CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00067717		122			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	Steven H.			07/29/2025	
		NICKNAME	LAST		SUFFIX	1	
		Steve	Toth			Date Hand-delivered or	Date Postmarked
4	ORIGINAL	X January 15	Runoff	Other (s	pecify)		
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp				
		8th day before election	appointment (office	• •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	Ш ' `	Month Day	Year		
3	COVERED	07/01/2024	THROUGH	12/31/2024	i cai	Date Imaged	
6	EXPLANATION OF C			12/31/2024			
0		ceived through Raise The N	Joney The DTM reno	rt states that the dona	tion came in 12/	15/25 at the time of	12:50 AM What I
	missed is that it's actu	ually 12:59 EST (Eastern) c cember 14th and not the 1	or 11:59 CST. So since				
	I have a screen shot t	hat shows when it came in	. I can send that as we	Il if you provide an em	ail address. Th	anks!	
7	AFFIDAVIT						
				ear, or affirm, under po correct.	enalty of perjury	, that this corrected	report is true
			anu	correct.			
			Che	ck the box next to any	and all applicat	ole statements:	
			X	Semiannual reports			
				was made in good fa misrepresent the info			or to
				oroprosont the fill	adon oondin	.oa ale report.	
			X	Other reports: Is			
				report not later than that the report as ori	tne 14th busines ginally filed is in	ss day aπer the date accurate or incompl	e i learned ete. I
				swear, or affirm, that	t any error or om		
				filed was made in go	าบน เสเเท.		
				The	Honorable Ste	even H. Toth	
				Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		2 9			
	Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
	of	, 20, to cer	tify which, witness my	nand and seal of office	9.		
	Claustin - f . "		Duinted C C	Wines a deciminate state		Fisher of affice a color to	into vinos anoti-
	Signature of office	er administering oath	Printed name of of	fficer administering oat	uı l	Fitle of officer admin	istering 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	ete this form.	1 Filer ID (Ethics Commiss 00067717	sion Filers)	2 Total pages file		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY	
OFFICEHOLDER NAME	The Honorable	Steven H.			Date Received ELECTRONICA	LLY FILED	
	NICKNAME	LAST		SUFFIX	07/29/2025		
	Steve	Toth					
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER MAILING ADDRESS	67 Chestnut Meadow Dr.				Receipt #	Amount	
Change of Address	Conroe, TX 77384						
onalige or radiose	Combe, 1X 11304				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER NAME	Mr.	James P.					
	NICKNAME	LAST		CLIFFIV			
	NICKNAME	McCann		SUFFIX			
		WCCam					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER ADDRESS	596 Fairway Ct.						
(Residence or Business)	Conroe, TX 77302						
	Collide, 1X 11302						
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION				
TREASURER PHONE	(713) 822-2236						
FHONE							
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after can		
					appointment (offic		
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	07/01/2024	TH	IROUGH	12/31/202	4		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	l LIP	rimary	Runoff	Other		
	11/05/2024	ΧG	eneral	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT			
	State Representative Distr	ict 15 Montgom	ery	State Represent	ative District 15		
	I.						
GO TO PAGE 2							
i e							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 122

13 C / OH NAME	Toth, Steven H. (The	Honorable)	14 Filer ID (00067717	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political These expenditures may have been mad officeholders are required to report this i	le without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ŭ ,	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUREF	R NAME	
		COMMITTEE CAMPAIGN TREASUREF	R ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS M		\$ 0.00
	OF LOANS)	\$ 167,535.66		
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 80,866.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 113,401.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING L TING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			der penalty of perjury, that the acc includes all information required to on Code.	
			The Honorable Steven H. Tot	h
		Si	gnature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of	office.	
Signature of offi	cer administering	Printed name of officer administering	g Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	4 of 122
18 FILER NAME19 Filer IIToth, Steven H. (The Honorable)0006°	,
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 167,535.66
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 80,866.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	\$ 58.12

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/31 Rpt: 5/122	
2	FILER NAME Toth, Steven	H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	n Filers)
4	Date 09/03/2024	 Full name of contributor out-of-state PAC (ID#:_A&M PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/07/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
	Principal occu	The Woodlands, TX 77380 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		(======================================		,		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:American Pharmacy GPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Corpus Cristi, TX 78401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_Americas Future Together / Hon Tom Graves Ch Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_Anderson , Elibabeth Contributor address; City; State; Zip Code SHENANDOAH, TX 77381)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/31 Rpt: 6/122	
2	FILER NAME Toth, Steven	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	n Filers)
4	Date 08/22/2024	Associated Builders & Contractors of Greater Houston PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		Houston , TX 77092				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:_ Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: BLACKRIDGE Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#: Beck, Dubbs Contributor address; City; State; Zip Code The Woodlands, TX 77385)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Bresnen, Steven Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to c	omplete this forn	1.	1	Total pages Schedule A1: Sch: 3/31 Rpt: 7/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 12/09/2024	Briggs, Stephen	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	5	The Woodlands, TX 77381		<u> </u>			
8	retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 12/14/2024	Full name of contributor on the street of contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Huntsville, TX 77350 pation / Job title (See Instructions)		Employer (See Instructions)		
		(000 1100 1100 1100 1100 1100 1100 1100			,		
	Date 09/06/2024	Full name of contributor on COLE, ADAM Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$2,000.00
		Conroe, TX 77304					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions COLE HEALTHCARE)		
	Date 09/08/2024	Full name of contributor on the cherney, Jay Contributor address; City; State; Z Tustin, CA 92780	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/19/2024	Full name of contributor on the contributor of chevron Employees PAC Contributor address; City; State; Z San Ramon, CA 94583	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					LE A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 4/31 Rpt: 8/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	ion Filers)
4	Date 09/19/2024	5 Full name of contributor Chevron Phillips Chemical6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$500.00
_	5	The Woodlands, TX 77380			<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/07/2024	Full name of contributor Childs, Mary Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	North Richland Hills, TX 70 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	r inicipal occu	pation / Job title (See Instituctions,		Employer (See instructions	,		
	Date 12/11/2024	Full name of contributor Church, Graham Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Conroe, TX 77384					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 08/28/2024	Full name of contributor Conservative Republicans Contributor address; City; Sta)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 12/03/2024	Full name of contributor Dyer, Don Contributor address; City; Sta Austin, TX 78731	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions PJ's	;)		
			<u>, </u>				

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 5/31 Rpt: 9/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 09/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$4,000.00
•	Principal occu	DALLAS, TX 75201 pation / Job title (See Instructions)	l _o	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9	Employer (See instructions)		
	Date 09/14/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	The Woodlands, TX 77382 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Branch Manager			Fisher Arnold			
	Date 12/05/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$500.00
		The Woodlands, TX 77380					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID Eiland, Craig Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID Eisler, Robert Contributor address; City; State; Zip Code The Woodlands, TX 77380				Amount of Contribution (\$)	\$500.00
	Principal occu Pres	pation / Job title (See Instructions)		Employer (See Instructions Eisler Consulting	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/31 Rpt: 10/122	
2	FILER NAME Toth, Steven	ı H. (The Honorable)				3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 11/23/2024	5 Full name of contributor Elswick, Roger6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$5,000.00
_		Houston, TX 77068	, 1	_	5 1 (0 1 1 1	<u></u>		
8	Owner	pation / Job title (See Instruction	S)	9	Employer (See Instructions Community Toyota	<u></u>		
	Date 09/16/2024	Full name of contributor Erben & Yarbrough Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instruction	s)		Employer (See Instructions	<u> </u>		
	· ····o.pa. occa	paner, oos ane (eee meneele	-,			-,		
	Date 12/14/2024	Full name of contributor Farries, Kathryn Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Spring, TX 77381						
	Principal occu retired	pation / Job title (See Instruction	s)		Employer (See Instructions retired	s)		
	Date 11/30/2024	Full name of contributor Farris, Deborah Contributor address; City; S Conroe, TX 77302	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	<u>I</u> S)		
	Date 10/30/2024	Full name of contributor Farris, Deborah Contributor address; City; S Conroe, TX 77302	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/31 Rpt: 11/122	
2	FILER NAME Toth, Steven	ı H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	n Filers)
4	Date 09/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Conroe, TX 77302 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation 7 Job title (See Instructions)	5 Employer (See Instructions)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_Farris, Deborah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing ago	Conroe, TX 77302	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_Farris, Deborah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Conroe, TX 77302				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_Fawn, Ken Contributor address; City; State; Zip Code Magnolia, TX 77354			Amount of Contribution (\$)	\$100.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_Flora, Dave Contributor address; City; State; Zip Code Montgomery, TX 77316)		Amount of Contribution (\$)	\$500.00
	Principal occu Pilot	pation / Job title (See Instructions)	Employer (See Instructions United)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 8/31 Rpt: 12/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 09/07/2024	 Full name of contributor out-of-state PAC (ID Flora, Dave Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
_	Dringing age	Montgomery, TX 77316	ام	Employer (Coo Instructions	<u></u>		
8	Pilot	pation / Job title (See Instructions)	g	Employer (See Instructions United	»)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID Fordyce, Tommy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Huntsville, TX 77320 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	retired			retired	,		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID Fort, Donna Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$500.00
		The Woodlands, TX 77382					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID Frank, Jay Contributor address; City; State; Zip Code Spring, TX 77382				Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID Gastineau, Paul Contributor address; City; State; Zip Code Magnolia, TX 77355)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CONTRIBU	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 9/31 Rpt: 13/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 12/13/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_	Daine in a la casa	Magnolia, TX 77355	- 10	Frankrica (Octobritation			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 09/06/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	The Woodlands, TX 77380 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Retired			Retired			
	Date 12/13/2024	Full name of contributor out-of-state PAC Gonzalez, Edward Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$5,000.00
		The Woodlands, TX 77382					
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions self employed	5)		
	Date 10/21/2024	Full name of contributor out-of-state PAC Gore, Rex Contributor address; City; State; Zip Code Austin, TX 78709				Amount of Contribution (\$)	\$1,200.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC Gray, Brady Contributor address; City; State; Zip Code Brock, TX 76087				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/31 Rpt: 14/122	
2	FILER NAME Toth, Stever	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 12/06/2024	Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Magnolia, TX 77354				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Grohoski, Gregory Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Bee Cave, TX 78738 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Grohoski, Gregory Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Bee Cave, TX 78738				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/03/2024	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc, State PAC Contributor address; City; State; Zip Code Houston, TX 77077)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_HARMON, JOANN Contributor address; City; State; Zip Code Conroe, TX 77302			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/31 Rpt: 15/122	
2	FILER NAME			3	Filer ID (Ethics Commissio	n Filers)
	Toth, Stever	n H. (The Honorable)			00067717	
4	Date 09/04/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
		AUSTIN, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/03/2024	HOME PAC OF TEXAS				\$500.00
		Contributor address; City; State; Zip Code				
		AUSTIN, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/06/2024	Hagerman, John				\$2,000.00
		Contributor address; City; State; Zip Code Spring, TX 77386				
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	,, 		
	Attorney	pation / Job title (See Instructions)	Self Employed	»)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	07/01/2024	Haring, Angeline				\$100.00
		Contributor address; City; State; Zip Code				
		Bellville, OH 44813				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	12/05/2024	Harrelson, Amy				\$50.00
		Contributor address; City; State; Zip Code				
		Fairhope, AL 36532		<u>_</u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/31 Rpt: 16/122	
2	FILER NAME Toth, Steven	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 12/05/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Dein ein al. a ann	Spring, TX 77386	O Frankrije (Ozakasta stira			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:_ Harris, Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Spring, TX 77381 pation / Job title (See Instructions)	Employer (See Instructions)		
		,				
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Heiser, Cindy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		The Woodlands, TX 77382				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Hetland, Donna Contributor address; City; State; Zip Code The Woodlands, TX 77380			Amount of Contribution (\$)	\$2,000.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Hoover, Shannon Contributor address; City; State; Zip Code Spring, TX 77386)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Technician	pation / Job title (See Instructions)	Employer (See Instructions Exxon)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/31 Rpt: 17/122		
2	FILER NAME Toth, Steven	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	n Filers)	
4	Date 11/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAG 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
_	Delicalis al access	Houston, TX 77219	S. Faralana (Garalantina)				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_ IBAT PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#: Jones, Karen Contributor address; City; State; Zip Code The Woodlands, TX 77381			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#: Juneau, Holly Contributor address; City; State; Zip Code Porter, TX 77365)		Amount of Contribution (\$)	\$40.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/20/2024	Full name of contributor out-of-state PAC (ID#:_Kaufman, George Contributor address; City; State; Zip Code The Woodlands, TX 77380			Amount of Contribution (\$)	\$400.00	
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions The Woodlands Eye Ass		iates		

	MONET	ARY POLITICAL CONTRII	SCHEDULE A1				
	The Instruc	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 14/31 Rpt: 18/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 12/05/2024	 Full name of contributor out-of-state	PAC (ID#:_		7	Amount of Contribution (\$)	\$50.00
_	District	Magnolia, TX 77355		O Frankrije (Contraktive)			
8	Principal occu misc	pation / Job title (See Instructions)		9 Employer (See Instructions misc	5)		
	Date 08/28/2024	Full name of contributor out-of-state Kickapoo traditional Tribe of Texas Op Contributor address; City; State; Zip Code Eagle Pass, TX 78852				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 12/03/2024	Full name of contributor out-of-state LAW PAC Contributor address; City; State; Zip Code	PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	(;)		
	o.pa. oooa	oalion, oos allo (Coo indudellono)			-,		
	Date 09/12/2024	Lavigne, Albert	PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date 11/21/2024	Full name of contributor out-of-state Lawrence, Steve Contributor address; City; State; Zip Code The Woodlands, TX 77381				Amount of Contribution (\$)	\$42.00
	Principal occu retired	oation / Job title (See Instructions)		Employer (See Instructions retired	s)		
			'				

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 15/31 Rpt: 19/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 10/21/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$42.00
_	District	The Woodlands, TX 77381	_	Fundamenting			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (ID#:_ Lawrence, Steve Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$42.00
	Principal occu	The Woodlands, TX 77381 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	retired	pation, out the (out mondons)		retired	-,		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Lawrence, Steve Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$42.00
		The Woodlands, TX 77381					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 07/21/2024	Full name of contributor out-of-state PAC (ID#:_Lawrence, Steve Contributor address; City; State; Zip Code The Woodlands, TX 77381)	•	Amount of Contribution (\$)	\$42.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_Liberty Belles Republican Women Contributor address; City; State; Zip Code Conroe, TX 77305				Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/31 Rpt: 20/122		
2	FILER NAME Toth, Steven	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	on Filers)	
4	Date 12/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00	
_	Dringing Loggy	Austin, TX 78760	O Employer (Coo Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Kaden Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Weatherford, TX 76086 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Lora, Oliver Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Wilis, TX 77318					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Marling, Robert Contributor address; City; State; Zip Code The Woodlands, TX 77380)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu Chairman	pation / Job title (See Instructions)	Employer (See Instructions Woodforest Bank)			
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Masci, Lindsey Contributor address; City; State; Zip Code Spring, TX 77386)		Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/31 Rpt: 21/122	
2	FILER NAME Toth, Stever	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	n Filers)
4	Date 12/02/2024	 Full name of contributor out-of-state PAC (ID#:_ Matz and Company, LLC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$500.00
_	Dringing! good	Austin , TX 78703	0 Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Mechaley, Gloria Contributor address; City; State; Zip Code The Woodlands, TX 77380			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#:_ Mensio, Ken Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	The Woodlands, TX 77382 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 	,	, , ,			
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 18/31 Rpt: 22/122	
2	FILER NAME Toth, Steven	. Н. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 09/05/2024	5 Full name of contributor Montgomery, Thad6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$2,000.00
_	Dringing Loon	Spring, TX 77386	lo.	Employer (Coo Instructions	_		
8	Owner	pation / Job title (See Instructions)	9	Employer (See Instructions Sumtime Investments	·)		
	Date 12/14/2024	Full name of contributor Moss, Bettie Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Spring, TX 77386 pation / Job title (See Instructions)		Employer (See Instructions	<u>)</u>		
	,	,			,		
	Date 12/11/2024	Full name of contributor Munich, John Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$200.00
		The Woodlands, TX 77381					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 08/26/2024	NRG Energy INC Political Ad				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/16/2024	Full name of contributor Nash, Jerry Contributor address; City; State Montgomery, TX 77316	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUT	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 19/31 Rpt: 23/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 12/14/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
_	Daine in all a seco	The Woodlands, TX 77382	-10	Frankrica (O. a. la describa			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 09/02/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Spring, TX 77382 pation / Job title (See Instructions)	_	Employer (See Instructions	<u> </u>		
	Employee	,		Mighty Oaks	,		
	Date 12/14/2024	Full name of contributor) #:			Amount of Contribution (\$)	\$50.00
		Spring, TX 77380					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID Nuckolls, Michelle Contributor address; City; State; Zip Code The Woodlands, TX 77380			•	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID Oates, Kathleen Contributor address; City; State; Zip Code Magnolia, TX 77354				Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 20/31 Rpt: 24/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 09/06/2024	5 Full name of contributor Odenweller, Keith6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occur	Spring, TX 77386 pation / Job title (See Instructions)	la la	Employer (See Instructions	·)		
Ü	Attorney	pation / 30b title (See manuellons)		Integra Management Co		pany	
	Date 09/06/2024	Full name of contributor Oliverson, Ray Contributor address; City; State)		Amount of Contribution (\$)	\$350.00
	5	The Woodlands, TX 77382			<u> </u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor Oliverson, Ray Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$650.00
		The Woodlands, TX 77382					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/26/2024	Full name of contributor Patton, Cathy Contributor address; City; State Houston, TX 77024				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor Pedraza, Luis Contributor address; City; State Conroe, TX 77301	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 21/31 Rpt: 25/122	
2	FILER NAME Toth, Steven	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 10/02/2024 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	9 Employer (See Instructions)			
0	Fillicipal occu	pation / 300 title (See Instructions)	Employer (See Instructions)		
	Date 08/13/2024	Full name of contributor X out-of-state PAC (ID#: \(\text{Phillips 66 PAC} \) Contributor address; City; State; Zip Code	C00513549)		Amount of Contribution (\$)	\$1,000.66
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions			
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See manucuons,	,		
	Date 09/06/2024	Full name of contributor)		Amount of Contribution (\$)	\$2,000.00
		Magnolia, TX 77354				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_Phillips, Cyndie Contributor address; City; State; Zip Code Magnolia, TX 77354)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Posey Law Firm Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 22/31 Rpt: 26/122			
2	FILER NAME Toth, Steven	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	n Filers)		
4	Date 12/12/2024 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00			
_	Duinning Langu	Pearland, TX 77581	O Franks ou (Cas Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_Railey, Lisa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
	Principal occu	Montgomery, TX 77316 pation / Job title (See Instructions)	Employer (See Instructions)				
	'	,						
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Riggle, Stephen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00		
		Spring, TX 77381						
	Principal occu Senior Pasto	pation / Job title (See Instructions) or	Employer (See Instructions) Grace Church)				
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_SHIRLEY, CHARLES Contributor address; City; State; Zip Code SPRING, TX 77386)		Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_Sanders, Mike Contributor address; City; State; Zip Code Austin, TX 78717)		Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	e Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 23/31 Rpt: 27/122			
2	FILER NAME Toth, Steven	n H. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067717	_		
4	Date 12/14/2024	 Full name of contributor out-of-state PAC (ID#:_ Seulean, Mark Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$100.00)		
_	Daine in all account	Spring, TX 77380	O Frankrica (Con Instruction			_		
8	Рппсіраї осси	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Chuck Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00)		
	Principal occu	Spring, TX 77381 pation / Job title (See Instructions)	Employer (See Instructions)		_		
	Owner	,	CFS Consulting LLC			_		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Smith, Jerry Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$500.00)		
		Montgomery, TX 77316						
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)				
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Rebecca Contributor address; City; State; Zip Code The Woodlands, TX 77381)		Amount of Contribution (\$) \$500.00)		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_Sommer, Steve Contributor address; City; State; Zip Code SPRING, TX 77388			Amount of Contribution (\$) \$500.00)		
	Principal occu Mechanical I	pation / Job title (See Instructions) Engineer	Employer (See Instructions Reliable EDM)		_		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 24/31 Rpt: 28/122	
2	FILER NAME Toth, Steven	ı H. (The Honorable)				3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 11/14/2024 Sommer, Steve 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00			
8	Principal occu	SPRING, TX 77388 pation / Job title (See Instructions) !	9	Employer (See Instructions	<u> </u> s)		
	Mechanical E	Engineer			Reliable EDM			
	Date 10/14/2024	Full name of contributor Sommer, Steve Contributor address; City; St)	•	Amount of Contribution (\$)	\$500.00
		SPRING, TX 77388						
	Principal occupation / Job title (See Instructions) Employer (See Instruction Policible FDM			s)				
		Reliable EDM						
	Date 09/14/2024	Full name of contributor Sommer, Steve Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		SPRING, TX 77388						
	Principal occu Mechanical I	pation / Job title (See Instructions Engineer)		Employer (See Instructions Reliable EDM	s)		
Date O9/06/2024 Speer, Barbara Contributor address; City; State; Zip Code Spring, TX 77386)		Amount of Contribution (\$)	\$1,000.00			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions UT MD Anderson	5)		
Date Full name of contributor out-of-state PAC (ID#:) 12/14/2024 Staines, Sonja Contributor address; City; State; Zip Code Conroe, TX 77385			Amount of Contribution (\$)	\$25.00				
	Principal occu	pation / Job title (See Instructions			Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 25/31 Rpt: 29/122		
2	FILER NAME Toth, Steven	ı H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	on Filers)	
4	Date 12/07/2024	 5 Full name of contributor out-of-state PAC (ID#:_Staines, Sonja 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00	
0	Dringing oggu	Conroe, TX 77385	Employer (See Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Stringer, Lisa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	Houston, TX 77044 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Summerlin Jr, Joe Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Spring, TX 77381					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Sumners, Jose Contributor address; City; State; Zip Code Conroe, TX 77301)		Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701			Amount of Contribution (\$)	\$15,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 26/31 Rpt: 30/122			
2	FILER NAME Toth, Stever	H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	on Filers)		
4	Date 5 Full name of contributorout-of-state PAC (ID#:) TEXANS FOR LAWSUIT REFORM PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10,000.00			
_	Duinning Langu	AUSTIN, TX 78701	O Franks or (Cas Instructions					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date 11/07/2024	Full name of contributor out-of-state PAC (ID#:_ TEXANS FOR LAWSUIT REFORM PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	AUSTIN, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#: TIBBS, DENNIS Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00		
	Principal occu	MAGNOLIA, TX 77354 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: TIBBS, DENNIS Contributor address; City; State; Zip Code MAGNOLIA, TX 77354)		Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ TIBBS, Pat Contributor address; City; State; Zip Code MAGNOLIA, TX 77354)		Amount of Contribution (\$)	\$50.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 27/31 Rpt: 31/122	
2	FILER NAME Toth, Steven	H. (The Honorable)			3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 12/05/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	ALPHARETTA, GA 30009-8760 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	;) 		
Ü	retired	pation / Job title (Jee matactions)	J	retired	"		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ TX Academy of Audiology PAC Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$500.00
		College Station, TX 77845					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ TXCPA PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Addison, TX 75001					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: Texans For Conservative Leadership PAC Contributor address; City; State; Zip Code Fort Worth, TX 76126				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association for Home Care and Hospice, Contributor address; City; State; Zip Code Austin, TX 78759			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		l					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 28/31 Rpt: 32/122		
2	FILER NAME Toth, Stever	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	on Filers)	
4	Date 10/08/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas Dairymen PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00		
•	Dringing Logg	Austin, TX 78711	O Employer (Coo Instructions				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Oil And Gas Association Good Governme Contributor address; City; State; Zip Code Austin , TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Dringing! goog	Austin, TX 78705	Employer (Con Instructions				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/14/2024	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDU	ULE A1		
	The Instruc	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 29/31 Rpt: 33/122	
2	FILER NAME Toth, Steven	ı H. (The Honorable)				3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 09/27/2024 5 Full name of contributor out-of-state PAC (ID#:) Till, Michael 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20,000.00			
_		Spring, TX 77382	·	_		Ĺ		
8	Principal occu retired	pation / Job title (See Instructions	s)	9	Employer (See Instructions retired	5)		
	Date 12/05/2024	Full name of contributor Toth, John Contributor address; City; S)	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Victor, TX 14564 pation / Job title (See Instructions	3)		Employer (See Instructions	<u> </u> s)		
	CEO	`	,		Toth's Sports	,		
	Date 12/06/2024	Full name of contributor Toth, Samuel Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$300.00
		Charlotte, NC 28278						
	Principal occu retired	pation / Job title (See Instructions	s) 		Employer (See Instructions retired	5)		
	Date 12/02/2024	Full name of contributor TransCanada USA Servio Contributor address; City; S Washington, DC 20005		000	525055)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/16/2024	Full name of contributor Valdez, Jerry Contributor address; City; S Austin, TX 78711	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
	Principal occu Bus Owner/0	pation / Job title (See Instructions Consultant	s)		Employer (See Instructions Self Employed	5)		
			•					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1
	The Instru	nstruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 30/31 Rpt: 34/122	
2	FILER NAME Toth, Steven	n H. (The Honorable)		3	Filer ID (Ethics Commission 00067717	on Filers)
4	Date 12/14/2024 5 Full name of contributor out-of-state PAC (ID#:) 12/14/2024 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
_	<u> </u>	Conroe, TX 77384	10 5 1 10 11 11			
8	retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Watford, Carol Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,500.00
	Principal occu	Spring, TX 77382 spation / Job title (See Instructions)	Employer (See Instructions)		
retired retired						
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_ Wessel, Cheryl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Willis, TX 77318				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Herschel Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Williamson, Kirk Contributor address; City; State; Zip Code The Woodlands, TX 77382			Amount of Contribution (\$)	\$500.00
	Principal occu COO	pation / Job title (See Instructions)	Employer (See Instructions Adair Concepts)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 31/31 Rpt: 35/122	
2	FILER NAME Toth, Stever	n H. (The Honorable)		3	Filer ID (Ethics Commiss 00067717	ion Filers)
4	Date 12/03/2024	te 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total name - Oct - 1 1 Et	<u> </u>
1	Total pages Schedule F1: Sch: 1/85 Rpt: 36/122	2 FILER NAME Toth, Steven H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067717
4	Date	5 Payee name
	10/03/2024	3rd Coast BBQ
6	Amount (\$) \$207.84	7 Payee address; City; State; Zip Code 25219 Oakhurst Dr
	Ψ201.04	23219 Caritust Di
		Spring, TX 77386
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
		Lunch with staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.98	410 Terry Ave
		Seattle, WA 98109
	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
		Campaign material
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.54	410 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Ponchos for campaign workers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 2/85 Rpt: 37/122	Toth, Steven H. (The Honorable) 00067717			
4	Date	5 Payee name			
	10/30/2024	Amazon.com			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$134.90	410 Terry Ave			
		Seattle, WA 98109			
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 wet weather ware for campaign workers			
		wet weather ware for earnpaigh workers			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	11/12/2024	Amazon.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$40.93	410 Terry Ave			
		Seattle, WA 98109			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Campaign materials			
		Campaigi machaic			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
H	Date	Payee name			
	11/01/2024	Amazon.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$168.62	410 Terry Ave			
	,				
		Seattle, WA 98109			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Compaign rain goor			
		Campaign rain gear			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 3/85 Rpt: 38/122	Toth, Steven H. (The Honorable)	00067717			
4 Date	5 Payee name	'			
11/05/2024	Amazon.com				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$171.32	410 Terry Ave				
	Seattle, WA 98109				
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 Campaign app			
		Campaign app			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held			
expenditure to benefit C/O		agnit Onio noid			
Date	Payee name				
11/04/2024	Amazon.com				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$24.77	410 Terry Ave				
	,				
	Seattle, WA 98109				
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.			
EXPENDITORE	·	Check if Austin, TX, officeholder living expense			
		campaign phone app			
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held			
expenditure to benefit C/O		office field			
Date	Payee name				
11/25/2024	Amazon.com				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$49.98	410 Terry Ave				
	,				
	Seattle, WA 98109				
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.			
EXI ENDITORE		Check if Austin, TX, officeholder living expense			
		Campaign materials			
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held			
expenditure to benefit C/O		Since Hold			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 4/85 Rpt: 39/122	Toth, Steven H. (The Honorable) 00067717			
4	Date	5 Payee name			
	11/11/2024	Andreski, Gage			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$247.50	17152 Gleneagle Dr South			
		Conroe, TX 77385			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Contract Labor			
		Contract Labor			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
\vdash	Date	Payee name			
	07/02/2024	Apple Store			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.99	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense App for campaign phone			
		7 pp for earripaigh phone			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
-	Date	Payee name			
	07/02/2024	Payee name Apple Store			
		•			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$34.46	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense App for campaign phone			
		Αργιοι σαπραίχη μποπε			
_	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			es/Contract Labor		OTHER (enter a	strict category not listed abov	e)
	Credit Card Payment			Guide explains how to c	ompl	lete this form.				
1	Total pages Schedule F1:	2 FILEF	NAME				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 5/85 Rpt: 40/122	Toth,	Steven H. (The Hor	norable)				00067717		
4	Date	5 Payee	name							
	07/05/2024	Apple	Store							
6	Amount (\$)	7 Paye	address; City;	State; Zip C	ode					
	\$10.76	9600	Lake Robbins Dr	·						
		The \	Voodlands, TX 7738	30						
8	PURPOSE				(h)	Description				
ľ	OF		ory (See Categories listed a e Overhead/Rental E		(5)	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Onice	, Overneau/Nentai E	гурспас				officeholder living		
						App for camp	aig	ın Phone		
9	Complete ONLY if direct		ate/Officeholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI	-1								
	Date	Paye	name							
	07/08/2024	Apple	Store							
	Amount (\$)	Paye	e address; City;	State; Zip C	ode					
	\$12.90	9600	Lake Robbins Dr							
		The \	Voodlands, TX 7738	80						
	PURPOSE	(a) Categ	Ory (See Categories listed	at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office	e Overhead/Rental E	Expense		<u> </u>			plete Schedule T.	
						Digital policy		officeholder living		
						Digital policy	יטע	ok ioi camp	aigri	
_	Complete ONLY if direct	Candid	ate/Officeholder name	Office so	luaht			Office h	ald	
	expenditure to benefit C/OI		ate/officeriolder flame	Office 3c	ragrit			Office II	Ciu	
_	Data	Davis								
	Date 07/22/2024	1	e name e Store							
				Otata Zia C	\I -					
	Amount (\$)		e address; City;	State; Zip C	oue					
	\$9.99	9600	Lake Robbins Dr							
				-						
			Voodlands, TX 7738							
	PURPOSE OF		Ory (See Categories listed		(b)	Description		df.T O	unlasta Calbandula T	
	EXPENDITURE	Office	e Overhead/Rental E	Expense		ш		officeholder living	plete Schedule T.	
						Storage for ca				
						5		. 5 ,		
	Complete ONLY if direct	Candid	ate/Officeholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OI				-					

SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
Ļ		<u> </u>	_		
1	Total pages Schedule F1:				
	Sch: 6/85 Rpt: 41/122	Toth, Steven H. (The Honorable) 00067717			
4	Date	5 Payee name			
L	08/05/2024	Apple Store			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.76	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense			
		App for campaign phone			
			_		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	CAPERICITURE TO DETIENT C/OF				
	Date	Payee name			
	08/09/2024	Apple Store			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$20.45	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Digital policy book for campaign			
		Digital policy book for campaign			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	+		
	expenditure to benefit C/O	S			
-	Date	Payee name	=		
	08/20/2024	Apple Store			
		•	4		
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.99	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Storage for campaign phone	ļ		
		Storage for earripaight phone			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	+		
	expenditure to benefit C/O				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/85 Rpt: 42/122	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	08/29/2024	Apple Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.31	9600 Lake Robbins Dr
		The Woodlands, TX 77380
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 App for campaign phone
		7,66 for campaign prioric
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/04/2024	Apple Store
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.76	9600 Lake Robbins Dr
		The Woodlands, TX 77380
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		App for campaign phone
		, the ion company promo
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/09/2024	Apple Store
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2.14	9600 Lake Robbins Dr
		The Woodlands, TX 77380
	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 App for campaign phone
		App for campaign priorie
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel in Distric Travel Out of D OTHER (enter	
	orean oara'r ayment	The Instruction Guide explains	s how to complete this form.			
1	Total pages Schedule F1: Sch: 8/85 Rpt: 43/122	2 FILER NAME Toth, Steven H. (The Honorable)		3	Filer ID 00067717	(Ethics Commission Filers)
4	Date	5 Payee name				
	09/20/2024	Apple Store				
6	Amount (\$)	7 Payee address; City; State	e; Zip Code			
	\$9.99	9600 Lake Robbins Dr	·/ F			
		The Woodlands, TX 77380				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Office Overhead/Rental Expense	Check if trav	tin, T>	K, officeholder livir	
9	Complete ONLY if direct expenditure to benefit C/Ol		Office sought		Office h	neld
	Date	Payee name				
	09/03/2024	Apple Store				
	Amount (\$)	Payee address; City; State	e; Zip Code			
	\$4.31	9600 Lake Robbins Dr The Woodlands, TX 77380				
	PURPOSE		(h) Description			
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Office Overhead/Rental Expense	Check if trav	tin, T>	K, officeholder livir	mplete Schedule T. ng expense
	Complete ONLY if direct expenditure to benefit C/OI		Office sought		Office h	neld
	Date	Payee name				
	10/10/2024	Apple Store				
	Amount (\$)	Payee address; City; State	e; Zip Code			
	\$20.47	9600 Lake Robbins Dr	•			
		The Woodlands, TX 77380				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Office Overhead/Rental Expense	Check if trav	tin, T>	K, officeholder livir	
_	Complete ONLY if direct expenditure to benefit C/OI		Office sought		Office h	neld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 9/85 Rpt: 44/122	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	10/07/2024	Apple Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.23	9600 Lake Robbins Dr
		The Woodlands, TX 77380
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		App for campaign phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/03/2024	Apple Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.76	9600 Lake Robbins Dr
	Ψ10.70	3000 Earle Hobbins Bi
		The West Heads TV 77000
		The Woodlands, TX 77380
	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
		App for campaign phone
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/21/2024	Apple Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	9600 Lake Robbins Dr
		The Woodlands, TX 77380
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage for campaign phone
	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

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: 10/85 Rpt:	Toth, Steven H. (The Honorable) 00067717			
4	Date	5 Payee name			
	10/21/2024	Apple Store			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$16.15	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
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 App for campaign phone			
		App for earripaigh phone			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
\vdash	Data	Para a same			
	Date	Payee name			
	10/28/2024	Apple Store			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4.31	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
	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 App for campaign phone			
		App for campaign phone			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	11/04/2024	Apple Store			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.76	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense App for campaign phone			
		App for campaign phone			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_					

SCHEDULE F1

Advertising Expense Eve Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Giff

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/12/2024	Apple Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	9600 Lake Robbins Dr
		The Woodlands, TX 77380
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		App for campaign phone
		bh a an haid h a a
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/20/2024	Apple Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	9600 Lake Robbins Dr
	,	
		The Woodlands, TX 77380
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage for campaign phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	11/25/2024	Apple Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.31	9600 Lake Robbins Dr
		The Woodlands, TX 77380
	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 App for campaign phone
		, pp for campaign phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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: 12/85 Rpt:	Toth, Steven H. (The Honorable) 00067717				
4	Date	5 Payee name				
	12/02/2024	Apple Store				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$53.86	9600 Lake Robbins Dr				
		The Woodlands, TX 77380				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense App for campaign phone				
		7 App for earripting it priorite				
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/05/2024	Apple Store				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.76	9600 Lake Robbins Dr				
		The Woodlands, TX 77380				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		App for campaign phone				
		7 pp for outilipaigh phone				
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	12/10/2024	Apple Store				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$4.30	9600 Lake Robbins Dr				
		The Woodlands, TX 77380				
	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				
		App for campaign phone				
	Complete ONLY if direct	Condidate/Officeholder name Office cought				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	·					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 13/85 Rpt:	Toth, Steven H. (The Honorable) 00067717			
4	Date	5 Payee name			
	12/24/2024	Apple Store			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$53.86	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
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 App for campaign phone			
		7 App for earnpaigh phone			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
۱	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
\vdash	Date	Dougo nama			
	12/24/2024	Payee name			
		Apple Store			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$9.99	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense			
		Storage for campaign phone			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	12/30/2024	Apple Store			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4.31	9600 Lake Robbins Dr			
		The Woodlands, TX 77380			
	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 Campaign app			
		Campaign app			
_	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 14/85 Rpt:	Toth, Steven H. (The Honorable)
4	Date	5 Payee name
	12/30/2024	Apple Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.41	9600 Lake Robbins Dr
		The Woodlands, TX 77380
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign software app aubscription
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies same
	09/19/2024	Payee name Apricity Foundation
		Apricity Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$841.19	2257 N Loop 336
		Conroe, TX 77304
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/03/2024	BLACK WALNUT
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.77	2520 RESEARCH FOREST DR
		THE WOODLANDS, TX 77381
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch with constituents
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	

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:	
	Sch: 15/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	08/27/2024	BLACK WALNUT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.55	2520 RESEARCH FOREST DR
		THE WOODLANDS, TX 77381
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 Breakfast with constituent
		Breaklast with constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	D :	
	Date	Payee name
	08/29/2024	BLACK WALNUT
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.74	2520 RESEARCH FOREST DR
		THE WOODLANDS, TX 77381
	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 Lunch with Constituent
		Editor with Constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 09/03/2024	Payee name BLACK WALNUT
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.05	2520 RESEARCH FOREST DR
		THE WOODLANDS, TX 77381
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		breakfast with constituent
		broaklast with constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	·	s)
	Sch: 16/85 Rpt:	Toth, Steven H. (The Honorable) 00067717	•
4	Date	5 Payee name	
	09/03/2024	BLACK WALNUT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$119.50	2520 RESEARCH FOREST DR	
		THE WOODLANDS, TX 77381	
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 Lunch with constituents	
		Euron with constituents	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
_	Data	T -	
	Date	Payee name	
	11/11/2024	Blue, Pamela	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,600.00	15 Mayorough Ct	
		The Woodlands, TX 77382	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contract Labor	
		33.18.48.2.2.30.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
-	Date	Payee name	
	10/24/2024	Blue, Pamela	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 15 Mayorough Ct	
	\$1,000.00	15 Mayorough Ct	
		The Woodlands, TX 77382	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries / Magas / Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contract labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	10/31/2024	Blue, Pamela
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	15 Mayorough Ct
		The Woodlands, TX 77382
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract services
		Contract Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/11/2024	Brann, Ava
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.00	133 Vick Spring Road
		Huntsville, TX 77340
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract labor
		Contract labor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/11/2024	Brann, Jonah
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	133 Vick Spring Road
		Huntsville, TX 77340
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Contract Labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/85 Rpt:	Toth, Steven H. (The Honorable)		00067717
4	Date	5 Payee name		<u> </u>
l	11/11/2024	Brown, Delaney		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$150.00	32411 Autumn Forst Ct		
l				
l		Magnolia, TX 77354		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Contract Labor
l				Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office s	 ouaht	Office held
	expenditure to benefit C/OI		oug	Cinco nota
F	Date	Payee name		
l	12/04/2024	Burger King		
⊢	Amount (\$)	Payee address; City; State; Zip	Code	
l	\$23.25	787 Honea Egypt Rd		
l	,			
l		Magnolia, TX 77354		
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Food/Beverage Expense	(Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	5 1		Check if Austin, TX, officeholder living expense
l				Lunch for staffer
┡	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/OI		ougni	Office field
⊨	Date	Davis asses		
l	09/24/2024	Payee name CHICK FIL A		
┝	Amount (\$)	Payee address; City; State; Zip	Code	
l	\$103.48	8020 RESEARCH FOREST DR	Couc	
l	¥200.10	0010 N.202 M.00111 ON.201 D.N		
l		THE WOODLANDS, TX 77382		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Food/Beverage Expense	(2)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,		Check if Austin, TX, officeholder living expense
				Lunch for staff
\vdash	Complete CNUV''.	Candidate/Officet-1d-1-1-1		Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought	Office held
L				

SCHEDULE F1

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

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

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	
<u> </u>	T.1 6111=:	
1	Total pages Schedule F1: Sch: 19/85 Rpt:	2 FILER NAME Toth, Steven H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067717
4	Date	5 Payee name
	07/05/2024	CRUST PIZZA CO.
	07705/2024	CRUST PIZZA CO.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.51	4775 W PANTHER CREEK DR
		THE WOODLANDS, TX 77381
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		lunch for staff
Ļ	Commission ONU M if allow it	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/Oi	
Г	Date	Payee name
	10/22/2024	CRUST PIZZA CO.
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.86	4775 W PANTHER CREEK DR
		THE MOODI AND C TV 77201
		THE WOODLANDS, TX 77381
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Lunch for poll workers
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	· 	
	Date	Payee name
	11/18/2024	Canva
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$119.99	75 East Santa Clara St
		San Jose, CA 95113
-	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Clark Conductive Complete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign materials
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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		Vages	s/Contract Labor		OTHER (enter	a category not listed a	bove)
				The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 20/85 Rpt:		Toth, Stever	n H. (The Hond	rable)					00067717		
4	Date	5	Payee name									
	11/21/2024		Capital Com	mission								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$1,000.00		12302 Mars	hall Dr								
			Magnolia, T	X 77354								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF			s/Donations M		ioddio)		_ :	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Candidate/C	officeholder/Po	litical Comn	nittee		—	, TX,	officeholder livi	ng expense	
								Contribution				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	(Office sou	ght			Office I	held	
	experialitate to beliefit eroi	'										
	Date		Payee name									
	11/26/2024		Carbonite									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$172.03		2 Avenue de	e Lafayette								
			Boston, MA	02111								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex							mplete Schedule T.	
	ZAI ZABITORZ									officeholder livi		
								Campaign su	IDS	Submon for	иата раскир	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	oholdor namo		Office sou	abt			Office I	hold	
	expenditure to benefit C/OI		zanuluale/Onic	enoluei name	,	Jilice Sou	igni			Office	ileiu	
_	D :	1										
	Date		Payee name									
	11/11/2024		Carias, Anth									
	Amount (\$)		Payee addres	•	State	; Zip Co	ode					
	\$495.00		6423 Willow	Pine Dr								
			Spring, TX 7	7379								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wa	ges/Contract L	.abor						mplete Schedule T.	
								Contract Laboration		officenolder livi	ng expense	
								Contract Labo	J.			
_	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	aht			Office I	held	
	expenditure to benefit C/OI		za ididato/Offic	onolaci name	`	omee sou	Ailt			Since	ioiu	
\vdash												
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 com	nplete	this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 21/85 Rpt:	Toth, Steven H. (The Honorable)		00067717	
4	Date	5 Payee name			
	11/11/2024	Carias, Isahia			
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le		
	\$457.50	6423 Willow Pine Dr			
		Spring, TX 77379			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription	
	OF	Salaries/Wages/Contract Labor	` ´	Check if travel outside of Texas. Comp	lete Schedule T.
	EXPENDITURE		Ē	Check if Austin, TX, officeholder living	expense
			С	ontract Labor	
_					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ınt	Office hel	a
	Date	Payee name			
	12/30/2024	CheapO Air			
	Amount (\$)	Payee address; City; State; Zip Cod	le		
	\$14.97	137 W 25th St			
		New York, NY 10001			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription	
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Comp	
			L Ti	Check if Austin, TX, officeholder living of icket search service	expense
				oket searon service	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıht	Office hel	ld
	expenditure to benefit C/O		,		
	Date	Payee name			
	11/27/2024	Cisco's Salsa Company			
	Amount (\$)	Payee address; City; State; Zip Cod			
	\$89.34	209 Commerce St			
	Ψ00.04	200 00111110100 01			
		Tomball, TX 77375			
	D. 100.00		<u> </u>		
	PURPOSE OF	, , ,	(b) D	escription Theck if travel outside of Texas. Comp	lete Schedule T
	EXPENDITURE	Food/Beverage Expense	F	Check if Austin, TX, officeholder living	
			Li	unch with consultant	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office hel	d
	expenditure to benefit C/O	4			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis OTHER (enter a	strict category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 22/85 Rpt:	2 FILER NAME Toth, Steven H. (The Honorable)	3	Filer ID 00067717	(Ethics Commission Filers)
ᆫ	•				
4	Date	5 Payee name			
	10/22/2024	Citizens Grill			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$88.61	16110 Old Conroe Rd			

		Conoe, TX 77384			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1		
	OF EXPENDITURE		avel outsi	ide of Texas. Com	plete Schedule T.
	LAFENDITORE	Check if A	ustin, TX,	, officeholder living	expense
		Dinner wit	th cons	stituents	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				
F	Date	Payee name			
	11/19/2024	Citizens Grill			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$175.06	16110 Old Conroe Rd			
		Conoe, TX 77384			
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1		
	OF			ide of Texas. Com	plete Schedule T.
	EXPENDITURE	1 000/Develage Expense		, officeholder living	
		Lunch with	h cons	tituents	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	g			
H					
	Date	Payee name			
	11/11/2024	Coffel, Kavan			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$457.50	50 Rockwood Ct			
		The Woodlands, TX 77382			
\vdash	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		ide of Texas. Com	nloto Cobodulo T
	EXPENDITURE	Salaries/Wages/Contract Labor		, officeholder living	•
		Contract L		, onicendider living	expense
		Contract	-4501		
\vdash	Operation Of the Control of the Cont	Out did to 10th or holder many		O	.1.1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eia
	onpoliticate to bollont 0/01				
í					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	07/25/2024	Cool Kat Party Warehouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.87	1457 Spring Cypress Rd
		Spring, TX 77373
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 receipt from 4th of July Parade for campaign
		receipt from 4th of 3thy Farate for campaign
_	Operation ONLY if allowed	Our distance (Office health as marries and Office health
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	09/04/2024	Craig Eissler Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	34 Glentrace Circle
		The Woodlands, TX 77382
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Sortanisdasin
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	07/25/2024	Crowe, Cassandra
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	5812 Woodstock Ln
		Conroe, TX 77386
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed above)
	·			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 24/85 Rpt:		Toth, Stever	n H. (The Hond	rable)					00067717		
4	Date	5	Payee name									
	09/24/2024		Crowe, Cass	sandra								
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$1,500.00		5812 Woods	stock Ln								
			Conroe, TX	77386								
8	PURPOSE	\vdash		e Categories listed at	the ton of this sch	nedule)	(b)	Description				
	OF			ges/Contract L		icuaicy	` '		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE			9				Check if Austin,	, TX,	officeholder livin	ig expense	
								contract labor	r			
9	Complete ONLY if direct		andidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Η										
	Date		Payee name									
	11/14/2024		Crowe, Cass	sandra								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$1,000.00		5812 Woods	stock Ln								
			Conroe, TX	77386								
	PURPOSE	├					(h)	Description				
	OF			e Categories listed at		nedule)	(D)	Description Check if travel of	nutsi	de of Texas, Cor	mplete Schedule T.	
	EXPENDITURE		Salanes/wa	ges/Contract L	aboi			=		officeholder livin		
								Contract serv	/ice	S		
	Complete ONLY if direct		andidate/Offic	ceholder name	(Office sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/11/2024	ı	Crowe, Kend	dal								
	Amount (\$)	├	Payee addres		Ctata	; Zip Co	do					
	()	ı	5812 Woods		State	, Ζιρ Ου	ue					
	\$1,110.00		3012 WUUUS	SIUCK LII								
			Conroe, TX	77386								
	PURPOSE OF			e Categories listed at		nedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract L	abor						mplete Schedule T.	
								Contract Laboration		officeholder livin	ig expense	
								Contract Edb	٥.			
_	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name		Office sou	abt			Office h	neld	
	expenditure to benefit C/O		andidate/Offic	cholder Haille	`	omee sou	giil			Office	iciu	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 25/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/11/2024	Crowe, Sydney
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,140.00	5812 Woodstock Ln
		Conroe, TX 77386
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Eabor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Payee name
	08/19/2024	DOSEY DOE
H	Amount (\$)	Payee address; City; State; Zip Code
	\$40.61	8021 Research Forest Drive
	Ψ40.01	0021 Nescalciii diest blive
		The Woodlands, TX 77382
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast with constituent
		Dieakiast with constituent
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/24/2024	Delanoye Strategies
H	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1415 S VOSS RD 110-329
	¥200.00	
		Houston, TX 77057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		media placement
\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 Committee
Credit Card Payment

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/85 Rpt:	Toth, Steven H. (The Honorable)	00067717
4	Date	5 Payee name	
	11/21/2024	Delanoye Strategies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	1415 S VOSS RD 110-329	
		Houston, TX 77057	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Media placement
		101	iedia piacemeni
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Date		
	11/06/2024	Payee name Delanoye Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1415 S VOSS RD 110-329	
		11. 12. TV 770F7	
		Houston, TX 77057	
	PURPOSE OF	, , ,	escription
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	dedia placement
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/04/2024	Delanoye Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	1415 S VOSS RD 110-329	
		Houston, TX 77057	
	PURPOSE		escription
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		M	ledia placement
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
		•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal assess Calcadala E4.	
1	Total pages Schedule F1: Sch: 27/85 Rpt:	2 FILER NAME Toth, Steven H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067717
<u> </u>		
4	Date	5 Payee name
	10/15/2024	Delanoye Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1415 S VOSS RD 110-329
		Haveton TV 77057
		Houston, TX 77057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Media Placement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	07/12/2024	Delanoye Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1415 S VOSS RD 110-329
		Houston, TX 77057
	DUDDOGE	To a second seco
	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
		Media Placement
		Media i lacement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•
	Date	Payee name
	11/11/2024	Dicker, Mikayla
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	150 W. Russett Grove Cir
	Ψ13.00	130 W. Nussell Glove Cil
		The Woodlands, TX 77384
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/11/2024	Dungan, Melissa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,250.00	16109 McQueen Rd
		Conroe, TX 77384
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/25/2024	Eckhart, Jennifer
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	6611 Ranch Park Dr
		Magnolia, TX 77354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense contract labor
		Solid act laso.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/13/2024	Eckhart, Jennifer
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,909.93	6611 Ranch Park Dr
		Magnolia, TX 77354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Contract services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 29/85 Rpt:	2 FILER NAME Toth, Steven H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067717
4	Date 12/05/2024	5 Payee name Escalante
6	Amount (\$) \$76.61	7 Payee address; City; State; Zip Code 1900 Hughes Landing Boulevard
	DUDDOCE	The , TX 77380
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 Lunch with constituents
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/09/2024	Payee name Federal American Grill
	Amount (\$) \$2,300.19	Payee address; City; State; Zip Code 27700 IH-45 N
		Conroe, TX 77385
	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 Food for fundraiser
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 11/26/2024	Payee name Federal American Grill
	Amount (\$) \$119.59	Payee address; City; State; Zip Code 27700 IH-45 N
		Conroe, TX 77385
	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 Lunch with constituent
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 30/85 Rpt:	Toth, Steven H. (The Honorable)	00067717
	·		
4	Date	5 Payee name	
	09/09/2024	Fieldings	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$80.57	26400 Kuykendahl Rd	
		Tomball, TX 77375	
_			
8	PURPOSE OF		Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		-	Lunch with constituent
			and with condition
_	Commission ONII V if disposi	Condidate/Officeholder name	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/23/2024	Friends of Brandon Creighton	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2257 N. Loop 336	
		Suite 140-366	
		Conroe, TX 77304	
		T T	
	PURPOSE OF		Description
	EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee	contribution
			onunbulon
	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office field
	· 		
	Date	Payee name	
	12/16/2024	GODADDY.COM	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.34	14455 N HAYDEN RD STE 226	
		SCOTTSDALE, AZ 85260	
	DUDDOGE		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if dayer dustide of rexast Complete Scriedule 1.
		-	Campaign domain subscription
			· • · · · · · · · · · · · · · · · · · ·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Ĺ	Sch: 31/85 Rpt:	Toth, Steven H. (The Honorable)	
4	Date	5 Payee name	
	10/07/2024	Grace Church The Woodlands	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$360.00	24400 Interstate 45	
		Spring TV 77206	
8	PURPOSE	Spring, TX 77386 (b) Description	
°	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.	
	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	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	10/15/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.76	10777 KUYKENDAHL ROAD	
		SPRING, TX 77382	
	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	
		Drinks for campaign workers	
		Z mine is. sampaign nome.s	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/23/2024	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.29	10777 KUYKENDAHL ROAD	
L		SPRING, TX 77382	
	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 Beverages for campaign workers	
		beverages for campaign workers	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

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

Event Expense Loan Repayme
Fees Office Overheau
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expens
Legal Services Salaries/Wages

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: 32/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/04/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.54	10777 KUYKENDAHL ROAD
		SPRING, TX 77382
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
		Beverages for campaign workers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/11/2024	Houston Area Pastors Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.19	PO Box 692207
		Houston, TX 77269
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/04/2024	Houston Area Pastors Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 692207
		Houston, TX 77269
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	,
_	Total pages Schedule F1: Sch: 33/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/11/2024	Huard, Franklin
6	Amount (\$) \$566.25	7 Payee address; City; State; Zip Code 9040 Grand Lakes Estates Dr
		Montgomery, TX 77316
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2024	Hyatt Conroe
	Amount (\$)	Payee address; City; State; Zip Code
	\$246.33	1001 Grand Central Parkway
	DUDE CO.	Conroe , TX 77304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FOOD/Reverage 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
		Dinner for staff
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/23/2024	Hyatt Conroe
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	1001 Grand Central Parkway
		Conroe , TX 77304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Coffee for constituent
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 34/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/05/2024	Hyatt Conroe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.22	1001 Grand Central Parkway
		Conroe , TX 77304
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
		Beverages for watch Republican watch reception
		25.5. agos 15. maion riopasnoan maion recopasn
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/30/2024	Jennifer Kratky For Tomball ISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	15210 McCall Park
		Magnolia, TX 77355
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/11/2024	Jersey Mikes
H	Amount (\$)	Payee address; City; State; Zip Code
	\$62.57	9662 FM 242
		Conroe, TX 77384
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Lunch for staff
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1		ilers)
Sch: 35/85 Rpt:	Toth, Steven H. (The Honorable) 00067717	
4 Date	5 Payee name	
10/28/2024	Jersey Mikes	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$136.35	5 9662 FM 242	
	Conroe, TX 77384	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Lunch with staff	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		
Date	Payee name	
11/11/2024	Jordan, Tristan	
Amount (\$)	Payee address; City; State; Zip Code	
\$172.50	0 14728 Corvus Dr	
	Willis, TX 77318	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	
LXI LINDITORE	Check if Austin, TX, officeholder living expense	
	Contract Labor	
Complete ONLY if direct	t Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/0	· · · · · · · · · · · · · · · · · · ·	
	T -	
Date	Payee name Vorr. Konnady	
11/11/2024	Kerr, Kennedy	
Amount (\$)	Payee address; City; State; Zip Code	
\$375.00	0 6038 FM 1374	
	New Waverly, TX 77358	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, efficiended in light averages.	
	Check if Austin, TX, officeholder living expense Contract Labor	
	Contract Eason	
Complete ONLY if direct	t Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/0	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

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

Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	10/28/2024	Kingwood Tea Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2261 Northpark Dr
		Kingwood, TX 77339
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	12/16/2024	Kingwood Tea Party
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2261 Northpark Dr
	Ψ130.00	2201 Nottipark Di
		Kingupod TV 77220
L		Kingwood, TX 77339
	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/30/2024	LAZ Parking
H	Amount (\$)	Payee address; City; State; Zip Code
	\$16.80	1 Financial Plaza
	,	
		Hartford, CT 06103
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking Hughes Landing
1	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/OI	п

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: 37/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	10/31/2024	Legislative Solution
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$925.00	PO B0x 5643
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising consultation and services
		1 unuruising consultation and services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/30/2024	Liberty Bells Republican Women
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 1081
		Conroe, TX 77305
	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 Monthly luncheon
		monuny randrices.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/24/2024	Lupe Tortilla
	Amount (\$)	Payee address; City; State; Zip Code
	\$190.91	19437 I-45 South
		The Woodlands, TX 77385
	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 Christmas Lunch for campaign team
		Christinas Editor for Campaign team
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 38/85 Rpt:	Toth, Steven H. (The Honorable) 00067717	
4	Date	5 Payee name	
	09/23/2024	MARRIOTT PARKING GARAGE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$18.23	1601 LAKE ROBBINS	
		THE WOODLANDS, TX 77380	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Parking	
		· ····································	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
┕	·		_
	Date	Payee name	
	07/05/2024	MCDONALDS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.61	6730 Woodlands Parkway	
		The Woodlands, TX 77382	
	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	
		drink for staffer	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	Data	Davida marra	=
	Date 10/10/2024	Payee name MCDONALDS	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$31.87	6730 Woodlands Parkway	
		The Woodlands, TX 77382	
	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	
		Breakfast with constituent	
dash	Operation ONE VIII II	Open State Office health and a second state of the second state of	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
ldash	,		_

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense Print Sala	-	se s/Contract Labor		Travel in Distric Travel Out of D OTHER (enter		
1	Total pages Schedule F1:	2 FILER N	IAME				3	Filer ID	(Ethics Commission File	s)
	Sch: 39/85 Rpt:	Toth, S	teven H. (The Honora	ble)				00067717		
4	Date	5 Payee n	ame			·				_
	11/06/2024	MCDO								
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip	Code					_
	\$17.08	1 1	oodlands Parkway	, ,						
			,							
		The Wo	oodlands, TX 77382							
8	PURPOSE OF	(a) Categor	(See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Food/B	everage Expense			=		ide of Texas. Co , officeholder livir	mplete Schedule T.	
						Breakfast with			ig oxponed	
9	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office	sought			Office h	neld	
	Date	Payee n	ame							_
	12/17/2024	1 1	Pachyderm							
	Amount (\$)	Payee a		State; Zip	Code					
	\$240.00	PO Box	•	, ,						
		The Wo	oodlands, TX 77380							
	PURPOSE OF		(See Categories listed at the		(b)	Description				
	EXPENDITURE		utions/Donations Mad ate/Officeholder/Politi					ide of Texas. Co , officeholder livir	mplete Schedule T.	
		Caridida	ate/Onicendider/Politic	cai Committee		Contribution	17	, omcendaer nyn	ig experise	
	Complete ONLY if direct	Candidate	e/Officeholder name	Office	sought			Office h	neld	
	expenditure to benefit C/OI	Н								
	Date	Payee n	ame							_
	11/05/2024	1 1	GOMERY COUNTY R	EPUBLICAN I	PARTY					
	Amount (\$)	Payee a	ddress; City;	State; Zip	Code					
	\$600.00	1	TCALF STREET	Otato, Zip	Oouc					
	4000.00	020 1112								
		CONRO	DE, TX 77301							
	PURPOSE OF	1	(See Categories listed at the		(b)	Description				
	EXPENDITURE		utions/Donations Mad ate/Officeholder/Politi					ide of Texas. Co , officeholder livir	mplete Schedule T.	
		Cariulu	ate/Onicendider/Politic	cai Committee		Contribution	17	, omcendaer nyn	ig experise	
	Complete ONLY if direct	L Candidate	e/Officeholder name	Office	sought			Office h	neld	
	expenditure to benefit C/OI			511100	Jougint			3,,,,,,,,,		

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 40/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	10/04/2024	MONTGOMERY COUNTY TEA PARTY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1400 W LOOP 336 S
		CONROE, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Dete	
	Date	Payee name
	12/26/2024	Madame Brioche Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.68	2400 FM 1488
		Suite 10
		Conroe, TX 77384
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast with constituent
		Dieanast with constituent
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davisa nama
	12/23/2024	Payee name Madame Brioche Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.59	2400 FM 1488
		Suite 10
		Conroe, TX 77384
	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
		Breakfast with constituent
		Disalitasi mili sonsilasin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 41/85 Rpt:	2 FILER NAME Toth, Steven H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067717
4 Date 12/12/2024	5 Payee name Madame Brioche Bistro
6 Amount (\$) \$98.74	7 Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
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 Lunch with constituents
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 12/12/2024	Payee name Madame Brioche Bistro
Amount (\$) \$7.58	Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
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 Breakfast with constituent
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 11/29/2024	Payee name Madame Brioche Bistro
Amount (\$) \$38.96	Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
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 Breakfast with constituent
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 E Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 42/85 Rpt:	2 FILER NAME Toth, Steven H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067717
4 Date 11/26/2024	5 Payee name Madame Brioche Bistro
6 Amount (\$) \$47.42	7 Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
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 Breakfast with constituent
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 11/14/2024	Payee name Madame Brioche Bistro
Amount (\$) \$50.66	Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
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 Lunch with constituent
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 09/20/2024	Payee name Madame Brioche Bistro
Amount (\$) \$46.97	Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
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 Lunch with constituent
Complete <u>ONLY</u> 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 43/85 Rpt:	2 FILER NAME Toth, Steven H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067717
4	Date 09/20/2024	5 Payee name Madame Brioche Bistro
6	Amount (\$) \$18.21	7 Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
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 Breakfast with constituent
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/19/2024	Payee name Madame Brioche Bistro
	Amount (\$) \$42.86	Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
	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 Breakfast with constituent
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 09/17/2024	Payee name Madame Brioche Bistro
	Amount (\$) \$56.51	Payee address; City; State; Zip Code 2400 FM 1488 Suite 10 Conroe, TX 77384
	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 Lunch with constituent
	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: 44/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	09/13/2024	Madame Brioche Bistro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.12	2400 FM 1488
		Suite 10
		Conroe, TX 77384
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 Breakfast with constituent
		Diedkiast with Constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/12/2024	Madame Brioche Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.57	2400 FM 1488
		Suite 10
		Conroe, TX 77384
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Breakfast with constituent
		Dieakiast with constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/11/2024	Madame Brioche Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.05	2400 FM 1488
		Suite 10
		Conroe, TX 77384
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Breakfast with constituent
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 45/85 Rpt:	Toth, Steven H. (The Honorable)		00067717
4	Date	5 Payee name		
	08/06/2024	Mailchimp		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$140.18	675 Ponce De Leon		
		Atlanta, GA 30308		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Office Overhead/Rental Expense	. ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				campaign email service
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	'			
	Date	Payee name		
	09/06/2024	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$140.18	675 Ponce De Leon		
		Atlanta, GA 30308		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense campaign email service
				Campaign Omai Colvice
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	10/07/2024	Mailchimp		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$140.18	675 Ponce De Leon		
	¥=101=0			
		Atlanta, GA 30308		
_	PURPOSE	i	/b\	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Netital Expense		Check if Austin, TX, officeholder living expense
				campaign email service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	experiulture to beliefft C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 46/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/06/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.18	675 Ponce De Leon
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	12/06/2024	Mailchimp
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.18	675 Ponce De Leon
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign email service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
-	Date	Payee name
	08/01/2024	Mardik, Thomas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	10545 Wild Chives
		Conroe, TX 77385
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 47/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	08/19/2024	Mezcal Cantina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.42	535 Woodland Square Blvd
		Conroe, TX 77384
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 Lunch with constituent
		Editori with consultation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	12/30/2024	Microsoft
H	Amount (\$)	Payee address; City; State; Zip Code
	\$107.74	One Microsoft Way
	4201111	one microsoft way
		Redmond, WA 98008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		campaign software app subscription
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·
⊨	Date	Power name
	08/22/2024	Payee name Montgomery County Republican Women
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.95	PO Box 1766
		O-222- TV 77005
L		Conroe, TX 77305
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly luncheon with staff
\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)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 48/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	09/20/2024	Montgomery County Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$132.04	PO Box 1766
		Conroe, TX 77305
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
		Monthly luncheon with staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Douge name
	12/05/2024	Payee name Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.50	PO Box 1766
		Conroe, TX 77305
	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
		Monthly luncheon with staff
		monuny tanonoon man ota
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	10/24/2024	Payee name Montgomery County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.25	PO Box 1766
		Conroe, TX 77305
	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 Monthly luncheon
		Worlding furnished
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	12/06/2024	Montgomery County Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.10	PO Box 1766
		Conroe, TX 77305
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly event
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		•
	Date	Payee name
	11/11/2024	Muhle, Jacob
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	31320 Ribbonwood Park Ln
l		Spring, TX 77386
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
l	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Contract Labor
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
-	D-4-	
	Date 11/11/2024	Payee name Muble Shappard
		Muhle, Sheppard
	Amount (\$)	Payee address; City; State; Zip Code
	\$337.50	31320 Ribbonwood Park Ln
		Spring, TX 77386
	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H		
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/Politica Credit Card Payment	al 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: 50/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4 Date	5 Payee name
07/24/2024	OFFICE MAX
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$63.93	32954 FM 2978 SUITE 500
	MAGNOLIA, TX 77354
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 Paper and pens for campaign work
	Faper and pension campaign work
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/25/2024	OFFICE MAX
Amount (\$)	Payee address; City; State; Zip Code
\$93.60	32954 FM 2978 SUITE 500
	MAGNOLIA, TX 77354
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
	Materials for campaign
Operation ONLY if discont	Out in the 10ff of helder and the 10ff of hel
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
08/19/2024	OFFICE MAX
Amount (\$)	Payee address; City; State; Zip Code
\$62.48	32954 FM 2978 SUITE 500
	MAGNOLIA, TX 77354
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
	Campain materials
Operated Object "	Overdidets/Officeholders are a company of the compa
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 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 con	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 51/85 Rpt:	Toth, Steven H. (The Honorable)	00067717
4 Date	5 Payee name	<u>'</u>
11/11/2024	Palacios, Jadon	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$105.00	1825 Sunny Dr	
	Houston, TX 77093	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	_	Check if Austin, TX, officeholder living expense
		Contract Labor
• • · · · · · · · · · · · · · · · · · ·		0.5
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
11/11/2024	Palacios, Nathan	
Amount (\$)	Payee address; City; State; Zip Co	de
\$213.75	1825 Sunny Dr	
	Houston, TX 77093	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Lasor
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		•
Date	Payee name	
11/11/2024	Palmer, Emma	
Amount (\$)	Payee address; City; State; Zip Co	de
\$75.00	8784 Grand Lakes Estates	
7.0.00		
	Montgomery, TX 77316	
DUDDOCE		(h) p
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaties/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Contract Labor
	Candidate/Officeholder name Office sou	ght Office held
Complete ONLY if direct		3
Complete ONLY 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 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 co	mple	lete this form.
1	Total pages Schedule F1:	2			3 Filer ID (Ethics Commission Filers)
	Sch: 52/85 Rpt:		Toth, Steven H. (The Honorable)		00067717
4	Date 10/29/2024	5	Payee name Papa Johns Pizza		
_		-	·	ndo.	
6	Amount (\$) \$158.03	'	Payee address; City; State; Zip Cc 25118 Grogans Mill Rd	oue	
			g .		
			Spring, TX 77380		
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
					Dinner for campaign workers
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OH	Н			
	Date		Payee name		
	12/03/2024		Raise The Money		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1.48		PO Box 26466		
			Little Rock , AR 72221		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Tourse Complete School In T
	EXPENDITURE		Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Processing fee
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sou	ıght	Office held
	Date		Payee name		
	12/08/2024		Raise The Money		
	Amount (\$) \$65.71		Payee address; City; State; Zip Co	ode	
	Φ05.71		PO BOX 20400		
			Little Rock , AR 72221		
	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.
					Check if Austin, TX, officeholder living expense Processing fee
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OH	Н			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 53/85 Rpt:	Toth, Steven H. (The Honorable)		00067717
4	Date	5 Payee name		•
	12/09/2024	Raise The Money		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$39.70	PO Box 26466		
		Little Rock , AR 72221		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Processing fee
_	2		<u> </u>	25.111
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	Date	Payee name		
	12/10/2024	Raise The Money		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$21.83	PO Box 26466		
		Little Rock , AR 72221		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office so	laht	Office held
	expenditure to benefit C/OI		ugni	Office field
	D :			
	Date	Payee name		
	12/11/2024	Raise The Money		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$24.75	PO Box 26466		
		Little Rock , AR 72221		
	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.
				Check if Austin, TX, officeholder living expense Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
	expenditure to benefit C/OI		agrit	Office field
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	12/12/2024	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.50	PO Box 26466
		Little Rock , AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee
		T Tools saling fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	12/15/2024	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.20	PO Box 26466
		Little Rock , AR 72221
	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.
		Check if Austin, TX, officeholder living expense Processing fee
		T Tools Saling Tee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/16/2024	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$307.50	PO Box 26466
	400.100	. 6 26/. 26 .66
		Little Rock , AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorure to berient C/O	1

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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 55/85 Rpt:	Toth, Steven H. (The Honorable)	00067717
4	Date	5 Payee name	•
	12/17/2024	Raise The Money	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$160.07	PO Box 26466	
		Little Rock , AR 72221	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Processing fee
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		0" 11
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
	Date	Payee name	
	11/17/2024	Raise The Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.75	PO Box 26466	
l			
		Little Rock , AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Processing fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	11/24/2024	Raise The Money	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.31	PO Box 26466	
		Little Rock , AR 72221	
	PURPOSE		Description
	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, toodariung, Dariung	Check if Austin, TX, officeholder living expense
			Processing fee
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/26/2024	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$245.25	PO Box 26466
		Little Rock , AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/01/2024	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.73	PO Box 26466
		Little Rock , AR 72221
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/16/2024	Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.75	PO Box 26466
	Ψ24.10	1 0 201 20100
		Little Rock , AR 72221
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 57/85 Rpt:	Toth, Steven H. (The Honorable)	00067717
4	Date	5 Payee name	
	10/22/2024	Raise The Money	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$61.36	PO Box 26466	
		Little Rock , AR 72221	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Processing fee
Ļ	0 1 0 0 1 1 1 1		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
	Date	Payee name	
	10/31/2024	Raise The Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.58	PO Box 26466	
l			
		Little Rock , AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Processing fee
l			,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	09/03/2024	Raise The Money	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.48	PO Box 26466	
l		Little Rock , AR 72221	
	PURPOSE		Description
l	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, toodariang, Daritang	Check if Austin, TX, officeholder living expense
l			Processing fee
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 58/85 Rpt:	Toth, Steven H. (The Honorable)	00067717
4	Date	5 Payee name	<u> </u>
	09/04/2024	Raise The Money	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$49.25	PO Box 26466	
		Little Rock , AR 72221	
8	DUDDOCE		
ľ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
l			Processing fee
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	1	
F	Date	Payee name	
l	09/09/2024	Raise The Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.75	PO Box 26466	
l	Ψ=σ		
l		Little Rock , AR 72221	
┡	DUDD 0.05		
l	PURPOSE OF	2 (()))	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
l			Processing fee
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
l	09/10/2024	Raise The Money	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$226.40	PO Box 26466	
		Little Rock , AR 72221	
	DUDDOCE		
l	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
			Processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Г			
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel in District

Travel Out of District

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 59/85 Rpt: Toth, Steven H. (The Honorable) 00067717 4 Date Payee name 09/11/2024 Raise The Money 6 Amount (\$) Payee address; City; State; Zip Code \$5.15 PO Box 26466 Little Rock, AR 72221 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/15/2024 Raise The Money Amount (\$) Payee address; City; State; Zip Code \$12.50 PO Box 26466 Little Rock, AR 72221 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/17/2024 Raise The Money Amount (\$) Payee address: City; State; Zip Code \$86.95 PO Box 26466 Little Rock, AR 72221 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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	Il 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: 60/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	09/24/2024	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.56	PO Box 26466
		Little Rock , AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee
		1 Toccssing ice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/22/2024	Raise The Money
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$2.31	PO Box 26466
	Ψ2.01	1 0 201 20 100
		Little Rock , AR 72221
	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.
		Check if Austin, TX, officeholder living expense Processing fee
		1 Toccssing ice
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/04/2024	Raise The Money
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2.70	PO Box 26466
	Ψ2.110	1 0 201 20 100
		Little Rock , AR 72221
Г	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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	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 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: 61/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	07/21/2024	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.47	PO Box 26466
		Little Rock , AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing fee
		i i i i i i i i i i i i i i i i i i i
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	07/23/2024	Payee name Raise The Money
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.31	PO Box 26466
		Little Rock , AR 72221
	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.
		Check if Austin, TX, officeholder living expense Processing fee
		1 Todosomiy Tod
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 07/31/2024	Payee name
		Raise The Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.48	PO Box 26466
		Little Rock , AR 72221
	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.
		Check if Austin, TX, officeholder living expense Processing fee
		1 Toccssing ice
	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

	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: 62/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/11/2024	Rodriquez, Seth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$247.50	723 Manchester Trail Dr
		Spring, TX 77373
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
		Payee name
	11/26/2024	Ryan Data Research
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 202675
		Austin, TX 78720
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		☐ Check if Austin, TX, officeholder living expense Data analytics for campaign
		Data analytics for campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	11/19/2024	SONIC
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.50	25308 IH-45 N
		Spring, TX 77386
	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 Lunch for staff
		Lunch for stall
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 63/85 Rpt:	Toth, Steven H. (The Honorable)	00067717
4	Date	5 Payee name	-
	12/03/2024	SONIC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$42.91	25308 IH-45 N	
		Spring, TX 77386	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	1
	OF EXPENDITURE	Food/Beverage Expense	ravel outside of Texas. Complete Schedule T.
	EXPENDITORE		Austin, TX, officeholder living expense
		Lunch Wi	th constituent
Ļ	Complete ONLY if direct	Condidate/Officeholder notes	Office heald
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	· 		
	Date	Payee name	
	11/11/2024	Schneider, Jaikin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$270.00	2535 Northline Road	
		Conroe, TX 77384	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Eabor	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Contract	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/10/2024	Shake Shack	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$62.02	1201 Lake Woodlands	
		The Woodlands, TX 77380	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF		ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if A	Austin, TX, officeholder living expense
		Lunch wi	th staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	The state of the s	•	

SCHEDULE F1

Advertising Expense Event Exaccounting/Banking Fees
Consulting Expense Food/Be
Contributions/ Donations Made By - Gift/Awa

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	10/08/2024	Shake Shack
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.44	1201 Lake Woodlands
		The Woodlands, TX 77380
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
		Lunch with constituent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	10/15/2024	Shake Shack
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.55	1201 Lake Woodlands
		The Woodlands, TX 77380
	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
		Lunch for campaign workers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	12/02/2024	Shake Shack
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1201 Lake Woodlands
		The Woodlands, TX 77380
	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
		Lunch for staffer
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 65/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4 Date	5 Payee name
07/05/2024	Smart Stop Self Storage
6 Amount (\$) \$93.90	7 Payee address; City; State; Zip Code 3750 Farm to Market Rd 1488
	Conroe, TX 77384
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental space for campaign materials
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/02/2024	Smart Stop Self Storage
Amount (\$)	Payee address; City; State; Zip Code
\$93.90	3750 Farm to Market Rd 1488
	Conroe, TX 77384
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental space for campaign materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/03/2024	Smart Stop Self Storage
Amount (\$)	Payee address; City; State; Zip Code
\$93.90	3750 Farm to Market Rd 1488
	Conroe, TX 77384
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental space for campaign materials
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 66/85 Rpt:	Toth, Steven H. (The Honorable)	00067717
4	Date	5 Payee name	
	10/02/2024	Smart Stop Self Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$93.90	3750 Farm to Market Rd 1488	
		Conroe, TX 77384	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Childe G vornicadir territari Experies	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
		ı	ace for campaign materials
			, •
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/04/2024	Smart Stop Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.90	3750 Farm to Market Rd 1488	
		Conroe, TX 77384	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overnead/Nerital Expense	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
			ace for campaign materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	12/02/2024	Smart Stop Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.90	3750 Farm to Market Rd 1488	
		Conroe, TX 77384	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	onice Overnead/Nerital Expense	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
		ı	ace for campaign materials
		·	. 3
	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) Event Expense

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 67/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4 Date	5 Payee name
12/06/2024	SpringCreek BarBQ
6 Amount (\$) \$49.56	7 Payee address; City; State; Zip Code 19099 Interstate 45 N, Conroe, TX Spring, TX 77381
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 Dinner with staffer
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/29/2024	Starbucks
Amount (\$) \$48.22	Payee address; City; State; Zip Code 1600 Lamar St
Ψ40.22	1000 Lamai St
	Houston, TX 77010
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 Coffee with constituent
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/11/2024	Stavinoha, lan
Amount (\$)	Payee address; City; State; Zip Code
\$652.50	21680 Mueschke Rd
	Tomball, TX 77377
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor
Complete ONLY if direct expenditure to benefit C/OF	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 Commi

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: 68/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	11/11/2024	Stavinoha, Micah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$652.50	21680 Mueschke Rd
		Tomball, TX 77377
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	07/10/2024	TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$990.49	8712 Shoal Creek Blvd
		Austin, TX 78757
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Purchase of chair for donation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense State chairs for Love Heals Youth
		State chairs for Love Hears Fouri
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	07/10/2024	Payee name TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$990.49	8712 Shoal Creek Blvd
		Austin, TX 78757
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Purchase of chair for donation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Chairs for Mighty Oaks gala
		Chairs for winging Caks gaia
_	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	
L	Sch: 69/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	10/30/2024	TDCJ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$888.32	8712 Shoal Creek Blvd
		Austin, TX 78757
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
		Donation to Mighty Oaks Gala
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2024	TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$888.32	8712 Shoal Creek Blvd
		Austin, TX 78757
	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/Officeriolder/Political Committee Contribution for Habitat for Heroes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	12/03/2024	TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$883.32	8712 Shoal Creek Blvd
	\$000.0 <u>2</u>	
		Austin, TX 78757
	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
		Donation to Mighty Card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Vages	/Contract Labor		OTHER (enter a	a category not listed ab	ove)
				The Instruction G	uide expiains	now to co	mpie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	≣					3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 70/85 Rpt:		Toth, Steve	n H. (The Hond	orable)					00067717		
4	Date	5	Payee name									
	07/25/2024		THE WOOI	DLANDS REPU	IBLICAN W	OMEN						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$140.18		1212 LAKE	ROBBINS DR	IVE							
			THE WOOL	DLANDS, TX 7	7380							
8	PURPOSE	(2)					(h)	Description				
ľ	OF	(a)	Fees	ee Categories listed at	the top of this sch	nedule)	(1)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		rees					=		officeholder livin		
								Membership 1	fee	for staffers		
9	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/22/2024		•	DLANDS REPU	IBLICAN W	OMEN						
	Amount (\$)	┢	Payee addre	ss; City;	State	: Zip Co	de					
	\$107.64		•	ROBBINS DRI	IVE							
	*											
			THE WOOL	NI ANDS TV 7	720N							
		<u> </u>		DLANDS, TX 7								
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description		d4.T O	andata Cabandula T	
	EXPENDITURE		Fees					=		officeholder livin	nplete Schedule T. g expense	
								staff attendan				
										,		
	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						5					
H	Date	Т	Dayoo nama									
	09/16/2024		Payee name	DLANDS REPU		OMEN						
	Amount (\$)		Payee addre			e; Zip Co	de					
	\$184.52		1212 LAKE	ROBBINS DR	VE							
			THE WOOI	DLANDS, TX 7	7380							
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees								nplete Schedule T.	
	LXI LINDITORL									officeholder livin		
								staff attendan	ıce	at Monthly	meeting	
	0 1: 0	L	0 11 1 15 15 15			011				·		
	Complete ONLY if direct expenditure to benefit C/OI		∪andidate/Off	iceholder name	(Office sou	ght			Office h	eia	
		•										

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	v c)
1	Total pages Schedule F1:		n Filers)
	Sch: 71/85 Rpt:	Toth, Steven H. (The Honorable) 00067717	,
4	Date	5 Payee name	
	10/15/2024	THE WOODLANDS REPUBLICAN WOMEN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$184.52	1212 LAKE ROBBINS DRIVE	
		THE WOODLANDS, TX 77380	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense staff attendance at Monthly meeting	
		Start attendance at Monthly meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
H	Date	Payee name	
	11/18/2024	THE WOODLANDS REPUBLICAN WOMEN	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$184.52		
	Ψ104.32	1212 LANE NOBBING DRIVE	
		THE WOOD! ANDS TV 77200	
L	DUDD 005	THE WOODLANDS, TX 77380	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		staff attendance at Monthly meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	OH Control of the Con	
	Date	Payee name	
	12/09/2024	THE WOODLANDS REPUBLICAN WOMEN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$184.52	1212 LAKE ROBBINS DRIVE	
		THE WOODLANDS, TX 77380	
Г	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.	
	LXI ENDITORE	Check if Austin, TX, officeholder living expense	
		staff attendance at Monthly meeting	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	U	
\vdash			

SCHEDULE F1

(Ethics Commission Filers)

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 Travel Out of District
OTHER (enter a category not listed above)

Filer ID

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME

	Sch: 72/85 Rpt:	Toth, Steven H. (The Honorable)		00067717
4	Date 10/16/2024	5 Payee name THE WOODLANDS REPUBLICAN WOMEN		•
6	Amount (\$) \$135.00	7 Payee address; City; State; Zip Co 1212 LAKE ROBBINS DRIVE	ode	
		THE WOODLANDS, TX 77380		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held
	Date	Payee name		
L	12/31/2024	THE WOODLANDS REPUBLICAN WOMEN		
	Amount (\$) \$103.10	Payee address; City; State; Zip Co 1212 LAKE ROBBINS DRIVE	de	
		THE WOODLANDS, TX 77380		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership fee for staffers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held
Г	Date	Payee name		
	08/07/2024	TRS Steaks and More		
	Amount (\$) \$226.36	Payee address; City; State; Zip Co 892 Hurst St center, TX 75935	ode	
	PURPOSE OF EXPENDITURE		(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch for Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 73/85 Rpt:		Toth, Steven H. (The Honorable)		00067717
4	Date	5	Payee name		•
	11/15/2024		TeleFloral		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$94.79		11444 West Olympic Blvd		
			Los Angeles, CA 90064		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Memorial flowers for constituent
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O	Н		Ū	
	Date	П	Payee name		
	12/02/2024		Texas Home School Coalition		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$194.00		1108 Lavaca St		
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense
					Contribution
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uaht	Office held
	expenditure to benefit C/O			ug	000
_	Date	Г	Payee name		
	07/12/2024		Texas Scorecard		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$25.00		1501 Leander Dr		
			Leander, TX 78641		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	```	Office Overhead/Rental Expense	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		·		Check if Austin, TX, officeholder living expense
					Policy material for campaign staff
	0 1. 0		2 51 40%	<u> </u>	
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ught	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 74/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	12/09/2024	Texas Values Action
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	900 Congress Ave
		Suite 220
		Austin , TX 78701
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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to beliefit C/Oi	
	Date	Payee name
	12/06/2024	Texas Web Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,417.50	519 Sam Houston Parkway
		Houston, TX 77060
	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 Campaign Web design work
		Campaigh Web design work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
	Date	Payee name
	11/04/2024	The Table Madeley
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.40	316 Madeley St
		Conroe, TX 77301
	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
		beverage for constituent
		bovolage for constituent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)				
	Sch: 75/85 Rpt:	Toth, Steven H. (Th	e Honorable)				00067717					
4	Date	5 Payee name										
	08/23/2024	Third Gen Coffee										
6	Amount (\$) \$26.26	7 Payee address; C25136 Grogans PaThe Woodlands, TX		Code								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categorie Food/Beverage Exp	es listed at the top of this schedule) eense	(b)	Check if Austin	, TX,	de of Texas. Com officeholder livinç	plete Schedule T. J expense				
					Coffee for sta	att						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder	name Office	sought			Office he	eld				
	Date	Payee name										
	10/04/2024	Toth, Steve										
	Amount (\$)	Payee address; C	ity; State; Zip	Code								
	\$8,584.41	67 Chestnut Meado	w Dr									
		Conroe, TX 77384										
	PURPOSE OF		es listed at the top of this schedule)	(b)	Description		df-T O	alaka Cahadula T				
	EXPENDITURE	Mileage					officeholder living	plete Schedule T.				
					2022		·					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder	name Office	sought			Office he	eld				
	Date	Payee name										
	10/04/2024	Toth, Steve										
	Amount (\$)	Payee address; C	ity; State; Zip	Code								
	\$4,686.15	67 Chestnut Meado	w Dr									
		Conroe, TX 77384										
	PURPOSE OF	(a) Category (See Categorie	es listed at the top of this schedule)	(b)	Description							
	EXPENDITURE	Mileage					de of Texas. Com officeholder living	plete Schedule T.				
					2023	, 1^,	STREETIONET HAILIÉ	, одрогос				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder	name Office	sought			Office he	eld				
_												

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, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to com	-	te this form.						
1	Total pages Schedule F1:	·	_	3 Filer ID (Ethics Commission Filers)						
	Sch: 76/85 Rpt:	Toth, Steven H. (The Honorable)		00067717						
4	Date	5 Payee name	5 Payee name							
	10/04/2024	Toth, Steve								
6	Amount (\$)	7 Payee address; City; State; Zip Code	е							
	\$6,066.27	67 Chestnut Meadow Dr								
		Conroe, TX 77384								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description						
	OF EXPENDITURE	Mileage		Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	-		Check if Austin, TX, officeholder living expense						
				2024 Jan to September						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held						
	Date	Payee name								
	10/21/2024	U-Haul								
	Amount (\$)	Payee address; City; State; Zip Code	е							
	\$542.36	1305 Interstate 45 S.								
		Conroe, TX 77301								
	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.						
	EXI ENDITORE		Check if Austin, TX, officeholder living expense							
				Truck rental for campaign						
	Complete ONLY if direct	Condidate/Officeholder name Office cours	bŧ	Office hold						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	H	Office held						
	Date	Payee name								
	11/12/2024	U-Haul								
	Amount (\$)	Payee address; City; State; Zip Code	е							
	\$79.13	1305 Interstate 45 S.								
		Conroe, TX 77301								
	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 Truck rental						
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held						
	expenditure to benefit C/OI	•		Office field						

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal S		Salaries	/Wage	es/Contract Labor		OTHER (enter a	strict category not listed above)		
			The In	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILEI	R NAME					3	Filer ID	(Ethics Commission Filers))	
	Sch: 77/85 Rpt:	Toth	, Steven H. (The Honoral	ole)				00067717			
4	Date	5 Paye	e name									
	08/01/2024	l	Pastors Coun	ıcil								
6	Amount (\$)	7 Pave	e address;	City;	State; Zip C	code:						
ľ	\$205.02	l ´	3ox 692207	0.15),	otato,p c	,,,,,						
	4200.02											
		Lloui	oton TV 770	60								
			ston, TX 772									
8	PURPOSE OF				op of this schedule)	(b)	Description					
	EXPENDITURE		ributions/Do		e By al Committee				ide of Texas. Con , officeholder livin	nplete Schedule T.		
		Can	iluale/Officei	iloidei/Politic	ai Committee		contribution	,,	, cincentiaer iiviii	g expense		
9	Complete ONLY if direct	<u>L</u> Candio	date/Officehold	ler name	Office so	<u>l</u> nuaht	<u> </u>		Office h	eld		
	expenditure to benefit C/O					9						
\vdash	Date	Davis	0 0000								_	
	09/24/2024	USP	e name									
	Amount (\$)	1	e address;	City;	State; Zip C	oae						
	\$58.00	1030	00 Gosling Ro	oaa								
		The	Woodlands,	TX 77381								
	PURPOSE	(a) Cate	gory (See Categ	ories listed at the t	op of this schedule)	(b)	Description					
	OF EXPENDITURE	Offic	e Overhead/	Rental Expe	nse		<u> </u>			plete Schedule T.		
							Check if Austin, TX, officeholder living expense campaign stamps					
							oampaign ou					
_	Complete ONLY if direct	Candid	date/Officehold	ler name	Office so	l	•		Office h	eld		
	expenditure to benefit C/O			.o. name	000 00	, ag	•		000	o.u		
_	Data										_	
	Date 07/16/2024	l ´	e name ed Airlines									
	Amount (\$)	l '	e address;	City;	State; Zip C	Code						
	\$338.16	233	Wacker Dr									
		Chic	ago, IL 6060	6								
	PURPOSE OF	1			op of this schedule)	(b)	Description					
	EXPENDITURE	Trav	el Out of Dist	trict			ш		ide of Texas. Con , officeholder livin	plete Schedule T.		
							travel to Repu					
H	Complete ONLY if direct	L Candir	date/Officehold	ler name	Office so	uaht	<u> </u>		Office h	eld	_	
	expenditure to benefit C/O		3		211100 00	-9			C00 II			
\vdash												
l												

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Di OTHER (enter a	strict a category not listed above)
Ŀ			1.		
1	Total pages Schedule F1:		3	Filer ID	(Ethics Commission Filers)
	Sch: 78/85 Rpt:	Toth, Steven H. (The Honorable)	1	00067717	
4	Date	5 Payee name	•		
	12/31/2024	United Airlines			
Ļ					
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$743.10	233 Wacker Dr			
l		Chicago, IL 60606			
Ļ	DUDDOS.	_			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	EXPENDITURE	Event Expense			nplete Schedule T.
l		l —		, officeholder livin	
l		I ravel for sta	апе	r to DC for c	ampaign policy event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O	H			
H	Date	Davies name			
		Payee name			
	07/24/2024	Verizon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$90.75	1335 Lake Woodlands Dr			
		The Woodlands TV 77290			
		The Woodlands, TX 77380			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overficad/Nertial Experise			nplete Schedule T.
		l —		, officeholder livin	
		Cell service f	or o	campaign p	none
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O	H			
H	Date	Davida nama			
		Payee name			
	09/04/2024	Verizon			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$166.37	1335 Lake Woodlands Dr			
		The Woodlands, TX 77380			
\vdash					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	EXPENDITURE	Office Overficacine Expense			nplete Schedule T.
l		l — l —		, officeholder livin	
		Cell service f	or o	campaign p	none
L					
Γ	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O	H			
H					
L					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 79/85 Rpt:	2 FILER NAME Toth, Steven H. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067717
4	Date 10/11/2024	5 Payee name Verizon
6	Amount (\$) \$346.93	7 Payee address; City; State; Zip Code 1335 Lake Woodlands Dr
8	PURPOSE OF EXPENDITURE	The Woodlands, TX 77380 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cell service for campaign phone
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/18/2024	Payee name Verizon
	Amount (\$) \$122.03	Payee address; City; State; Zip Code 1335 Lake Woodlands Dr The Woodlands, TX 77380
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cell service for campaign phone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/18/2024	Payee name Verizon
	Amount (\$) \$577.72	Payee address; City; State; Zip Code 1335 Lake Woodlands Dr
		The Woodlands, TX 77380
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense balance on campaign phone
	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	al 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: 80/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	09/27/2024	Wayne Mac Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	PO Box 2234
		Conroe, TX 77305
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Continuation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	
⊨	Date	Davies asses
		Payee name
L	09/16/2024	Wendy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.39	3032 College Park Dr
		Conroe, TX 77384
	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 Lunch for constituent
		Lunch for constituent
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
	10/30/2024	WhatABurger
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.01	3073 College Park Dr
		The Woodlands, TX 77384
	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 Lunch for campaign workers
		Lunch for campaign workers
\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)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 81/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	08/29/2024	White Rose Resistance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$183.40	1120 S. Rackham Way
		Suite 300
		Meridian, ID 83642
8	PURPOSE	(a) Catagony (a. A.
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/11/2024	White, Ronnie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	14111 Lake Lodge Dr
	+=,000.00	- 1
		Conroe, TX 77384
	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
		Contract Labor
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2024	Willies Grill and Ice House
	Amount (\$)	Payee address; City; State; Zip Code
	\$328.93	16846 Interstate 45 S
		Conroe , TX 77384
	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
		Dinner with constituents
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 82/85 Rpt:	Toth, Steven H. (The Honorable)
4	Date	5 Payee name
	09/30/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1776 Wilson Blvd
		Suite 503
		Arlington, VA 22209
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		for Don McLaughlin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/30/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1776 Wilson Blvd
		Suite 503
		Arlington, VA 22209
	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
		for Caroline Fairly
		,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	v
	Date	Payee name
	09/30/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1776 Wilson Blvd
		Suite 503
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		For ben bunganer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 83/85 Rpt:	Toth, Steven H. (The Honorable) 00067717
4	Date	5 Payee name
	09/30/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1776 Wilson Blvd
		Suite 503
		Arlington, VA 22209
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
		For Janie Lopez
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1776 Wilson Blvd
		Suite 503
		Arlington, VA 22209
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Candidate/Officeholder (Iving expense)
		For Mark Lahood
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	10/11/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1776 Wilson Blvd
	Ψ1,000.00	Suite 503
		Arlington, VA 22209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		For Brandon Creighton
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
L	Sch: 84/85 Rpt:	Toth, Steven H. (The Honorable) 00067717							
4	Date	5 Payee name							
	10/15/2024	WinRed							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$650.00	1776 Wilson Blvd							
		Suite 503							
		Arlington, VA 22209							
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							
		For Kingwood Tea Party							
Ļ									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	10/28/2024	WinRed							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$600.00	1776 Wilson Blvd							
		Suite 503							
		Arlington, VA 22209							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
	EXI ENDITORE	Candidate/Officeholder/Political Committee							
		For Lindsay Dawson							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
L	10/31/2024	WinRed							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	1776 Wilson Blvd							
		Suite 503							
		Arlington, VA 22209							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Contributions/Donations Made By							
	TAI FIRDITORE	Candidate/Officeholder/Political Committee							
		For Steven Kinard Campaign							
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought							
	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 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		nmittee Legal S	ards/Memorials Expe Services nstruction Guide	Salari		es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 85/85 Rpt:		Toth, Steven H. (The Honorabl	e)				00067717		
4	Date	5	Payee name								
	11/19/2024	ı	WinRed								
6	Amount (\$)	7	Payee address;	City;	State; Zip	Code					
	\$125.00		1776 Wilson Blvd	t							
			Suite 503								
			Arlington, VA 222	209							
8	PURPOSE	(a)	Category (See Cate	gories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Do	nations Made	Ву		ш			plete Schedule T.	
	EXI ENDITORE		Candidate/Office	holder/Politica	I Committee		Check if Austin,		officeholder living		
							ioi wionigonie	э у	County Tea	raity FAC	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholo	der name	Office	Sought	-		Office he	əld	_
	expenditure to benefit C/Ol			aci namo	O.IIIOO	ougiii	•		Omoo m	514	
	Date		Payee name								=
	10/21/2024		Woodlands Scre	en Printing							
	Amount (\$)		Payee address;	City;	State; Zip	Code					_
	\$1,201.58		285 Sawdust								
			The Woodlands,	TX 77380							
	PURPOSE OF		Category (See Cate			(b)	Description				
	EXPENDITURE		Office Overhead	Rental Expen	se				de of Texas. Com officeholder living	plete Schedule T.	
							Tee shirts for				
	Complete ONLY if direct		Candidate/Officeholo	der name	Office	sought			Office he	eld	
	expenditure to benefit C/Ol	+									
											ĺ
											ĺ

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1	T	otal p	ages Schedule K:	
	Sch:			Sch: 1	1/2 Rpt: 121/122		
2	FILER NAME		3	F	iler ID	(Ethics Commission F	ilers)
	Toth, Steven	H. (The Honorable)		C	00067	717	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	12/25/2024	Simmons Bank				;	\$14.33
		6 Address of person from whom amount is received; City; State; Zip Code					
		D: DI # 15 74044					
		Pine Bluff, AR 71611					
			polit	tica	l conti	ribution returned to filer	
		Interest Deposit					
	Date	Name of person from whom amount is received				Amount (\$)	
	10/24/2024	L0/24/2024 Simmons Bank				;	\$14.25
		Address of person from whom amount is received; City; State; Zip Code					
		D' DL ((AD 74044					
		Pine Bluff, AR 71611					
			polit	tica	l conti	ribution returned to filer	
		Interest Deposit				-	
	Date	Name of person from whom amount is received				Amount (\$)	
	07/24/2024	Simmons Bank					\$3.69
	Address of person from whom amount is received; City; State; Zip Code						
		Pine Bluff, AR 71611					
			!!4		1 4	::	
		Purpose for which amount is received	polit	lica	ı conti	ribution returned to filer	
	Date	Name of person from whom amount is received				Amount (\$)	45.04
	08/25/2024	Simmons Bank					\$5.61
		Address of person from whom amount is received; City; State; Zip Code					
		Pine Bluff, AR 71611					
			nolit	tion	Loopti	lribution returned to filer	
		Interest Deposit	pont	lica	ı corı	ibution returned to liler	
	Date	Name of person from whom amount is received				Amount (\$)	ቀ በ 40
	09/24/2024	Simmons Bank					\$8.43
	Address of person from whom amount is received; City; State; Zip Code						
		Pine Bluff, AR 71611					
			nolit	tico	l conti	l ribution returned to filer	
		Interest Deposit	μυπ	uud	ı conli	ibation retained to life!	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 122/122 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Toth, Steven H. (The Honorable) 00067717 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 12/24/2024 \$11.81 Simmons Bank 6 Address of person from whom amount is received; City; State; Zip Code Pine Bluff, AR 71611 Purpose for which amount is received Check if political contribution returned to filer Interest Deposit