CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00057897	2 Total pages filed: 13
3 CANDIDATE /	MS / MRS / MR FIRST	MI	
OFFICEHOLDER		IVII	OFFICE USE ONLY
NAME	The Honorable Dan		Date Received
			ELECTRONICALLY FILED
	NICKNAME LAST	SUFFIX	07/15/2025
		SUFFIX	0172072320
	Patrick		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; C	ITY; ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	1 E Greenway Plaza Ste 225		
ADDRESS			Receipt # Amount
Change of Address	Houston, TX 77046		
Change of Address	Housion, 1× 17040		Date Processed
			Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER	Ryan		
NAME			
	NICKNAME LAST	SUFFIX	
		SUFFIX	
	Patrick		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY	STATE; ZIP CODE
TREASURER ADDRESS	1 E. Greenway Plaza		
	Ste. 225		
(Residence or Business)	Houston, TX 77046		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(713) 526-3399		
PHONE			
8 REPORT			
TYPE	January 15 30th day befo	ore election Runoff	15th day after campaign treasurer
			appointment (officeholder only)
	X July 15 8th day befor	re election Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
		reporting innit	
9 PERIOD	Month Day Year	Month Day	Year
COVERED	01/01/2025	THROUGH 06/30/20	25
10 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	Primary Runoff	Other
			Ш
		General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGH	T (if known)
	Lieutenant Governor	Lieutenant Gov	ernor
	GO	TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	13 C / OH NAME Patrick, Dan (The Honorable) 14 Filer ID 00057897										
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME									
	GENERAL	Texans For Dan Patrick									
		COMMITTEE ADDRESS									
	X SPECIFIC	1 E Greenway Plaza Ste 225									
		Houston, TX 77046									
		COMMITTEE CAMPAIGN TREASURER NAME									
		Patrick, Ryan									
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS								
		1 E Greenway Plaza Ste 225									
		Houston, TX 77046									
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00									
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00							
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 20,282.10							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,957.51							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00							
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.									
		The Ho	norable Dan Patrick								
		Signature of	Candidate or Officehold	der							
AFFIX NO	TARY STAMP / SEAL AB	OVE									
Sworn to and subs	cribed before me, by the s	aid	, this the	day							
		ertify which, witness my hand and seal of office.									
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath							
· ·	ŭ	v		Ü							

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 13 Filler NAME Patrick, Dan (The Honorable) SCHEDULE SUBTOTALS PARTICAL SUBTOTALS

18 FILE Pati		IE an (The Honorable)	19 Filer ID 00057897	(Ethics Commission Filers)
l		SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		\$		
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 20,282.10
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co			mmittee	Food/Beverage Gift/Awards/Mer Legal Services The Instructi	norials Expense				Travel in D Travel Out OTHER (e		
1	Total pages Schedule G:	2	FILER NAME		• **		-	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 1/10 Rpt: 4/13	_	Patrick, Dai		orable)			1	000578	·	
4	Date	5	Payee name								
	05/26/2025		Comcast								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$270.95		PO Box 605	533							
	Reimbursement from political contributions intended		City of Indu	stry, CA 91	716						
8	PURPOSE	(a)	Category (s	ee Categories list	ed at the top of this so	chedule)	(b) Description	=		l outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Office Over	head/Renta	l Expense		L	_		in, TX, officeholder living expense	
		Officeholder Inte							Conne	ction	
Ļ		Ļ									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held	
	Date		Payee name								
	06/26/2025		Comcast								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	ode				
	\$270.95		PO Box 605	533							
	Reimbursement from political contributions intended		City of Indu	stry, CA 91	716						
	PURPOSE		Category (S	ee Categories list	ed at the top of this so	chedule)	Description	Che	eck if trave	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Office Over	Overhead/Rental Expense				Check if Austin, TX, officeholder living expense			
							Officeholder Inte	rnet	Conne	ction	
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought Of			Office held	
	C/OH										
	Date		Payee name		<u> </u>						
	04/26/2025		Comcast								
	Amount (\$)	Г	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$276.95		PO Box 605	533							
	Reimbursement from political contributions intended		City of Indu	stry, CA 91	716						
	PURPOSE		Category (S	ee Categories list	ed at the top of this so	chedule)	Description	_		outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Office Over	head/Renta	l Expense			_		in, TX, officeholder living expense	
							Officeholder Inte	rnet	Conne	ction	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (ls Expense				Travel in District Travel Out of District OTHER (enter a category	not listed above)	
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics C	ommission Filers)	
	Sch: 2/10 Rpt: 5/13		Patrick, Da	n (The Honoral	ole)				00057897		
4	Date	5	Payee name								
	03/26/2025		Comcast								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode				
	\$270.95		PO Box 60	533							
	Reimbursement from political contributions intended		City of Indu	stry, CA 91716	i						
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sch	edule)	(b) Description	=		as. Complete Schedule T.	
	OF EXPENDITURE		Office Over	head/Rental E	kpense		L	_	eck if Austin, TX, officehold	der living expense	
		Officen						rnet	Connection		
Ļ	Operation ONE V. C. F.	$\stackrel{\frown}{\sqsubseteq}$	Out in the COM and a little was a second at the company of the com						0,5	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	noider name			Office sought		Office he	ela	
	Date		Payee name								
	02/26/2025		Comcast								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode				
	\$270.95		PO Box 60	533							
	Reimbursement from political contributions intended		City of Indu	stry, CA 91716							
	PURPOSE		Category (S	ee Categories listed at	the top of this sch	edule)	Description	=		as. Complete Schedule T.	
	OF EXPENDITURE		Office Over	head/Rental E	kpense	Check if Austin, TX, officeholder living expense					
							Officeholder Internet Connection				
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought		Office he	eld	
	C/OH										
H	Date		Payee name								
	01/26/2025		Comcast								
\vdash	Amount (\$)	\vdash	Payee addre	ss; City;	State	: Zip Co	ode				
	\$270.95		PO Box 60!	-	210.10	, 30					
	Reimbursement from										
	political contributions intended			stry, CA 91716			_				
	PURPOSE OF			ee Categories listed at		iedule)	Description [_	eck if travel outside of Tex- eck if Austin, TX, officehold	as. Complete Schedule T.	
	EXPENDITURE		Office Over	head/Rental E	kpense		L Officeholder Inte	_		as. Iving expense	
							Chicerolaei inte	ıııcı	. Connection		
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Car	ndidate/Office	holder name			Office sought		Office he	eld	
_											

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Expense Printing Expense					Travel in District Travel Out of District OTHER (enter a category	not listed above)	
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics C	Commission Filers)	
	Sch: 3/10 Rpt: 6/13		Patrick, Da	n (The Hond	orable)				00057897		
4	Date	5	Payee name								
	06/03/2025		Fairmont								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$2,887.30		101 Red Ri	ver St							
	Reimbursement from political contributions intended		Austin, TX	78701							
8	PURPOSE	(a)	Category (s	ee Categories list	ed at the top of this sc	hedule)	(b) Description	=		xas. Complete Schedule T.	
	OF EXPENDITURE		Travel In Di	istrict				_	neck if Austin, TX, officehol	lder living expense	
							Officeholder Lod	ginç	g For Session		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office he	eld	
	Date		Payee name								
	05/16/2025		Fairmont								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	ode				
	\$982.80		101 Red Ri	ver St							
	Reimbursement from political contributions intended		Austin, TX	78701							
	PURPOSE	\vdash	Category (s	ee Categories list	ed at the top of this sc	hedule)	Description	Ch	neck if travel outside of Tex	xas. Complete Schedule T.	
	OF EXPENDITURE		Travel In Di	istrict				Ch	neck if Austin, TX, officehol	lder living expense	
	LA LADITORL						Officeholder Lodging For Session				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office he	eld	
	Date		Payee name								
	05/09/2025		Fairmont								
	Amount (\$)	\vdash	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$755.85		101 Red Ri	ver St							
	Reimbursement from political contributions intended		Austin, TX	78701							
	PURPOSE		Category (s	ee Categories list	ed at the top of this sc	hedule)	Description	=		xas. Complete Schedule T.	
	OF EXPENDITURE		Travel In Di	istrict			[[_	neck if Austin, TX, officehol	lder living expense	
							Officeholder Lod	ginç	g For Session		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office he	eld	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Overhead/F Polling Expense Printing Expense Salaries/Wages/C	·	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Cara r dyment	The Instruction Guide explains h	now to complete	e this form.				
1	Total pages Schedule G:	2 FILER NAME		;	3 Filer ID (Ethics Commission Filers)			
	Sch: 4/10 Rpt: 7/13	Patrick, Dan (The Honorable)			00057897			
4	Date	5 Payee name						
	04/30/2025	Fairmont						
6	Amount (\$)	7 Payee address; City; State;	Zip Code					
	\$384.44	101 Red River St						
	Reimbursement from							
	political contributions intended	Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) [Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	Travel In District			Check if Austin, TX, officeholder living expense			
	EXPENDITURE		Offic	eholder Lodg	ing For Session			
9		Candidate/Officeholder name	0	ffice sought	Office held			
	expenditure to benefit C/OH							
	Date	Payee name						
	04/24/2025	Fairmont						
	Amount (\$)	Payee address; City; State;	Zip Code					
	\$415.34	101 Red River St						
	Reimbursement from political contributions							
	intended	Austin, TX 78701						
	PURPOSE	Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Travel In District			Check if Austin, TX, officeholder living expense			
			Offic	eholder Lodg	ing For Session			
		Candidate/Officeholder name	0	ffice sought	Office held			
	expenditure to benefit C/OH							
	Data	Γ -						
	Date 04/16/2025	Payee name Fairmont						
			Zin Cada					
	Amount (\$) \$376.52	Payee address; City; State; 101 Red River St	Zip Code					
		101 Red River St						
	Reimbursement from political contributions intended	Austin, TX 78701						
	PURPOSE	Category (See Categories listed at the top of this sche	dule) [Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Travel In District			Check if Austin, TX, officeholder living expense			
	LAFLINDITORE		Offic	eholder Lodg	ing For Session			
		Candidate/Officeholder name	0	ffice sought	Office held			
	expenditure to benefit C/OH							
_								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
	Credit Card F dyment	The Instruction Guide explains how to o	omplete this form.							
1	Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers) 00057897						
	Sch: 5/10 Rpt: 8/13	Patrick, Dan (The Honorable)		00057897						
4	Date 04/05/2025	5 Payee name Fairmont								
6	Amount (\$)	7 Payee address; City; State; Zip C	ode							
	\$1,266.28	101 Red River St								
	Reimbursement from political contributions intended	Austin, TX 78701	Austin, TX 78701							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense						
	EXI ENDITORE		Officeholder Lodgii	ng For Session						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						
	Date	Payee name								
	03/27/2025	Fairmont								
	Amount (\$)	Payee address; City; State; Zip C	ode							
	\$790.42	101 Red River St								
	Reimbursement from political contributions intended	Austin, TX 78701								
	PURPOSE	Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense						
			Officeholder Lodgii	ng For Session						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						
	Date	Payee name								
	03/20/2025	Fairmont								
	Amount (\$)	Payee address; City; State; Zip C	ode							
	\$598.59	101 Red River St								
	Reimbursement from political contributions intended	Austin, TX 78701								
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.						
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense						
			Officeholder Lodgii	ng For Session						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Expense Travel Out of District //Wages/Contract Labor OTHER (enter a category not listed above)				
	Credit Card Payment	The Instruction Guide explains how to o					
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 6/10 Rpt: 9/13	Patrick, Dan (The Honorable)	00057897				
4	Date	5 Payee name	·				
	03/14/2025	Fairmont					
6	Amount (\$)	7 Payee address; City; State; Zip C	Code				
	\$798.12	101 Red River St					
	Reimbursement from						
	political contributions intended	Austin, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense				
	EXI ENDITORE		Officeholder Lodging For Session				
9		Candidate/Officeholder name	Office sought Office held				
	expenditure to benefit C/OH						
	Date	Payee name					
	03/06/2025	Fairmont					
	Amount (\$)	Payee address; City; State; Zip C	Code				
	\$417.55	101 Red River St					
	Reimbursement from political contributions						
	intended	Austin, TX 78701					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description				
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense				
			Officeholder Lodging For Session				
		Candidate/Officeholder name	Office sought Office held				
	expenditure to benefit C/OH						
	5.						
	Date	Payee name					
	02/27/2025	Fairmont					
	Amount (\$)	Payee address; City; State; Zip C	Code				
	\$598.59	101 Red River St					
	Reimbursement from political contributions						
	intended	Austin, TX 78701					
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description				
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense				
			Officeholder Lodging For Session				
		Candidate/Officeholder name	Office sought Office held				
	expenditure to benefit C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Ex Printing E Salaries/N	Travel in District Travel Out of District OTHER (enter a cate	egory not listed above)	
1	Total pages Schedule G:	2 FILER NAM	IE			3 Filer ID (Ethio	cs Commission Filers)
	Sch: 7/10 Rpt: 10/13	Patrick, Da	an (The Honorable)			00057897	
4	Date	5 Payee name	 e				
	02/20/2025	Fairmont					
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	nde		
٠	\$406.98	101 Red R		, 2ip 00	540		
	Reimbursement from political contributions intended	Austin, TX					
8	PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of	of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	District			Check if Austin, TX, office	ceholder living expense
					Officeholder Lodg	ging For Session	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Offic	ce held
	Date	Payee name	e				
	02/13/2025	Fairmont					
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$399.06	101 Red R	River St				
	Reimbursement from						
	political contributions intended	Austin, TX	78701				
	PURPOSE	Category (See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of	of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	District			Check if Austin, TX, office	ceholder living expense
					Officeholder Lode	ging For Session	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Offic	ce held
	Date	Payee name	e				
	01/29/2025	Fairmont					
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$244.04	101 Red R	River St				
	Reimbursement from political contributions intended	Austin, TX	78701				
	PURPOSE	Category (See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of	of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	District			Check if Austin, TX, office	ceholder living expense
					Officeholder Lodo	ging For Session	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Office	eholder name		Office sought	Offic	ce held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			pense /ages/Contract Labor			t of District	y not listed above)
1	Total pages Schedule G:	2	FILER NAME		-			3	Filer ID	(Ethics C	Commission Filers)
										•	ZOTTITIISSIUTI FIICIS)
	Sch: 8/10 Rpt: 11/13		-allick, Dal	n (The Honorable)					000578) 	
4		5	Payee name								
	05/20/2025	!	Hilton								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$2,274.94	!	1919 Conne	ecticut Ave NW							
	Reimbursement from political contributions intended	,	Washingtor	n, DC 20009							
8	PURPOSE	(a)	Category (s	ee Categories listed at the to	op of this sche	dule)	(b) Description	Ch	neck if trave	el outside of Tex	xas. Complete Schedule T.
	OF EXPENDITURE		Travel Out	of District			Ī	Cł	neck if Austi	in, TX, officeho	lder living expense
	LAFENDITURE	l					Officeholder Lod	dging	g For W	hite House	e Meeting
		l									
9	Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Office sought									Office h	eld
	Date		Payee name								
	01/22/2025	1	Hilton								
	Amount (\$)	<u> </u>	Payee addre	ss; City;	State:	Zip Co	 de				
	\$41.32		•	ecticut Ave NW	,	- 50					
		l									
	Reimbursement from political contributions intended	,	Washingtor	n, DC 20009							
	PURPOSE		Category (s	ee Categories listed at the to	op of this sche	edule)	Description	=			xas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			[Ch	neck if Austi	in, TX, officeho	lder living expense
		l					Campaign Staff	Меє	eting		
L											
		Can	didate/Officel	holder name			Office sought Office held				
	expenditure to benefit C/OH										
L		_									
	Date	١ ,	Payee name								
	02/01/2025	Ι,	JW Marriott	•							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$254.76	١ .	1331 Penns	sylvania Ave nW							
	Reimbursement from	l									
	political contributions intended	,	Washingtor	n, DC 20004							
	PURPOSE		• • • • • • • • • • • • • • • • • • • •	ee Categories listed at the to	op of this sche	dule)	Description	_			xas. Complete Schedule T.
	OF EXPENDITURE	!	Travel Out	of District			L	_			lder living expense
		l					Officeholder Lod	dgin	g For W	hite House	e Meeting
		<u> </u>									
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Office	holder name			Office sought			Office h	eld
				-							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling Expense Travel in Di Gift/Awards/Memorials Expense Printing Expense Travel Out o Legal Services Salaries/Wages/Contract Labor OTHER (en					t listed above)			
			The Instruction Guide explains	how to co	emplete this form.						
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Con	nmission Filers)			
	Sch: 9/10 Rpt: 12/13	Patrick, Da	n (The Honorable)			(00057897				
4	Date	5 Payee name									
	01/14/2025	Thomas Ja	mes Co.								
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode						
	\$966.00	263 Seabo	ard Lane								
	Reimbursement from										
	political contributions intended	Franklin, Tî	N 37067								
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	_	eck if travel outside of Texas.				
	OF EXPENDITURE	Gift/Awards	/Memorials Expense			Che	eck if Austin, TX, officeholder	living expense			
					DPS Gift						
9	•	Candidate/Office	holder name		Office sought		Office held				
	expenditure to benefit C/OH										
H											
	Date	Payee name	•								
	02/04/2025	Thomas Ja	mes Co.								
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode						
	\$998.71	263 Seabo	263 Seaboard Lane								
	Reimbursement from										
	political contributions intended	Franklin, Ti	N 37067								
	PURPOSE	Category (s	ee Categories listed at the top of this sch	Description	Che	eck if travel outside of Texas.	Complete Schedule T.				
	OF EXPENDITURE	Gift/Awards/Memorials Expense			Check if Austin, TX, officeholder living expense						
	LAFLINDITURE		City wat as mornance Expense			DPS Gift					
	Complete ONLY if direct	Candidate/Office	holder name		Office sought Office held						
	expenditure to benefit C/OH										
	J, J, I										
	Date	Payee name									
L	02/24/2025	Thomas Ja	mes Co.								
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode						
	\$927.70	263 Seabo	ard Lane								
	Reimbursement from										
	political contributions intended	Franklin, Ti	N 37067								
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas.	Complete Schedule T.			
	OF EXPENDITURE	Gift/Awards	/Memorials Expense			Che	eck if Austin, TX, officeholder	living expense			
	_/\				DPS Gift						
L											
		Candidate/Office	holder name		Office sought		Office held				
	expenditure to benefit C/OH										

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		ood/Beverage Expense ood/Beverage Expense ood/Beverage Expense ood/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)				
The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID	(Ethics Commission Filers)	
	Sch: 10/10 Rpt: 13/13	Patrick, Da	n (The Honorable)				0005789	7	
4	Date	5 Payee name				1			
	03/10/2025	Thomas James Co.							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$919.17	263 Seaboard Lane							
	Reimbursement from								
	political contributions intended	Franklin, Tî	N 37067						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel o	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Gift/Awards	:/Memorials Expense			Che	ck if Austin,	TX, officeholder living expense	
	EXPENDITORE				DPS Gift				
9		Candidate/Office	andidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH		•						
	Date Payee name								
	04/01/2025	Thomas James Co.							
	Amount (\$) Payee address; City; State; Zip Code								
	\$839.17 263 Seaboard Lane								
	Reimbursement from								
	political contributions intended	Franklin, Ti	J 37067						
		_			l Baradakan F	7	1	(= 0 1.01.11.=	
	PURPOSE OF	1	ee Categories listed at the top of this scho	edule)	Description	_		outside of Texas. Complete Schedule T. TX, officeholder living expense	
	EXPENDITURE	Giπ/Awards	:/Memorials Expense		DPS Gift		,	or in the second	
					DF 3 GIII				
	Complete ONLY if direct	Candidata/Office	holder name		Office sought			Office hold	
	expenditure to benefit	Candidate/Officeholder name Office sought Office held							
	C/OH								
	Date	Payee name							
	04/03/2025	Top Golf							
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Amount (\$) Payee address; City; State; Zip Code \$106.75 2700 Esperanza Crossing								
		2700 Espei	anza Crossing						
	Reimbursement from political contributions intended	Austin, TX	78758						
H	PURPOSE		ee Categories listed at the top of this sche	edule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule T.	
	OF	1	age Expense	Juu.0)		_		TX, officeholder living expense	
EXPENDITURE 1 000/15eVerlage Expens		аде Ехрепос				ign Staff Meeting			
							J		
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit				Since sought			Soo Hold	
L	C/OH								