CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00051418 20 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Gary W. 07/14/2025 NAME NICKNAME LAST **SUFFIX** Gates Jr. Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff January 15 Other (specify) REPORT TYPE X July 15 Exceeded modified reporting limit Receipt # Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** Contribution from Texans for Lawsuit Reform was inadvertently left off of original report and has been added to correct error. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable Gary W. Gates Jr. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ssion Filers)	2 Total pages filed: 20				
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY	
OFFICEHOLDER NAME	The Honorable	Gary W.			Date Received		
''''					ELECTRONIC	VIIVEILED	
						ALLI FILLD	
	NICKNAME	LAST		SUFFIX	07/14/2025		
		Gates		Jr.			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER	2205 Ave. I, Ste. 118						
MAILING ADDRESS					Receipt #	Amount	
Change of Address	Rosenberg, TX 77471						
Onlinge of Address	Rosenberg, 17 11411				Date Processed		
					Date Imaged		
5 CAMPAIGN TREASURER		FIRST		MI			
NAME	Ms.	Raquel V.					
	NICKNAME	LAST		SUFFIX			
		Gates					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP.	T / SUITE #; CITY	; ST	ATE; ZIP CODE	
TREASURER	2205 Ave. I, Suite 118						
ADDRESS							
(Residence or Business)	Rosenberg, TX 77471						
	Rosenberg, 1X 11411						
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION				
TREASURER	(281) 344-0442						
PHONE							
8 REPORT							
TYPE	January 15	30th day before	election	Runoff		ampaign treasurer	
		- 7			appointment (of		
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)	
9 PERIOD COVERED	Month Day Year			Month Day	Year		
COVERED	01/01/2025	IH	IROUGH	06/30/202	25		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year		rimary	Runoff	Other		
		∏G	eneral	Special			
				<u>—</u>			
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	Γ (if known)		
	State Representative Distr	ict 28		State Represent			
		GO T	O PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 20

13 C / OH NAME	Gates Jr., Gary W. (T	he Honorable)	14 Filer ID (00051418	Ethics Cor	nmission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	holder's kr	nowledge or				
Additional Pages									
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N PLEDGES LOANS	-					
TOTALS	OR GUARANTE		\$	0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	10,000.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM								
	4. TOTAL POLITIC	AL EXPENDITURES		\$	257,609.41				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	6,893.61				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	1,736,100.00				
17 AFFIDAVIT									
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		The Henry	rable Cany W. Cates	le.					
			rable Gary W. Gates of Candidate or Officehold						
AFFIX NOTARY STAMP / SEAL ABOVE									
Sworn to and subs	cribed before me, by the s	aid	. this the		day				
		ertify which, witness my hand and seal of office.	, and are		uuy				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administe	ring oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 Filer ID 00051418	(Ethics C	ommission Filers)					
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE								
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS								
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
SCHEDULE E: LOANS		\$						
SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	256,943.47					
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	665.94					
SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	Gary W. (The Honorable) E SUBTOTALS SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	Gary W. (The Honorable) E SUBTOTALS SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED					

Gates Jr., Gary W. (The Honorable) 4 Date		MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
Gates Jr., Gary W. (The Honorable) 4 Date		The Instruction Guide explains how to complete this form.	
A Date 06/25/2025 5 Full name of contributor	2		3 Filer ID (Ethics Commission Filers) 00051418
Principal occupation / Job title (See Instructions) Date O6/23/2025 Full name of contributor Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701 Pemployer (See Instructions) Amount of Contribution (\$) \$5,0	4	Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$5,000.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	•		structions)
06/23/2025 Texans for Lawsuit Reform PAC \$5,0 Contributor address; City; State; Zip Code Austin, TX 78701	0	Principal occupation / Job title (See instructions)	structions)
		06/23/2025 Texans for Lawsuit Reform PAC	Amount of Contribution (\$) \$5,000.00
			structions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/13 Rpt: 6/20		Gates Jr., Gary W. (The Honorable)				00051418
4	Date	5	Payee name				
	06/20/2025		Bill Rickert Campaign				
6	Amount (\$) \$1,000.00	7	Payee address; City; State; 1934 Crisfield Drive Sugar Land, TX 77479	Zip Co	de		
8	PURPOSE	(a)		dula)	(b) Description		
	OF EXPENDITURE	(4)	Category (See Categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Commit		Check if travel Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense Bill Rickert Campaign
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice sou	ght		Office held
	Date		Payee name				
	01/30/2025		Campaign Logistics				
	Amount (\$) Payee address; City; State; Zip Code \$1,000.00 3010 River Bend Drive						
			Rosenberg, TX 77471				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	dule)	<u> </u>	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ng
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice souç	yht		Office held
	Date		Payee name				
	02/11/2025		Chase Card Services				
	Amount (\$) \$106.05		Payee address; City; State; 270 Park Ave # 12	Zip Co	de		
			New York, NY 10017				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Advertising Expense	dule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense lit card balance for Constant Contact
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice sou	ght		Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	•		ages.	/Contract Labor		OTHER (enter a	a category not listed	d above)
		_		The Instruction G	uiue expiains n	low to cor	пріє	te this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 2/13 Rpt: 7/20		Gates Jr., G	Sary W. (The H	onorable)					00051418		
4	Date	5	Payee name									
	03/07/2025		Chase Card	d Services								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$106.05		270 Park Av	ve # 12								
			New York, N	NY 10017								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising			,		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		J	•				_		officeholder livin		
								Payment of c	red	it card for C	Constant Con	tact for
								direct email				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	03/27/2025		Chase Card	d Services								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$106.05		270 Park Av	ve # 12								
			New York, N	NY 10017								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				=			nplete Schedule T.	
								ш		officeholder livin		
								Payment of c for direct ema		iii caru baia	nce for Cons	tani Contact
	Operation ONLY if allowed	L_	2 - - + - O#i			<i>•</i>				O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	Oi	ffice sou	gnt			Office h	eia	
	·	_										
	Date		Payee name									
	04/28/2025		Chase Card	d Services								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$135.69		270 Park Av	ve # 12								
			New York, N	NY 10017								
	PURPOSE	(a)	Category (Sr	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising		·	´		Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			-				ш		officeholder livin		
								Payment of c for direct ema		it card bala	nce for Cons	tant Contact
								ioi uiiett ema	ali			
	Complete ONLY if direct		Candidate/Offi	ceholder name	Ot	ffice sou	ght		_	Office h	eld	
	expenditure to benefit C/OI	H										
l												

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 The Instruction Guid		Wages	s/Contract Labor		OTHER (enter a	category not listed above	ve)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 3/13 Rpt: 8/20		Gary W. (The Hon	orable)				00051418		•
4	Date	5 Payee name)							
	05/29/2025	Chase Car	d Services							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$106.05	270 Park A	ve # 12							
		New York,	NY 10017							
8	PURPOSE OF		See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense					de of Texas. Comp officeholder living		
						_			nce for Constant	t Contact
						for direct ema		iii dara balar	ioo ioi Gonotain	Comac
9	Complete ONLY if direct		ficeholder name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	<u> </u>								
	Date	Payee name	9							
	06/30/2025	Chase Car	d Services							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$106.05	270 Park A	ve # 12							
		New York,	NY 10017							
	PURPOSE OF	(a) Category (s	See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense					de of Texas. Comp officeholder living		
						_			ice for Constant	Contact
						for direct ema		iii cara balar	ioc for Constant	Contact
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ught			Office he	eld	
	experioritire to beriefit C/Or	1								
	Date	Payee name								
	03/21/2025	Ferguson f	or Sugar Land							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode		_			
	\$2,500.00	7723 Gree	n Path Court							
		Sugar Land	d, TX 77479							
	PURPOSE	(a) Category (s	See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Mad			_		de of Texas. Com		
		Candidate/	Officeholder/Polition	cal Committee		Contribution t		officeholder living	•	
						Continuution	LU F	orgusuli iUl	Jugai Laliu	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI			223	J					
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 4/13 Rpt: 9/20	Gates Jr., Gary W. (The Honorable) 00051418
4	Date	5 Payee name
	03/21/2025	Fort Bend County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25,000.00	5423 Ashley Way Ct
	!	
		Sugar Land, TX 77479
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Candidate/Officeholder/Political Committee
	1	Contribution to the Fort Bend Republican Furty
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/21/2025	Friends of Cheryl Buford
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	811 Merrick Drive
	!	
		Sugar Land, TX 77478
	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 travel outside of Texas. Complete Schedule T.
	!	Candidate/Officeholder/Political Committee Contribution to Friends of Cheryl Buford Campaign
	!	Contribution to Phends of Cheryl Bulord Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/27/2025	Gates Jr., Gary
	Amount (\$)	Payee address; City; State; Zip Code
	\$60,000.00	4448 Holmes
	!	
	!	Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
	_/	Check if Austin, TX, officeholder living expense
	!	Loan Repayment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sal		ages	/Contract Labor		OTHER (enter a	a category not listed abo	ve)
	·	_			uide explains how	to con	nple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 5/13 Rpt: 10/20		Gates Jr., G	Sary W. (The Ho	onorable)					00051418		
4	Date	5	Payee name									
	01/30/2025		Katy Christi	an Magazine								
6	Amount (\$)	7	Payee addre	ss; City;	State; Zi	р Сос	de					
	\$1,600.00		650 West B	orough								
			Suite 150-1	70								
			Katy, TX 77	'024								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this schedule) ((b)	Description				
	OF EXPENDITURE		Advertising					Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	LAFENDITORE							_		officeholder livin	g expense	
								Website Adve	ertis	sing		
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	Office	e soug	jht			Office h	eld	
_	· 											
	Date		Payee name									
	02/27/2025		Katy Christi	an Magazine								
	Amount (\$)		Payee addre	ss; City;	State; Zi	p Coc	de					
	\$1,600.00		650 West B	orough								
			Suite 150-1	70								
			Katy, TX 77	'024								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this schedule) ((b)	Description				
	OF EXPENDITURE		Advertising	Expense				-			nplete Schedule T.	
								Website Adve		officeholder livin	g expense	
								Website Adve	oi ti.	Sirig		
	Complete ONLY if direct		 Candidate/Offi	ceholder name	Office	e soug	ıht			Office h	eld	
	expenditure to benefit C/O											
	Date		Payee name									
	03/30/2025		•	an Magazine								
	Amount (\$)	\vdash	Payee addre		State; Zi	p Coc	de					
	\$1,600.00		650 West B	-	,							
	,		Suite 150-1	_								
			Katy, TX 77									
	DURROSE	(-)				- 1.	/I- \					
	PURPOSE OF	(a)		ee Categories listed at	the top of this schedule	'	(a)	Description Check if travel	nutsi	de of Texas, Cor	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense				ш		officeholder livin		
								Website Adve				
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	e soug	jht			Office h	eld	
	expenditure to benefit C/OI	H										
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

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: 6/13 Rpt: 11/20	Gates Jr., Gary W. (The Honorable)
4	Date	5 Payee name
	06/06/2025	Katy Christian Magazine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,600.00	650 West Borough
		Suite 150-170
		Katy, TX 77024
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Website Advertising
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	•
	Date	Payee name
	03/21/2025	Maggy Horgan for City Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	5015 Regency Drive
		Sugar Land, TX 77479
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution to Maggy Horgan for City Council
		Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	01/20/2025	Mesa Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	PO Box 201131
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mesa Media Advertising & Consulting
		iviesa Media Advertishing & Consulting
_	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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u>_</u>	Tatal name C	1
1	Total pages Schedule F1:	
L	Sch: 7/13 Rpt: 12/20	Gates Jr., Gary W. (The Honorable) 00051418
4	Date	5 Payee name
	02/18/2025	Mesa Media
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$2,500.00	PO Box 201131
	Ψ2,000.00	1 O DOX 201101
		A (1) TV T0T00
		Austin, TX 78720
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
		Mesa Media Advertising & Consulting
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientere to benefit over	•
	Date	Payee name
	04/12/2025	Mesa Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 201131
		Austin, TX 78720
		1
	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
		Mesa Media Advertising & Consulting
		mosa modal rational garage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/14/2025	Mesa Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 201131
		Austin, TX 78720
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mesa Media Advertising & Consulting Fee
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 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 comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 8/13 Rpt: 13/20	Gates Jr., Gary W. (The Honorable)			00051418	
4	Date	5 Payee name				
	05/23/2025	Mesa Media				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,500.00	PO Box 201131				
		Austin, TX 78720				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Advertising Expense				nplete Schedule T.
			_		officeholder livin vertising & 0	
			Wiesa Wiea	ia / ta	vertising & v	Jonsailing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld
	expenditure to benefit C/O				CC	0.0
_	Date	Payee name				
	06/17/2025	Mesa Media				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,500.00	PO Box 201131				
	, ,					
		Austin, TX 78720				
	PURPOSE		Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense			side of Texas. Con	nplete Schedule T.
	EXPENDITURE				, officeholder livin	
			Mesa Med	ia Ad	vertising & 0	Consulting
	2					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H			Office h	eld
		T				
	Date	Payee name				
	01/22/2025	Murphy Nasica				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$231.26	815-A Brazos St. #304				
		Austin, TX 78701				
	PURPOSE OF	, , ,	Description			
	EXPENDITURE	Legal Services			side of Texas. Con I, officeholder livin	nplete Schedule T. g expense
			Legal Serv		,	9 - · · · · · · · · ·
			-			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office h	eld
	expenditure to benefit C/O	-1				
1						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total names Oct 11 51	<u> </u>
1	Total pages Schedule F1:	
	Sch: 9/13 Rpt: 14/20	Gates Jr., Gary W. (The Honorable) 00051418
4	Date	5 Payee name
	01/30/2025	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$231.27	815-A Brazos St. #304
		Austin, TX 78701
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legal Expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Power name
	01/23/2025	Payee name Pelican Campaigns
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 26326
		Austin, TX 78755
	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.
	LAI LINDITORL	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		•
	Date	Payee name
	01/30/2025	Pelican Campaigns
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	PO Box 26326
		Austin, TX 78755
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense 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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
Ļ	Tatalana Oliver									
1	Total pages Schedule F1:									
	Sch: 10/13 Rpt: 15/20	Gates Jr., Gary W. (The Honorable) 00051418								
4	Date	5 Payee name								
	03/21/2025	Rick Garcia Campaign								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,500.00	9711 Mason Road, Ste. 125-287								
		Richmond, TX 77407								
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								
		Contribution to Rick Garcia Campaign								
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held								
L	experiorare to benefit C/Of									
	Date	Payee name								
	03/21/2025	Rob Boettcher for Sugar Land								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,500.00 2111 Canyon Crest Drive									
		Sugar Land, TX 77479								
	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 Austin TV office helder living expanse.								
Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Contribution to Rob Boettcher for Sugar Land										
		Campaign								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/O									
_	Date	Payee name								
	03/21/2025	Scheef & Stone, LLP								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$25,200.00	500 North Akard Street, Suite 2700								
		Dallas, TX 75201								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Legal Fees								
		Legai rees								
	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 Candidate/Officeholder/Poli 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	s Expense	Salaries/M		e /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: 11/13 Rpt: 16/20		Gates Jr., G	ary W. (The H	onorable)					00051418			
4	Date	5	Payee name										
	03/21/2025		Scheef & St	one, LLP									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de						
	\$22,250.00		500 North Akard Street, Suite 2700										
			Dallas, TX 7	5201									
8	PURPOSE	(a)					(b)	Description					
ľ	OF	(۳)	Legal Service	e Categories listed at	the top of this sch	nedule)	(5)		outsi	de of Texas. Cor	mplete Schedule T.		
	EXPENDITURE		Legai Servic	.03				브		officeholder livin			
								Legal Fees					
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	H											
	Date		Payee name										
	04/30/2025		Scheef & St	one, LLP									
	Amount (\$)	\vdash	Payee addres	ss; City;	State	; Zip Co	de						
	\$17,850.00		500 North A	kard Street, Si	uite 2700								
			Dallas, TX 7	5201									
	PURPOSE	(2)					(h)	Description					
	OF	ره) ا		e Categories listed at	the top of this sch	nedule)	(1)	Description Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.		
EXPENDITURE								=	tin, TX, officeholder living expense				
Legal Fees													
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	ield		
	expenditure to benefit C/OI	4											
	Date		Payee name										
	05/30/2025		Scheef & St	one, LLP									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de						
	\$27,675.00		500 North A	kard Street, Si	uite 2700								
			Dallas, TX 7	5201									
	PURPOSE	(a)	Category (se	e Categories listed at	the ton of this sch	nedule)	(b)	Description					
	OF	ľ	Legal Service		the top of this sen	icuaic)	ľ		outsi	de of Texas. Cor	mplete Schedule T.		
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	ig expense		
								Legal Fees					
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld		
	expenditure to benefit C/OI	1											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	<u> </u>						
	Sch: 12/13 Rpt: 17/20	Gates Jr., Gary W. (The Honorable)						
4	Date	Payee name						
	05/30/2025	Scheef & Stone, LLP						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$27,675.00	500 North Akard Street, Suite 2700						
		Dallas, TX 75201						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Legal Fees						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	02/03/2025	Sluyter, Shalla (Mrs.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$765.00	5214 Jade Circle						
		Belle Isle, FL 32812						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign Consulting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	4						
	Date	Payee name						
	04/23/2025	Texas Conservative Coalition						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,000.00	PO Box 2659						
		Austin, TX 78768						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Contributions/Donations Made By						
		Candidate/Officeholder/Political Committee						
		Contribution to rexus conservative coalition						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1: Sch: 13/13 Rpt: 18/20			ry W. (The Ho	onorable)				l	Filer ID 00051418	(Ethics Commissi	on Filers)
	01/23/2025	Te	Payee name Texas Energy & Climate Caucus									
6	Amount (\$) \$200.00	P.(yee address; O. Box 3010 ustin, TX 78	074	Sta	ite; Zip Co	ode					
8	PURPOSE			Categories listed at	the ton of this	schedule)	(b)	Description				
	OF EXPENDITURE	Co	ontributions/	/Donations M ficeholder/Po	ade By			Check if travel of Check if Austin,	, TX,	de of Texas. Composficeholder living		Caucus
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		didate/Office	holder name		Office sou	ght		_	Office he	eld	
	Date	Pay	yee name									
	01/22/2025	_ Te	xas House	Republican (Caucus PA	AC	_					
	Amount (\$)	Pay	yee address;	; City;	Sta	ite; Zip Co	de					
	\$1,000.00	PC	D Box 1330	5								
	DUDDOG		ustin, TX 78				<u></u>					
	PURPOSE OF			Categories listed at		schedule)	(a)	Description Check if travel of	outsir	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee						officeholder living				
								Contribution to PAC	to T		e Republican C	aucus
	Complete ONLY if direct expenditure to benefit C/Oh		didate/Office	holder name		Office sou	ght		_	Office he	eld	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		sion Filers)						
Sch: 1/2 Rpt: 19/20	Gates Jr., Gary W.	(The Honorable)	00051418						
4 CREDIT CARD ISSUER		ncial institution rd Services	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	· Paid					
	\$106.05	02/11/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
	Constant Contact		5001 Celebration Pointe Avenue Suite 410 Gainesville, FL 32608						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Direct Email						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid					
	\$106.05	03/07/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
	Constant Contact		5001 Celebration Pointe A Suite 410 Gainesville, FL 32608	Avenue					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Direct Email						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	·	ce sought Office held						
expenditure to benefit C/OH			<u> </u>						
PAYMENT	(a) Amount Charged \$106.05	(b) Date of Charge 03/27/2025	(c) Date(s) Credit Card Issuer	Paid					
PAYEE	(a) Payee name Constant Contact	1	(b) Payee address; City, State, Zip Code 5001 Celebration Pointe Avenue Suite 410 Gainesville, FL 32608						
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Direct Email						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission						
	Sch: 2/2 Rpt: 20/20	Gates Jr., Gary W.	(The Honorable)	00051418						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged) Credit Card Issuer	[·] Paid						
		\$135.69	04/28/2025							
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
		Constant Contact		5001 Celebration Pointe Avenue Suite 410 Gainesville, FL 32608						
8	PURPOSE OF	(a) Category		(b) Descrip	otion					
	EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	Direct Er	nail					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
€	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid				
		\$106.05	05/29/2025							
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code						
		Constant Contact		5001 Celebration Pointe Avenue						
		Constant Contact		Suite 410						
L		(-) O-t		Gainesville, FL 32608 (b) Description						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	Direct Er						
	X Political	Advertising Expense		Birect Email						
	Non-Political		of Towns Opening to Oak adula T		Oharak if Assatis TV	-#:				
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense			
۱,	Complete ONLY if direct expenditure to benefit C/OH	Carialdate/Officeriolaer	maric Office	c 30ugiii		Office field				
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid						
		\$106.05	06/30/2025							
		Ψ100.03	00/30/2023							
Н	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
				5001 Ce	lebration Pointe A	Avenue				
		Constant Contact		Suite 410						
				Gainesville, FL 32608						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip						
		Advertising Expense	or triis scriedule)	Direct Er	nail					
	X Political									
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
L^{ϵ}	expenditure to benefit C/OH									
1										