meals	, 17,	officeholder living	ехрепзе	
9	Complete ONLY if direct		ceholder name	Office sou	l ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	01/21/2025	American L	egislative Exchange	Council						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$200.00	2900 Crysta	al Dr., Ste. 600							
		Arlington, V	A 22202							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees				<b>=</b>		de of Texas. Comp officeholder living		
						Membership			expense	
						Weinberamp	Du	<b>C</b>		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	05/15/2025	American L	egislative Exchange	Council						
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$575.00	2900 Crysta	al Dr., Ste. 600							
		Arlington, V	A 22202							
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Fees						de of Texas. Comp officeholder living		
						Membership			ехрепзе	
							_ u			
$\vdash$	Complete ONLY if direct	L Candidate/Offi	ceholder name	Office sou	l laht			Office he	eld	
	expenditure to benefit C/O		SS.IOIGOI HAIHO	Onice 300	.911L			Omice ne		
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 comple	ete this form.
1	Total pages Schedule F1: Sch: 2/22 Rpt: 13/33	FILER NAME     Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4	Date 06/02/2025	Payee name     American Legislative Exchange Council	00000002
6	Amount (\$) \$625.00	7 Payee address; City; State; Zip Code 2900 Crystal Dr., Ste. 600  Arlington, VA 22202	
8	PURPOSE OF EXPENDITURE	-	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership Dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/07/2025	Payee name Anedot	
	Amount (\$) \$100.30	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770	
	PURPOSE OF EXPENDITURE	New Orleans, LA 70112  (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  Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/30/2025	Payee name B1 Bank	
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 1800 E Nasa Pkwy	
	PURPOSE OF EXPENDITURE	Houston, TX 77058  (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  Bank Service Charges
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/22 Rpt: 14/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	05/05/2025	Bay Area Houston Transport Partnership
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	16821Buccaneer Lane, Suite 200
		Houston, TX 77058
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		General Advertising
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantiale to belief of of	'
	Date	Payee name
	01/07/2025	Bentch, Gregory
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	5809 Gloucester Ln
		Austin, TX 78723
	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
		Contract Labor for Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/11/2025	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1 E. Greenway Plaza, Suite 225
	, ,	
		Houston, TX 77046-0106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense  Website & Media
		Website & Wedia
	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 Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		es/Wag	es/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
	orean out a tyment			The Instruction Gu	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
	Sch: 4/22 Rpt: 15/33		Paul, Dennis	s R. (The Honor	able)				00069502		
4	Date	5	Payee name					•			
	06/11/2025			& Associates							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	 !				
	\$95.00		1 E. Greenw	ay Plaza, Suite	225						
				•							
			Houston TX	77046-0106							
_	DUDDOCE	(0)				/h	) 5 · · ·				
8	PURPOSE OF	(a)		e Categories listed at th		(D	Description  Check if travel	outei	ide of Teyes Con	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Exp	ense				, officeholder living		
							Consultation	Со	sts		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office :	sough	t		Office h	eld	
	expenditure to benefit C/OI	Η				Ü					
$\vdash$	Date	Г	Payee name								
	02/07/2025		Chick Fil A								
_	Amount (\$)	┝	Payee addres	ss; City;	State; Zip	Code					
	\$32.96		•	n Luther King	State, Zip	Couc					
	Ψ32.90		JUJ W Marti	II Lutilei Kilig							
				10704							
			Austin, TX 7	8701							
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b	) Description				
	EXPENDITURE		Food/Bevera	age Expense			<b>=</b>		ide of Texas. Com , officeholder livin	plete Schedule T.	
							Meals	Ι, ΙΛ,	, omeenoider iiviii	у схрензе	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office	Sonap.	t		Office h	eld	
	expenditure to benefit C/OI					g	-				
-	Date	Г	Daysa nama								
	03/17/2025		Payee name Chick Fil A								
		_		O't	Otata: 75a	0-1-					
	Amount (\$)		Payee addres		State; Zip	Code					
	\$10.49		503 W Marti	n Luther King							
			Austin, TX 7	8701							
	PURPOSE OF	(a)		e Categories listed at th	e top of this schedule)	(b	) Description				
	EXPENDITURE		Food/Bevera	age Expense					ide of Texas. Con , officeholder livin	plete Schedule T.	
							Meals	Ι, ΙΛ,	, omeenoider iiviii	у схрензе	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office :	souah	t		Office h	eld	
	expenditure to benefit C/OI				230	g. i	-		200 11		
$\vdash$											
l											

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By 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: 5/22 Rpt: 16/33	Paul, Dennis R. (The Honorable) 00069502	
4	Date	5 Payee name	_
	03/19/2025	Chick Fil A	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$48.06	503 W Martin Luther King	
		Austin, TX 78701	
8	PURPOSE		_
0	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Meals	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	=
	02/28/2025	Clayton Spangler Photographic Design	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$549.00	235 Point Lick Drive	
	,		
		Charlston, WV 25306	
	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	
		Printing and Copying	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	<del>1</del>	
	Date	Payee name	_
	03/27/2025	Communities in Schools - Bay Area	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 580096	
		Houston, TX 77258-0096	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Solicitation/Fundraising Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Organization Sponsorship	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	ехрениците то ренент С/О		

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed abo	ove)
				The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 6/22 Rpt: 17/33		Paul, Dennis	s R. (The Hono	rable)					00069502		
4	Date	5	Payee name									
	01/17/2025		Constant Co	ontact								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$117.26		1601 Trapel	o Road								
			Waltham, M	A 12451								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description				
	OF	` `		nead/Rental Ex		adic)		Check if travel			plete Schedule T.	
	EXPENDITURE							_		officeholder living	g expense	
								E-Mail Servic	е			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	fice sou	ght			Office h	eld	
	Date		Payee name									
	01/22/2025		Constant Co	ontact								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$126.85		1601 Trapel	o Road								
			Waltham, M	A 12451								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			<b>=</b>			plete Schedule T.	
	-							E-Mail Servic		officeholder living	g expense	
								L Mail Scrvic	,			
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name	Of	fice sou	aht			Office he	əld	
	expenditure to benefit C/OI		Janara ato, o me	seriolaei riame	O.		9110			Omoo n	old .	
_	Date	<u> </u>	Davisa nama									
	02/24/2025		Payee name Constant Co	ntact								
					Ctata	7:n Co	al a					
	Amount (\$) \$126.85		Payee addres		State;	Zip Co	ae					
	Φ120.05		1601 Trapel	0 Roau								
			147-101 14	A 40454								
			Waltham, M									
	PURPOSE OF	(a)		e Categories listed at		dule)	(b)	Description	outo:	do of Toyon Com	volete Cebedule T	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			므		officeholder living	plete Schedule T. g expense	
								E-Mail Servic				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	fice sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
1												

#### SCHEDULE F1

Advertising Expense Eve
Accounting/Banking Fee
Consulting Expense Foo
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 B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/22 Rpt: 18/33	Paul, Dennis R. (The Honorable) 00069502
4 Date	5 Payee name
03/24/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$126.85	1601 Trapelo Road
	Waltham, MA 12451
8 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
	E-Mail Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	
Date	Payee name
04/22/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$126.85	1601 Trapelo Road
	Waltham, MA 12451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	E-Mail Service
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/27/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$126.85	1601 Trapelo Road
	Waltham, MA 12451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	E-Mail Service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 8/22 Rpt: 19/33	Paul, Dennis R. (The Honorable)  00069502
4	Date	5 Payee name
	06/18/2025	Constant Contact
6	Amount (\$) \$139.65	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 12451
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  E-Mail Service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2025	Daily Court Review
	Amount (\$) \$73.08	Payee address; City; State; Zip Code P.O. Box 1889
		Houston, TX 77251
	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  Public Notice Requirement
		i ubile Notice Requirement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Galveston County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	104 Spyglass Dr.
		League City, TX 77598
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF 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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/22 Rpt: 20/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	06/11/2025	Harris County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	8588 Katy Freeway, Suite 445
		Houston, TX 77024
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Avertin TV officeholder living greeners
		Candidate/Officeholder/Political Committee
		Contributions
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Payee name
	01/07/2025	
L		Holiday Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$557.28	302 W Bay Area Blvd
		Webster, TX 77598
	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  Lodging for election night party
		Loughing for election highlic party
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	David and a second a second and
	03/26/2025	Payee name Kyle Manley
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.40	401 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meals
		IVICAIS
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

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

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: 10/22 Rpt: 21/33	Paul, Dennis R. (The Honorable) 00069502				
4	Date	5 Payee name				
	03/24/2025	LAZ Parking				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$27.06	1701 Allen Parkway				
		Houston, TX 77019				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense  Check if Austin, TX, officeholder living expense  Parking & Tolls				
		Taiking & Toils				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/O					
_						
	Date	Payee name				
	06/23/2025	La Casona				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.25	2909 North Velasco				
		Angleton, TX 77515				
	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				
		Meals				
		Medio				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
$\vdash$	Date	Payee name				
	02/24/2025	Payee name  La Porte - Bayshore Chamber of Commerce				
		·				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$180.00	P.O. Box 996				
L		La Porte, TX 77572-0996				
	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 Political Event Registration				
		i oiliidai Everit Negistration				
_	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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 11/22 Rpt: 22/33	Paul, Dennis R. (The Honorable) 00069502
4 Date	5 Payee name
03/27/2025	La Porte - Bayshore Chamber of Commerce
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 996
	La Porte, TX 77572-0996
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Organization Sponsorship
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
06/02/2025	Larry M. Hicks CPA
Amount (\$)	Payee address; City; State; Zip Code
\$1,730.00	10500 Northwest Freeway, Suite 212
	Houston, TX 77092
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.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Accounting & Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Supplication to bottom 0/01	
Date	Payee name
06/02/2025	Larry M. Hicks CPA
Amount (\$)	Payee address; City; State; Zip Code
\$29.20	10500 Northwest Freeway, Suite 212
	Houston, TX 77092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Postage, Mailing Service
Computate CNU V if allo	Constitute (Office helder nome
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 Comr 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	
┝	T. 1	
1	Total pages Schedule F1: Sch: 12/22 Rpt: 23/33	2 FILER NAME Paul, Dennis R. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069502
4	Date	5 Payee name
	05/19/2025	Lunar Rendezvous Festival
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 57486  Webster, TX 77598
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense  Organization Sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Nextlevel Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.39	701 Brazos Street #100
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Parking & Tolls
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	Quattro Gatti
	Amount (\$)	Payee address; City; State; Zip Code
	\$382.18	100-126 West 7th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/22 Rpt: 24/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	06/02/2025	Quattro Gatti
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$607.90	100-126 West 7th Street
		Austini, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Conference, Convention, Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/05/2025	SGL Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,335.00	PO Box 591015
	, , , , , , , , , , , , , , , , , , , ,	
		Houston, TX 77259
	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
		Solidating
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
_	Date	Payee name
	01/05/2025	SGL Consulting
	Amount (\$)	Payee address; City; State; Zip Code
	\$179.58	PO Box 591015
	Ψ173.30	1 0 Bbx 331013
		Houston, TX 77259
	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
		Postage, Mailing Service
	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/O	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 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: 14/22 Rpt: 25/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	05/05/2025	South Belt-Ellington Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	10500 Scarsdale
		Houston, TX 77089
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 Political Event Registration
		Folitical Event Negistration
_	Operation Children	On didn't 10 ff a halden name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	South Belt-Ellington Leader
	Amount (\$)	Payee address; City; State; Zip Code
	\$510.00	11555 Beamer
		Houston, TX 77089
	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.
		Concert Advantising
		General Advertising
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	South Belt-Ellington Leader
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	11555 Beamer
		Houston, TX 77089
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		General Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 15/22 Rpt: 26/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	02/26/2025	Square Access Valet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.00	PO Box 41983
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking & Tolls
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/11/2025	Square Access Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	PO Box 41983
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking & Tolls
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/16/2025	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,031.34	1455 Market St. #600
		San Francisco, CA 94103
	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  Postage, Mailing Service
		. sottage,ag coc
	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 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	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: 16/22 Rpt: 27/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	02/19/2025	TDCJ Manufacturing and Logistics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$217.04	P.O. Box 4013
		Huntsville, TX 77342-4013
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	<del>-</del>
	Date	Payee name
	01/21/2025	Texas Conservative Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 2659
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Membership Dues
		Wellisolally Bues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
F	Date	Payee name
	01/21/2025	Texas House Republican Caucus
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. 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.
		Check if Austin, TX, officeholder living expense Organization Membership Dues
		Organization Membership Dues
$\vdash$	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)** Event Expense

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

1

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.						
Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)	
Sch: 17/22 Rpt: 28/33		Paul, Dennis R. (The Honorable)		00069502		
Date	5	Davias nama				

		,		
4	Date 01/14/2025	5 Payee name The Capitol Grill		·
6	Amount (\$) \$31.18	7 Payee address; City; State; Zip Coo 303 West 15th Street Austin, TX 78701	e	
8	PURPOSE OF EXPENDITURE			Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meals
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 01/17/2025	Payee name The Capitol Grill		
	Amount (\$) \$19.92	Payee address; City; State; Zip Coo 303 West 15th Street	е	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meals
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date 01/24/2025	Payee name The Capitol Grill		
	Amount (\$) \$64.66	Payee address; City; State; Zip Coo 303 West 15th Street	е	
		Austin, TX 78701		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meals
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
ı				

#### 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/Political Committee Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 18/22 Rpt: 29/33		s R. (The Honorabl	e)				00069502	
4	Date	5 Payee name							
	01/31/2025	The Capitol	Grill						
6	Amount (\$)	7 Payee addres		State; Zip C	ode				
	\$14.26	303 West 1	otn Street						
		Austin, TX 7	78701						
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Food/Bever	age Expense			=		de of Texas. Com officeholder living	
						Meals	, ,		,
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi H	ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	02/19/2025	The Capitol	Grill						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$17.32	303 West 1	5th Street						
		Austin, TX 7							
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description  Check if travel (	Outei	de of Texas. Com	nlete Schedule T
	EXPENDITURE	⊢ooa/Bever	age Expense			_		officeholder living	
						Meals			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi H	ceholder name	Office so	ught			Office he	eld
H	Date	Payee name							
	04/02/2025	The Roaring	g Fork						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$100.19	701 Congre	SS						
		Austin, TX 7	78701						
	PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense					de of Texas. Com officeholder living	
						Meals	, 1^,	omcendider living	onperiod
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	4							

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/22 Rpt: 30/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	06/26/2025	The Roaring Fork
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.93	701 Congress
		Austin, TX 78701
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
		Meals
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/21/2025	The Stephen F. Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	701 Congress Ave
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Parking & Tolls
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/06/2025	The Yates Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 75190
	+=,000.00	. 6 266266
		Houston, TX 77234
	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
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 20/22 Rpt: 31/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
l	02/24/2025	The Yates Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$1,000.00	PO Box 75190
l		
l		Houston, TX 77234
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Consulting
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	03/07/2025	The Yates Company
l	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 75190
		Houston, TX 77234
	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
		Campaign Consulting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/11/2025	The Yates Company
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 75190
l	·	
		Houston, TX 77234
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Consulting
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	·

### 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 explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/22 Rpt: 32/33	Paul, Dennis R. (The Honorable) 00069502
4	Date	5 Payee name
	05/01/2025	The Yates Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 75190
l		
l		Houston, TX 77234
8	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.
l		Check if Austin, TX, officeholder living expense  Campaign Consulting
l		Campaign Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	H
⊨	Date	Payee name
	06/04/2025	The Yates Company
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,000.00	PO Box 75190
l	Ψ1,000.00	1 0 DOX 10130
		Houston, TX 77234
┡	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Consulting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit Gree	
l	Date	Payee name
	06/30/2025	US Postal Service
l	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	17077 N Texas Ave
L		Webster, TX 77598
l	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		Postage, Mailing Service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

#### SCHEDULE F1

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

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

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

Candidate/Officeholder/Poll	tical 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 F	L: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/22 Rpt: 33/3	
4 Date	5 Payee name
05/07/2025	Uber Eats
6 Amount (\$) \$75.4	7 Payee address; City; State; Zip Code 2 1455 Market St. #400
	San Francisco, CA 94103
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  Meals
Complete ONLY if direct expenditure to benefit C.	
Date	Payee name
03/17/2025	Whataburger
Amount (\$) \$10.4	Payee address; City; State; Zip Code  18190 Gulf Freeway
	Friendswood, TX 77546
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  Meals
Complete <u>ONLY</u> if direct expenditure to benefit C	