### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1	`	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00081727		88			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	The Honorable	David M.			07/31/2025	
		NICKNAME	LAST		SUFFIX	1	
		Mayes	Middleton		II	Date Hand-delivered or [	Date Postmarked
4	ORIGINAL	X January 15	Runoff	Other (s	specify)	1	
	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	
_	ORIGINAL PERIOD	, ]	Ш ' `	·	Voor		
5	COVERED	Month Day Yea	THROUGH	Month Day	Year	Date Imaged	
-	EVEL ANIATION OF C	07/01/2024		12/31/2024			
6	EXPLANATION OF C	ORRECTION ne contribution dates for ce	rtain aantributiana On	July 20, 2025, the cor	mnoian hoosma	owers of the orner I	n compiling the
	penalty is warranted f	er than the date the contribution these amendments becand without any intent to mist	ause, pursuant to Rule				
7	AFFIDAVIT		and	ear, or affirm, under p correct. ck the box next to any			report is true
			X	Semiannual reports was made in good fa misrepresent the infe	aith and without	an intent to mislead	
			X	Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in go	the 14th busines ginally filed is in t any error or om	ss day after the date accurate or incompl	l learned ete. l
			_			M. Middleton II	
	ALLIA NOTADA CT	AMD / CEAL ABOVE		Signatu	ire of Candidate	or Officeholder	
	AFFIX NUTARY ST	AMP / SEAL ABOVE					
	Sworn to and subsc	ribed before me, by the sai	d		this th	ne	day
	of	, 20, to cer	tify which, witness mv	hand and seal of office	, uns u 9.	.~	aay
	Signature of office	er administering oath	Printed name of of	fficer administering oa	th T	Title of officer admini	stering 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 complet	te this form.	1 Filer ID (Ethics Commis 00081727	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
OFFICEHOLDER NAME	The Honorable	David M.			Date Received	
					ELECTRONICA	J I Y FII FD
	NICKNAME	LAST		CUETIV	07/31/2025	
		Middleton		SUFFIX II	0170172020	
	,			II .		
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1526					_
ADDRESS					Receipt #	Amount
Change of Address	Galveston, TX 77553				2 . 2	
	,				Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER		J.P.		IVII		
NAME	IVII.	J.F.				
		LAST		SUFFIX		
	'	Bryan				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO E	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	1315 21st St.					
(Residence or Business)						
	Galveston, TX 77550					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	VTENCION			
7 CAMPAIGN TREASURER		NOMBER E	XTENSION			
PHONE	(713) 753-1544					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after can	nnaign treasurer
		Court day Belore		L	appointment (offic	
	July 15	8th day before e	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	ROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	imary	Runoff	Other	
		□G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGHT	(if known)	
III OFFICE	State Senator District 11			State Senator D		
					.01.101 ==	
		GO T	O PAGE 2			
I						

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 88

13 C / OH NAME	Middleton II, David M	. (The Honorable)		<b>14</b> Filer ID 00081727	(Ethics Cor	mmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions acce These expenditures may I d officeholders are required	have been made without t	he candidate's or offic	eholder's kı	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
Ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGI	N TREASURER NAME			
		COMMITTEE CAMPAIGI	N TREASURER ADDRES	SS		
16 CONTRIBUTION		ZED POLITICAL CONTR				
TOTALS	OR GUARANTE	ES OF LOANS, OR CONT	TRIBUTIONS MADE ELEC	CTRONICALLY)	\$	0.00
	\$	267,527.00				
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS						0.00
		\$	152,483.02			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MA	INTAINED AS OF THE LA	AST DAY OF THE	\$	348,321.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OU TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true a	ar, or affirm, under penalty nd correct and includes al Title 15, Election Code.			
			The Honoral	ole David M. Middle	ton II	
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
	cribed before me, by the s			, this the		day
of	, 20, to co	ertify which, witness my ha	and and seal of office.			
Signature of office	cer administering	Printed name of office	cer administering	Title of office	er administe	ring oath

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

		C	OVER SHEET PG 3 4 of 88
18 FILER NA Middleto	ME n II, David M. (The Honorable)	<b>19</b> Filer ID 00081727	(Ethics Commission Filers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 267,527.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	\$		
4.	\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 123,256.36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 29,226.66
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 1/26 Rpt: 5/88	
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/12/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (I A&amp;M PAC</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	D#:		7	Amount of Contribution (\$)	\$2,500.00
_		Austin, TX 78701	la la	5 1 (0 1 1 1			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (I ATT Texas PAC Contributor address; City; State; Zip Code	D#:	)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701			_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor X out-of-state PAC (ID#: C00040279 ) Abbott Laboratories Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00	
		Abbott Park, IL 60064					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (I Ahlberg, Trevor Contributor address; City; State; Zip Code Irving, TX 75038		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Cottonwood Financial	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (I Alcorta III, Victor Contributor address; City; State; Zip Code  Austin, TX 78746		)		Amount of Contribution (\$)	\$300.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Alcorta Law Firm	5)		
	, worney			, soona Law I IIII			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 6/88	
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID# Allen Boone Humpheries Robinson LLP</li> <li>Contributor address; City; State; Zip Code</li> </ul>	:)	7	Amount of Contribution (\$)	\$1,000.00
_		Houston, TX 77027	12 5 4 6 4 4			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor X out-of-state PAC (ID# American Express PAC Contributor address; City; State; Zip Code	: C00040535 )		Amount of Contribution (\$)	\$1,000.00
	<u> </u>	Washington, DC 20004	T = 1 (0 1 1 1	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID# Associated Builders & Contractors of Texas PAC Contributor address; City; State; Zip Code	AC .		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78767	<b>.</b>			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID# Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code  Austin, TX 78768			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 12/12/2024	Full name of contributor X out-of-state PAC (ID# Asurion PAC Contributor address; City; State; Zip Code  Nashville, TN 37203	:C00450916 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/26 Rpt: 7/88	
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/12/2024	5 Full name of contributor out-of-state PAC (ID#:_ BP North America Employee PAC 6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
•	Dringing! goog	Houston, TX 77079	D. Employer (See 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#:_BPA PAC  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Bailey, Shawn Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	League City, TX 77573  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	CEO	pation 7 cos title (cos metadotorio)	AMOCO FCU	,		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Calpine Corporation PAC Contributor address; City; State; Zip Code Houston, TX 77002	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/21/2024	Full name of contributor x out-of-state PAC (ID#: Chevron Employees PAC Contributor address; City; State; Zip Code San Ramon, CA 94583	C00035006)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 8/88	
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/12/2024	<ul><li>5 Full name of contributor Chevron Phillips Chemic</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
		The Woodlands, TX 7738					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor  Comcast Corporation & N  Contributor address; City; S		000248716		Amount of Contribution (\$)	\$1,500.00
	Detection	Philadelphia, PA 19103	->	Frankrije (O. a. kratinski ara	<u></u>		
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor Constellation Energy Con Contributor address; City; S				Amount of Contribution (\$)	\$1,000.00
	Principal occu	Washington, DC 20001 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> 5)		
	Date 12/12/2024	Full name of contributor CraftPAC Contributor address; City; S Austin, TX 78766				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 11/20/2024	Full name of contributor Delano, Joshua Contributor address; City; S Orange, TX 77630	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$7.00
	Principal occu Consultant	pation / Job title (See Instruction	s)	Employer (See Instructions Delanoye Strategies LL			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 9/88	
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/12/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7	Amount of Contribution (\$)	\$5,000.00
_	Point in all a servi	Austin, TX 78746				
8	CEO	pation / Job title (See Instructions)	9 Employer (See Instructions Amherst	)		
	Date 11/11/2024	Full name of contributor X out-of-state PAC (ID#: CC Employees of RTX Corporation PAC Contributor address; City; State; Zip Code	00097568)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Arlington, VA 22209 pation / Job title (See Instructions)	Employer (See Instructions			
	Timolpai occa	pation / oob title (oce motidations)	Employer (See mandellons	,		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Enchanted Rock Holdings LLC Employee PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Fieldstead and Company  Contributor address; City; State; Zip Code  Irvine, CA 92623			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Foley & Lardner LLP  Contributor address; City; State; Zip Code  Dallas, TX 75201			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<b>'</b>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 10/88	
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 10/02/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,500.00
_	Deignaignal annu	Dallas, TX 75201	2. Facility on (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor  out-of-state PAC (ID#: Friends of the University PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78763	5 1 (0 1 1 "	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor	)		Amount of Contribution (\$)	\$1,000.00
		Brenham, TX 77834				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/12/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Houston, TX 77056 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	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	5)		
		I				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 11/88	
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/12/2024	<ul><li>5 Full name of contributor HOMEPAC of Texas</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ mate; Zip Code		7	Amount of Contribution (\$)	\$2,000.00
_	Dringing Loggy	Austin, TX 78701	o .	Employer (See Instruction			
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor HS Law PAC Contributor address; City; S			•	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 07/18/2024	Full name of contributor Harte, William Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00
		Fort Davis, TX 79734					
	Principal occu retired	pation / Job title (See Instructions	s)	Employer (See Instructions retired	s)		
	Date 12/12/2024	Full name of contributor Hausenfluck, Amber Contributor address; City; S Austin, TX 78704			•	Amount of Contribution (\$)	\$500.00
	Principal occu Vice Preside	pation / Job title (See Instructions ent	s)	Employer (See Instructions TX Public Affairs	5)		
	Date 07/16/2024	Full name of contributor Heiser, Bradfield Contributor address; City; S Austin, TX 78731	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
	Principal occu Real Estate	pation / Job title (See Instructions	5)	Employer (See Instructions Bradfield Ventures	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 12/88	
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 10/21/2024	<ul><li>5 Full name of contributor [ Hillman, Darla</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
_		Dickinson, TX 77539	<u> </u>				
8	Principal occu Treasurer	pation / Job title (See Instructions)	9	Employer (See Instructions Hillman Shrimp & Oyste		0	
	Date 12/12/2024	Full name of contributor Hochheim Prarie PAC Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Dringing ogg	Yoakum, TX 77995		Employer (See Instructions	_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	')		
	Date 11/21/2024	Full name of contributor Holland and Knight Texas Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 11/07/2024	Full name of contributor  Hospitality Health ER PAC  Contributor address; City; Sta  Bellaire, TX 77401				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/07/2024	Full name of contributor Houston Associated Gener Contributor address; City; Sta Houston, TX 77092		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			<u> </u>				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to cor	nplete this form	n.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 13/88			
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)		
4	Date 11/21/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00		
		Washington, DC 20037							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)				
	Date 12/02/2024	Full name of contributor out-o	f-state PAC (ID#:			Amount of Contribution (\$)	\$750.00		
		Austin, TX 78701							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 12/12/2024	Full name of contributor out-o Incline PAC Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00		
		Austin, TX 78702							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 12/12/2024	Full name of contributor x out-o Insuring America PAC Contributor address; City; State; Zip C	f-state PAC (ID#: <u>C00</u>	674176 )		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 12/12/2024	Full name of contributor out-o Jackson Walker LLP PAC Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
			I .						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 14/88	
2	FILER NAME	Decided (The Heavesthe)			3	Filer ID (Ethics Commissi	on Filers)
		David M. (The Honorable)			L	00081727	
4	Date 10/02/2024	5 Full name of contributor [ Jennings, Bet 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$250.00
		Galveston, TX 77554					
8		pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Real Estate	Broker 		Greenwood King			
	Date 12/12/2024	Full name of contributor  Jocelyn Dabeau Governme  Contributor address; City; Sta				Amount of Contribution (\$)	\$500.00
		Austin, TX 78731					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/27/2024	Full name of contributor  Johnson, David  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Friendswood, TX 77546					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	retired			retired			
	Date 08/27/2024	Full name of contributor  Kickapoo Traditional Tribe  Contributor address; City; Sta  Eagle Pass, TX 78852				Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/26/2024	Full name of contributor Leal, Roland Contributor address; City; Sta Georgetown, TX 78628	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Roland Leal Consulting	5)		
			1				

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 15/88	
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/13/2024	<ul><li>5 Full name of contributor</li><li>Linebarger Goggan Blair</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$1,500.00
_		Austin, TX 78760					
8	Principal occu	pation / Job title (See Instructions	i)	9 Employer (See Instructions	s)		
	Date 07/06/2024	Full name of contributor  Longbow Consulting Part  Contributor address; City; S		)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 12/13/2024	Full name of contributor McGuire Woods Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Richmond, VA 23219 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 11/26/2024	Full name of contributor McKenzie, Mark Contributor address; City; S		)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	Fort Worth, TX 76132 pation / Job title (See Instructions	5)	Employer (See Instructions Focused Acute Care Pa		ers	
	Date 11/26/2024	Full name of contributor McRreaken, Doug Contributor address; City; S: Friendswood, TX 77546		)		Amount of Contribution (\$)	\$5,000.00
	Principal occu CEO	pation / Job title (See Instructions	s)	Employer (See Instructions Self Employed	s)		
			•				

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 16/88		
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)	
4	Date 12/12/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00	
		Austin, TX 78746					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_NCHA's Texas Event PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
		Fort Worth, TX 76107		Ĺ			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/12/2024	Full name of contributor X out-of-state PAC (ID#: CNRG Energy Inc. PAC  Contributor address; City; State; Zip Code	000366559		Amount of Contribution (\$)	\$3,000.00	
	Dringing aggr	Princeton, NJ 18540 pation / Job title (See Instructions)	Employer (See Instructions	_			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions	')			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_Nix, Kim  Contributor address; City; State; Zip Code  Kemah, TX 77565			Amount of Contribution (\$)	\$200.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Oncor Texas State PAC Contributor address; City; State; Zip Code  Dallas, TX 75202	)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/26 Rpt: 17/88		
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)	
4	Date 09/03/2024	<ul> <li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: <u>C</u>	00855528 )	7	Amount of Contribution (\$)	\$750.00	
		Tulsa, OK 74103						
8	Principal occu	pation / Job title (See Instructions)	\$	9 Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor X oneok Employees PAC  Contributor address; City; State; 2	out-of-state PAC (ID#: <u>C</u>	00215384 )		Amount of Contribution (\$)	\$500.00	
	Dringing aggr	Tulsa, OK 74102 pation / Job title (See Instructions)		Employer (See Instructions				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$500.00	
		Austin, TX 78768						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 12/12/2024	PAC of the Independent Insur				Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor PNM Responsible Citizens Gr Contributor address; City; State; Albuquerque, NM 87158				Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	o complete this forr	n.	1	Total pages Schedule A1: Sch: 14/26 Rpt: 18/88		
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)	
4	Date 12/13/2024	Full name of contributor     PharmPAC     Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78757	-					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor Poinsett PLLC Contributor address; City; State		)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)		Employer (See Instructions				
	r inicipal occu	pation 7 300 title (See Instructions)		Employer (See Instructions	,			
	Date 07/09/2024	Full name of contributor Poling, Matt  Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00	
		College Station, TX 77840						
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott White and	-	as AM		
	Date 11/25/2024	Full name of contributor Populus Financial Group Inc Contributor address; City; State Austin, TX 75062		)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Date 11/26/2024	Full name of contributor  Provider Coalition for Care F  Contributor address; City; State  Lewisville, TX 75007		)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 19/88	
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/12/2024	5 Full name of contributor Riceland Consulting LLC	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
		Eagle Lake, TX 77434					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/13/2024	Full name of contributor  Rodriguez, Oscar  Contributor address; City; State				Amount of Contribution (\$)	\$200.00
		Austin, TX 78705					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions TX Assn of Broadcaster			
	Date 12/12/2024	Full name of contributor  Ryan LLC PAC  Contributor address; City; State				Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75240					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/20/2024	Full name of contributor Scott, James Contributor address; City; State Beaumont, TX 77705				Amount of Contribution (\$)	\$2,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Trans-Global Solutions			
	Date 09/26/2024	Full name of contributor Scott, William Contributor address; City; State Beaumont, TX 77705	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Trans-Global Solutions			
			I				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 20/88			
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)		
4	Date 11/07/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ See B. Seen Eyecare LLC</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$500.00		
		Friendswood, TX 77546						
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#:_ Sentry Insurance A Mutual Co Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Stevens Point, WI 54481 upation / Job title (See Instructions)	Employer (See Instructions	i)				
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Sherlock, Colleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Houston, TX 77019						
	Principal occu Real rstate	ipation / Job title (See Instructions)	Employer (See Instructions Self employed	i)				
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_Skufca, Richard G  Contributor address; City; State; Zip Code  Galveston, TX 77551			Amount of Contribution (\$)	\$20.00		
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)				
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TALAPAC Contributor address; City; State; Zip Code Austin, TX 78759	)		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	()				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 21/88			
2	FILER NAME	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)		
4	Date 12/10/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$2,000.00		
		Houston, TX 77002						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>(</b> )				
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: TBA Bank PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
	Principal occu	Austin, TX 78701  upation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00		
		Austin, TX 78768						
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	i)				
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ TSHP PAC Contributor address; City; State; Zip Code  Round Rock, TX 78665	)		Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Tenaska Employees Texas PAC Contributor address; City; State; Zip Code Omaha, NE 68154			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/26 Rpt: 22/88
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081727
4	Date 12/12/2024	5 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	i)	
	Date 12/12/2024	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 (\$) \$30,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Reasonable Solutions PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$3,500.00
	Dringinal occu	Austin, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions		
	r inicipal occu	pation 7 300 title (See Instructions)	Employer (See manucuons	')	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#: Texas Aggregates & Concrete Association PAC Contributor address; City; State; Zip Code  Round Rock, TX 78681			Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Mutual Insurance Co PAC Contributor address; City; State; Zip Code  Yoakum, TX 77995	)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/26 Rpt: 23/88		
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)	
4	Date 12/12/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00	
_	<u> </u>	Austin, TX 78701					
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#: Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Chemistry Council PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians 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	)			
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code Dallas, TX 75255			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/26 Rpt: 24/88
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00081727
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$500.00
_	Deinsinal	Austin, TX 78711	O Faralance (Octobration		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 12/12/2024	Full name of contributor			Amount of Contribution (\$) \$1,000.00
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
	· 	,		_	
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#: Texas Food and Fuel Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$2,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Leads PAC Contributor address; City; State; Zip Code  Austin, TX 78767			Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 21/26 Rpt: 25/88		
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)	
4	Date 11/21/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$3,000.00		
_	<u> </u>	Austin, TX 78701		2.5.1.6.1.1.1	_			
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	S)			
	Date 12/12/2024	Full name of contributor Texas Nurse Practitioners Contributor address; City; St			•	Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions		Employer (See Instructions	;) 			
	i ililoipai occa	pation / dob title (dee mandellons	,	Employer (Gee manachorie	,			
	Date 11/07/2024	Full name of contributor Texas Optometric PAC Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$2,000.00	
		Austin, TX 78705						
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)			
	Date 11/21/2024	Full name of contributor Texas Restaurant Associa Contributor address; City; St. Austin, TX 78767				Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)			
	Date 12/12/2024	Full name of contributor  Texas Society of Architect  Contributor address; City; St.  Austin, TX 78702		)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	5)			
			L					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 22/26 Rpt: 26/88		
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)	
4	Date 11/22/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$1,000.00	
		Spring, TX 77386					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/12/2024 The Posey Law Firm PC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
	Austin, TX 78701  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		)				
		,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ The Storage Place  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
		Corpus Christi, TX 78412					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ The Texas State University System PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00	
	Principal occupation / Job title (See Instructions)  Employer (See Instruction		Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ The US Oncology Network PAC Contributor address; City; State; Zip Code The Woodlands, TX 77380			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 23/26 Rpt: 27/88	
2	FILER NAME Middleton II,	David M. (The Honorable)				3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 07/12/2024	<ul><li>5 Full name of contributor Trone, Robert</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Potomac, MD 20654 pation / Job title (See Instructions	5)	9	Employer (See Instructions	() ()		
	Owner	panon, coo ano (coo mondono	,	•	Total Wine	,,		
	Date Full name of contributor out-of-state PAC (ID#:)  12/12/2024 Troxclair PC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
		Austin, TX 78701						
Principal occupation / Job title (See Instructions)  Employer (See Instructions				s)				
	Date 11/26/2024	Full name of contributor  TxANA PAC  Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/02/2024 Union Pacific Corporation Fund for Effective Government  Contributor address; City; State; Zip Code  Washington, DC 20004			Amount of Contribution (\$)	\$3,000.00			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				Employer (See Instructions	5)			
	Date Full name of contributor x out-of-state PAC (ID#: C00101766 )  12/13/2024 United Airlines PAC  Contributor address; City; State; Zip Code  Chicago, IL 60606			Amount of Contribution (\$)	\$750.00			
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 24/26 Rpt: 28/88	
2	FILER NAME Middleton II,	David M. (The Honorable)			3	Filer ID (Ethics Commission 00081727	on Filers)
4	Date 12/12/2024	<ul> <li>Full name of contributor</li></ul>	out-of-state PAC (ID#: <u>Cl</u> e; Zip Code	00274431)	7	Amount of Contribution (\$)	\$2,000.00
		Washington, DC 20004					
8	Principal occu	pation / Job title (See Instructions)	9	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/28/2024 University of Houston PAC  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Houston, TX 77046 pation / Job title (See Instructions)		Employer (See Instructions	)		
		,		. , ,			
	Date 12/12/2024	Valero PAC  Contributor address; City; State	out-of-state PAC (ID#: <u>Cl</u>	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	San Antonio, TX 78269 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/14/2024	Full name of contributor  Verizon Communications Inc  Contributor address; City; State  Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/02/2024 Veterinarian PAC  Contributor address; City; State; Zip Code  Austin, TX 78754			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 25/26 Rpt: 29/88		
2	FILER NAME Middleton II,	David M. (The Honorable)		3	Filer ID (Ethics Commission 00081727	on Filers)	
4	Date 12/12/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$5,000.00	
_	Driverinal	Irving, TX 75039	O Family or (Cook in threating				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Vital, Carlos  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
	Friendswood, TX 77546						
	Principal occupation / Job title (See Instructions)  Physician  Employer (See Instruction Self		i)				
Date Full name of contributor x out-of-state PAC (ID#: C00093054  12/12/2024 WalPAC  Contributor address; City; State; Zip Code		C00093054 )		Amount of Contribution (\$)	\$1,000.00		
		Bentonville, AR 72716					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/21/2024 Weekley, Richard  Contributor address; City; State; Zip Code  Houston, TX 77027				Amount of Contribution (\$)	\$5,000.00	
	Principal occu Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	5)			
	Date Full name of contributor			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)			
			1				

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 26/26 Rpt: 30/88		
2	FILER NAME Middleton II, David M. (The Honorable)	3	Filer ID (Ethics Commiss 00081727	on Filers)	
4	Date 09/27/2024  5 Full name of contributor out-of-state PAC (ID#:  Wexler, Adam  6 Contributor address; City; State; Zip Code	_) <b>7</b>	Amount of Contribution (\$)	\$1,500.00	
8	Miami, FL 33130  Principal occupation / Job title (See Instructions)  9 Employer (See Instruc	ctions)			
	Chairman of the Board PrizePicks				
	Date Full name of contributor out-of-state PAC (ID#:)  09/23/2024 William F Scott 1991 Trust  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,000.00	
	Beaumont, TX 77705				
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)			
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$5,000.00	
	Austin, TX 78701				
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ctions)			

#### 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 Salaries/Wages/Contract Labor

Travel in District
Travel Out of Dis
ontract Labor
OTHER (enter a

Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

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: 1/52 Rpt: 31/88 Middleton II, David M. (The Honorable) 00081727 4 Date Payee name 10/03/2024 Alvin Community Food Pantry 6 Amount (\$) Payee address; City; State; Zip Code \$250.00 1212 S Durrant St Alvin, TX 77511 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/22/2024 American Legion Amount (\$) Payee address; City; State; Zip Code \$500.00 1402 FM 517 San Leon, TX 77539 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Event Spionsoship** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/08/2024 Bank Fee Amount (\$) Payee address: City; State; Zip Code \$146.02 1900 Sam Houston St Liberty, TX 77575 **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 Bank Service Charges 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 Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 2/52 Rpt: 32/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	09/19/2024	Bay Area Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	PO Box 58103
		Webster, TX 77598
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Ad
		Campagnina
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	10/31/2024	Baytown Professional Firefighters Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	318 W. Texas Ave
		Baytown, TX 77521
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event Spionsoship
		Event Spionsosnip
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/05/2024	Bennett, Kaleb
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	1389 Quail Run Dr
		Troy, TX 76579
	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 Labor for Campaign Services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experience to beliefft G/O	·
_		

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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: 3/52 Rpt: 33/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
l	08/02/2024	Bennett, Kaleb
6	Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 1389 Quail Run Dr  Troy, TX 76579
8	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 for Campaign Services
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Γ	Date	Payee name
	09/05/2024	Bennett, Kaleb
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 1389 Quail Run Dr
		Troy, TX 76579
	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 for Campaign Services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
l	10/08/2024	Bennett, Kaleb
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 1389 Quail Run Dr
		Troy, TX 76579
	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 for Campaign Services
	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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a coloropy not listed above)

	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: 4/52 Rpt: 34/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	11/04/2024	Bennett, Kaleb
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	1389 Quail Run Dr
		Troy, TX 76579
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 for Campaign Services
		Contract Labor for Campaign Convictor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/09/2024	Bennett, Kaleb
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	1389 Quail Run Dr
	, , , , , , , , , , , , , , , , , , , ,	
		Troy, TX 76579
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor for Campaign Services
		Contract Labor for Campaign Convices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/31/2024	Berry Communications
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$36,000.00	1014 W Milton St
	Ψου,ουυ.ου	1014 W WIIIION St
		Austin, TX 78701
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Consulting Services
	Complete ONLY if alice of	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

#### 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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 5/52 Rpt: 35/88	Middleton II, David M. (The Honorable)  00081727
4	Date	5 Payee name
	10/23/2024	Camp Political
6	Amount (\$) \$4,243.75	7 Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	
	EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  John Scott Mailer
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	Camp Political
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,287.50	401 NE 46th
		Oklahoma City, OK 73105
	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  John Scott Mailer
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/25/2024	Capitol Giftshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$346.40	1400 Congress Ave
		E1.006
		Austin, TX 78701
	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 items
	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 6/52 Rpt: 36/88	Middleton II, David M. (The Honorable) 00081727
4	Date 09/13/2024	5 Payee name Capitol Giftshop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.60	1400 Congress Ave
		E1.006
		Austin, TX 78701
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.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation Items
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/02/2024	Capitol Giftshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$346.40	1400 Congress Ave
		E1.006
		Austin, TX 78701
	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
		Donation Items
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/20/2024	Capitol Giftshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.25	1400 Congress Ave
		E1.006
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	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 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		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	e Printing Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 7/52 Rpt: 37/88	Middleton	II, David M. (The Hono	orable)				00081727	
4	Date	5 Payee nam	е			•			
	07/16/2024	Caruso, R							
6	Amount (\$)	<b>7</b> Payee addr	ress; City;	State; Zip	Code				
	\$500.00	14606 Sw	eetwater Dr						
		Baytown,	TX 77523						
8	PURPOSE	(a) Category	(See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE		Vages/Contract Labor			_ ·	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE					$\Box$		officeholder living	
						Contract Labo	or t	or Campaigi	1 Services
Ļ			65.		<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office s	ought			Office he	eld
	Date	Payee nam	e						
	08/05/2024	Caruso, R	yan						
	Amount (\$)	Payee addr	ress; City;	State; Zip	Code				
	\$500.00	14606 Sw	eetwater Dr						
		Baytown,	TX 77523						
	PURPOSE	(a) Category	(See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE		Vages/Contract Labor			<b>—</b>		de of Texas. Com	
						Contract Laboration		officeholder living	
						Contract Labo	01 1	or Campaigi	1 Services
_	Complete ONLY if direct	Candidate/∩	fficeholder name	Office s	 Ought			Office he	hld
	expenditure to benefit C/O			0.1100 3	- ~911t			J00 110	·· <del>·</del>
$\vdash$	Date	Dayon no-	0						
	09/23/2024	Payee nam Caruso, R							
_				Ctoto: 7:-	20ds				
	Amount (\$)	Payee addr	•	State; Zip	ode				
	\$500.00	14000 SW	eetwater Dr						
		Baytown,	TX 77523						
	PURPOSE	(a) Category	(See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE		Vages/Contract Labor					de of Texas. Com	
						Contract Laboration		officeholder living	
						Contract Labo	OI I	oi Cailipaigi	I SELVICES
_	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	Oliapt Oliapt			Office he	ald
	expenditure to benefit C/O		mocholact fiathe	Office 5	ougni			Office He	au.

#### 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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		Expens /Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/52 Rpt: 38/88	Middleton I	I, David M. (The Honor	able)				00081727	
4	Date	5 Payee name				•			
	10/02/2024	Caruso, Ry							
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip C	ode				
	\$500.00	14606 Swe	etwater Dr						
		Baytown, T	X 77523						
8	PURPOSE	(a) Category (s	see Categories listed at the top of t	his schodulo)	(b)	Description			
	OF		ages/Contract Labor	nis scriedule)	` ´		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					ш		officeholder living	
						Contract Labo	or f	or Campaig	n Services
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
	CAPCHURATE TO DETICITE C/OF	•							
	Date	Payee name							
	10/04/2024	Caruso, Ry	an						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$500.00	14606 Swe	etwater Dr						
		Baytown, T	X 77523						
	PURPOSE	-	iee Categories listed at the top of t	his schodulo)	(b)	Description			
	OF		ages/Contract Labor	nis scrieduic)	` ´		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							officeholder living	
						Contract Labo	or f	or Campaig	n Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office so	ught			Office he	eld
L	experientare to beliefit 6/01	•							
	Date	Payee name							
L	10/08/2024	Caruso, Ry	an						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$500.00	14606 Swe	etwater Dr						
		Baytown, T	X 77523						
	PURPOSE	(a) Category (s	ee Categories listed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE		ages/Contract Labor			Check if travel of			plete Schedule T.
	EXPENDITURE					_		officeholder living	
						Contract Labo	or f	or Campaig	n Services
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld
	onponditure to benefit 6/01	•							

#### 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		Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	se Printin Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
L	Sch: 9/52 Rpt: 39/88	Middleto	n II, David M. (The Hon	orable)				00081727	
4	Date	5 Payee nai	me						
	11/06/2024	Caruso,	Ryan						
6	Amount (\$)	7 Payee add	dress; City;	State; Zip	Code				
	\$1,000.00	14606 Sv	weetwater Dr						
		Baytown	, TX 77523						
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		Wages/Contract Labor	or triis soricuale)		_ ·	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE					<b></b>		officeholder living	
						Contract Lab	or t	or Campaig	n Services
_	0 1. 0		25.	~~					
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office s	ought			Office he	eld
	Date	Payee nai	me						
	12/16/2024	Caruso,	Ryan						
	Amount (\$)	Payee add	dress; City;	State; Zip	Code				
	\$750.00	14606 Sv	weetwater Dr						
		Baytown	, TX 77523						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		Wages/Contract Labor	,		<b></b>		de of Texas. Com	
	EXI ENDITORE					_		officeholder living	
						Contract Lab	011	or Campaig	n Services
	Complete ONLY if direct	Candidate"	Officeholder name	Office	Ought			Office he	old.
	Complete ONLY if direct expenditure to benefit C/OH		Jincenoluer Hattle	Office s	ougnt			Office Ne	tiu
_	Dete								
	Date	Payee nai							
	07/16/2024	Caruso,							
	Amount (\$)	Payee add	•	State; Zip	Code				
	\$286.09	14606 Sv	weetwater Dr						
L		Baytown	, TX 77523						
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		tation Equipment And F	Related				de of Texas. Com	
	-	Expense				Mileage Rein		officeholder living	g expense
						willeage Relli	iibu	136ment	
	Complete ONLY if direct	Candidate/	Officeholder name	Office s	ought			Office he	eld .
	expenditure to benefit C/O		econoidor ridirio	Omice e	Jugiit			Onice ne	····

### 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 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/52 Rpt: 40/88	Middleton II, David M. (The Honorable)		00081727
4	Date	5 Payee name		<u> </u>
	08/05/2024	Caruso, Ryan		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$312.22	14606 Sweetwater Dr		
		Baytown, TX 77523		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense		Check if Austin, TX, officeholder living expense
				Mileage Reimbursement
_	0 1 0 0 1 1 1 1			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
	09/11/2024	Caruso, Ryan		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$762.92	14606 Sweetwater Dr		
		Baytown, TX 77523		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense Mileage Reimbursement
				whicage rembursement
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Cince Hold
	Date	Payee name		
	10/04/2024	Caruso, Ryan		
		-	,do	
	Amount (\$) \$822.86	Payee address; City; State; Zip Co 14606 Sweetwater Dr	ue	
	φο22.00	14000 Sweetwater Di		
		Day 45007 TV 77500		
		Baytown, TX 77523		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Charlest strangle systems of Toyon, Complete Schoolule T
	EXPENDITURE	Transportation Equipment And Related Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense		Mileage Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		-	
_				

### 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

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 11/52 Rpt: 41/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	11/13/2024	Caruso, Ryan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$618.41	14606 Sweetwater Dr
		Baytown, TX 77523
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	<del>-</del>
	Date	Payee name
	12/31/2024	Caruso, Ryan
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.14	14606 Sweetwater Dr
		Baytown, TX 77523
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mileage Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	08/05/2024	Clear Creek Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 2171
		League City, TX 77574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Event Spionsoship
		Liverit Optionsostrip
	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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Layment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)
Sch: 12/52 Rpt: 42/88	Middleton II, David M. (The Honorable)		00081727	
4 Date	5 Payee name			
12/04/2024	Clear Creek Republican Women			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$55.00	PO Box 2171			
	League City, TX 77574			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	val autoida of Toyan, Complete Schodule T	
EXPENDITURE	Fees	l <u>—</u>	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		Event Tick	et	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held	
expenditure to benefit C/OI	<b>-</b>			
Date	Payee name			
12/05/2024	Coastal Grill			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$20.57	1827 Strand St			
	Galveston, TX 77550			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	and acceptable of Tanana Communicate Coloradada T	
EXPENDITURE	Food/Beverage Expense	, <u>—</u>	el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		Meal at Ga	lveston Pachyderm	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held	
expenditure to benefit C/OI	<b>-</b>			
Date	Payee name			
11/07/2024	Coastal Grill			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$20.57	1827 Strand St			
	Galveston, TX 77550			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Food/Beverage Expense	🗀	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
			lveston Pachyderm	
			-	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held	
expenditure to benefit C/O	Н			

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 13/52 Rpt: 43/88	Middleton II, David M. (The Honorable) 00081727	
4	Date	5 Payee name	_
	07/08/2024	FedEx	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$51.99	936 South Shady Grove Rd	
		Memphis, TN 38120	
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  Mail/Shipping	
		waii/Shipping	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
⊨	Date	Davisa nama	=
	07/19/2024	Payee name FedEx	
┝			_
	Amount (\$) \$32.97	Payee address; City; State; Zip Code  936 South Shady Grove Rd	
	φ32.9 <i>1</i>	950 South Shauy Grove Ru	
		Marankia TN 20120	
		Memphis, TN 38120	_
	PURPOSE OF	(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.	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Mail/Shipping	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	
	07/31/2024	FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$61.54	936 South Shady Grove Rd	
		Memphis, TN 38120	
	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	
		Mail/Shipping	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
$\vdash$			_
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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/52 Rpt: 44/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	08/07/2024	FedEx
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$52.11	936 South Shady Grove Rd
l		
		Memphis, TN 38120
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  Mail/Shipping
		waii/Silippilig
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date 08/09/2024	Payee name FedEx
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.76	936 South Shady Grove Rd
L		Memphis, TN 38120
l	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
		Mail/Shipping
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/15/2024	FedEx
H	Amount (\$)	Payee address; City; State; Zip Code
	\$9.75	936 South Shady Grove Rd
l		,
		Memphis, TN 38120
H	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Mail/Shipping
L	2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>		
L		

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services 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: 15/52 Rpt: 45/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	09/06/2024	FedEx
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.25	936 South Shady Grove Rd
		Memphis, TN 38120
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
		Mail/Shipping
		indus of high life
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
	09/09/2024	FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.88	936 South Shady Grove Rd
		Memphis, TN 38120
	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
		Mail/Shipping
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	Complete ONLY if direct expenditure to benefit C/Ol	•
⊨		
	Date	Payee name
L	09/12/2024	FedEx
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$51.88	936 South Shady Grove Rd
		Memphis, TN 38120
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Mail/Shipping
L	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		
_		

### 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

Candidate/Officeholder/Political Committee 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 Commiss	ion Filers)
	Sch: 16/52 Rpt: 46/88	Middleton II	, David M. (The Hon	orable)				00081727		
4	Date	<b>5</b> Payee name								
	10/07/2024	FedEx								
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip C	ode					
	\$65.02	936 South S	Shady Grove Rd							
		Memphis, T	N 38120							
8	PURPOSE OF		e Categories listed at the top		(b)	Description				
	EXPENDITURE	Office Overl	nead/Rental Expens	е		=		de of Texas. Com officeholder living	plete Schedule T.	
						Mail/Shipping		onicendidei iiving	ускрепас	
							'			
9	Complete ONLY if direct expenditure to benefit C/O	<u>I</u> Candidate/Offic H	ceholder name	Office so	<u>I</u> ught			Office he	eld	
	Data									
	Date	Payee name								
	10/11/2024	FedEx								
	Amount (\$)	Payee addres	•	State; Zip C	ode					
	\$24.50	936 South S	Shady Grove Rd							
		Memphis, T	N 38120							
	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		nead/Rental Expens			_		de of Texas. Com		
								officeholder living	g expense	
						Mail/Shipping				
	0 1: 0.11.7.7.1	2 51 105		0,11	<u> </u>			0""	1.1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	cenolder name	Office so	ugnt			Office he	eia	
	'	<u> </u>								
	Date	Payee name								
	10/15/2024	FedEx								
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode					
	\$51.66	936 South S	Shady Grove Rd							
		Memphis, T	N 38120							
	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		nead/Rental Expens					de of Texas. Com	•	
	LAFENDITORE							officeholder living	expense	
						Mail/Shipping				
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	experience to belieff 6/01	•								
_										

#### SCHEDULE F1

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

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

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

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

ement Solicitation/Fundraising Expense
ense 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: 17/52 Rpt: 47/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	10/24/2024	FedEx
6	Amount (\$) \$12.25	7 Payee address; City; State; Zip Code 936 South Shady Grove Rd
		Memphis, TN 38120
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  Mail/Shipping
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2024	FedEx
	Amount (\$) \$51.59	Payee address; City; State; Zip Code 936 South Shady Grove Rd
		Memphis, TN 38120
	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  Mail/Shipping
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/14/2024	FedEx
	Amount (\$) \$52.93	Payee address; City; State; Zip Code 936 South Shady Grove Rd
		Memphis, TN 38120
	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  Mail/Shipping
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

	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: 18/52 Rpt: 48/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	11/25/2024	FedEx
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.25	936 South Shady Grove Rd
		Memphis, TN 38120
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  Mail/Shipping
		матопррпу
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
_	Date	Power name
	11/25/2024	Payee name FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.53	936 South Shady Grove Rd
		Memphis, TN 38120
	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  Mail/Shipping
		Mail/Onlphing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida dama
	11/29/2024	Payee name FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.20	936 South Shady Grove Rd
		Memphis, TN 38120
	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  Mail/Shipping
		ινιαιι/Οιτιβρίτις
_	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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
CHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
ᆫ		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1: Sch: 19/52 Rpt: 49/88	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Middleton II, David M. (The Honorable) 00081727	
Ŀ	<u> </u>		_
4	Date	5 Payee name	
	12/11/2024	FedEx	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$54.09	936 South Shady Grove Rd	
	401.00	South Ghady Grove Na	
		Memphis, TN 38120	
8	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	
		Mail/Shipping	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
⊨			_
	Date	Payee name	
	12/20/2024	FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.85	936 South Shady Grove Rd	
		Marchin TN 00400	
		Memphis, TN 38120	_
	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	
		Mail/Shipping	
L			_
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	12/23/2024	FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	_
	• •		
	\$54.09	936 South Shady Grove Rd	
		Memphis, TN 38120	
	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	
		Mail/Shipping	
Г	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 E Candidate/Officeholder/Politic 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	Gift/Awards/Memorials Exp Legal Services  The Instruction Guide	Salaries/\	Wages	s/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
Ļ	Tatalana O. I. I. T.		- Capitalio How to co	pii		E11- 15	(Ethias Carrellania Ell. )
1	Total pages Schedule F1:				3		(Ethics Commission Filers)
L	Sch: 20/52 Rpt: 50/88	Middleton II, David M. (The Ho	onorable)			00081727	
4	Date	Payee name					
	08/12/2024	FedEx					
6	Amount (\$)	Payee address; City;	State; Zip Co	ode			
ľ	\$9.75	936 South Shady Grove Rd	Ott.10, 2.p 0.	000			
	Ψ3.10	oo coun chaay crove na					
		Memphis, TN 38120					
8	PURPOSE	Category (See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Exper	ise			side of Texas. Com	
					$\Box$	K, officeholder living	expense
					Mail/Shipping		
9	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	ught		Office he	eld
L	experiorare to belieff C/OI						
	Date	Payee name					
	08/06/2024	Friends of Dr. Greg Bonnen					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$408.00	PO Box 1183	, ,				
	Ψ100.00	0 Box 1100					
		Friendswood, TX 77549					
	PURPOSE OF	Category (See Categories listed at the to	op of this schedule)	(b)	Description		
	EXPENDITURE	Contributions/Donations Made			<u></u>	side of Texas. Com	
		Candidate/Officeholder/Politica	al Committee		Campaign Cont	(, officeholder living	expense
					Campaign Com	iribuliori	
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	"		<u> </u>			
	Complete ONLY if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sou	ugnt		Office he	eia
L							
	Date	Payee name		_			
	10/04/2024	Friends of Dr. Greg Bonnen					
	Amount (\$)	Payee address; City;	State; Zip Co	ode			
	\$204.00	PO Box 1183					
		Friendswood, TX 77549					
_							
	PURPOSE OF	Category (See Categories listed at the to		(a)	Description  Check if traval outs	side of Texas. Com	oloto Schodule T
	EXPENDITURE	Contributions/Donations Made Candidate/Officeholder/Politica			ш	side of Texas. Com	
		Januluale/OniceHoldel/Fulllic	ai Committee		Campaign Cont		
_	Complete ONLY if direct	andidate/Officeholder name	Office sou	laht		Office he	ald
	expenditure to benefit C/OI	andidate/Onicendidel Haine	Office Suc	agrit		Office He	AU.

### 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
Final Services Salaries/Wangs/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 21/52 Rpt: 51/88	Middleton II, David M. (The Honorable) 00081727					
4	Date	5 Payee name					
	10/11/2024	Galveston Republican Women					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$30.00	908 Layfair Place					
		Friendswood, TX 77546					
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.					
	LAPENDITORE	Check if Austin, TX, officeholder living expense					
		Event Ticket					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experientare to benefit Great						
	Date	Payee name					
	07/02/2024	Google					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$75.89	1600 Amphitheatre Parkway					
		Mountain View, CA 94303					
	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.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Dues & Subscriptions					
	Opening the ONITY if allowed	Out it is to 10ff as held a second to 10ff as held					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	08/02/2024	Google					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$75.89	1600 Amphitheatre Parkway					
		Mountain View, CA 94303					
	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.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Dues & Subscriptions					
	Complete ONLY 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 -Candidate/Officeholder/Political C

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/52 Rpt: 52/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	10/03/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$151.78	1600 Amphitheatre Parkway
		Mountain View, CA 94303
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  Dues & Subscriptions
		Dues & Subscriptions
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Davies same
		Payee name
	11/01/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.88	1600 Amphitheatre Parkway
		Mountain View, CA 94303
	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
		Dues & Subscriptions
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	12/09/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.89	1600 Amphitheatre Parkway
		Mountain View, CA 94303
	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  Dues & Subscriptions
		υμες α συμετημιστίε
_	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 Con

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/Political Committee Credit Card Payment			Legal Services The Instruction Gui		Wages	s/Contract Labor		OTHER (enter a	category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 23/52 Rpt: 53/88	1	I, David M. (The I	Honorable)				00081727	`	,
4	Date	5 Payee name								
	11/12/2024	Gracie's								
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	ode					
	\$85.16	2202 The S	Strand							
		Galveston,	TX 77550							
8	PURPOSE	(a) Category (S	ee Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		rage Expense			Check if travel	outs	ide of Texas. Com	plete Schedule T.	
	LAFENDITORE					_	, TX	, officeholder living	expense	
						Event Ticket				
_					Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	08/28/2024	l í		Federation of Rep	ublic	can Women				
	Amount (\$)	Payee addre		State; Zip Co						
	\$1,000.00	7941 Katy	-	State, Zip Ci	ouc					
	Ψ1,000.00	·	Teeway							
		#272								
		Houston, T	X 77024							
	PURPOSE OF	(a) Category (S	ee Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense					ide of Texas. Com <sub>l</sub> , officeholder living		
						Event Spions			ехрепзе	
						Evolit opiono		P		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI				J					
	Date	Payee name								
	10/04/2024	HÉB								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$66.08	6430 Garth		•						
		Baytown, T	X 77521							
	PURPOSE	(a) Category (s	ee Categories listed at the	e top of this schedule)	(b)	Description				
	OF		ns/Donations Mad		`´		outs	ide of Texas. Com	olete Schedule T.	
	EXPENDITURE		Officeholder/Polit			Check if Austin	, TX	, officeholder living	expense	
						Donation Iten	ns			
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	П 								

#### 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/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: 24/52 Rpt: 54/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	11/14/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.29	6430 Garth Rd
		Baytown, TX 77521
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
		Demaile File
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/01/2024	Herrell, Andrew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1912 Whitaker Dr
		Austin, TX 78754
	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 Labor for Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/06/2024	Herrell, Andrew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1912 Whitaker Dr
	4000.00	
		Austin, TX 78754
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor for Campaign Services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	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: 25/52 Rpt: 55/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	10/03/2024	Herrell, Andrew
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1912 Whitaker Dr
		Austin, TX 78754
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 Labor for Campaign Services
		Contract Labor for Campaign Screecs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	10/03/2024	Herrell, Andrew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1912 Whitaker Dr
		Austin, TX 78754
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor for Compaign Sorvings
		Contract Labor for Campaign Services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	11/26/2024	Herrell, Andrew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1912 Whitaker Dr
		Austin, TX 78754
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Contract Labor for Campaign Services
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	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 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		Legal Services	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
			The Instruction Guid	e explains how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission I	Filers)
	Sch: 26/52 Rpt: 56/88	Middleton II	, David M. (The H	onorable)				00081727		
4	Date	5 Payee name								
	08/01/2024	Herrell, And	rew							
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
	\$146.58	1912 Whital	ker Dr							
		Austin, TX 7	'8754							
8	PURPOSE	(a) Category (Se	ee Categories listed at the t	on of this schedule)	(b)	Description				
	OF		ion Equipment An		<b> </b> `´	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	Expense				Check if Austin,	, TX,	officeholder livin	g expense	
						Mileage Reim	ıbu	rsement		
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	<del>-</del>								
	Date	Payee name								
	11/04/2024	Hometown	Catering Seafood	Company						
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$3,247.50	5010 Broad	way							
		Pearland, T	X 77581							
	PURPOSE	(a) Category (se	ee Categories listed at the t	on of this schodulo)	(b)	Description				
	OF		s/Donations Made		<b> </b> `´	_ ·	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Officeholder/Politic	,		Check if Austin,	, TX,	officeholder livin	g expense	
						Veterans Day	/ Fo	ood Sponso	rship	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	12/18/2024	Inspira Res	ource Center							
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
	\$350.00	347-B E Pa	rkwood Dr							
		Suite B								
		Friendswoo	d, TX 77546							
	PURPOSE	(a) Category (Sa	ee Categories listed at the t	op of this schedule)	(b)	Description				
	OF	· ·	s/Donations Made		` `		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Officeholder/Politic			Check if Austin,	, TX,	officeholder livin	g expense	
						Donation				
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	<b>1</b>								

### 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: 27/52 Rpt: 57/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	07/03/2024	Jones, Ryan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	6001 S Congress Ave
		Apt #2313
		Austin, TX 78745
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 for Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/12/2024	Jones, Ryan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6001 S Congress Ave
		Apt #2313
		Austin, TX 78745
	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 for Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/16/2024	Jones, Ryan
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6001 S Congress Ave
		Apt #2313
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Contract Labor for Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/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 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: 28/52 Rpt: 58/88	2 FILER NAME Middleton II, David M. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00081727
4	Date 11/04/2024	5 Payee name Jones, Ryan
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 6001 S Congress Ave Apt #2313 Austin, TX 78745
8	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 for Campaign Services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/09/2024	Payee name Jones, Ryan
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 6001 S Congress Ave Apt #2313 Austin, TX 78745
	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 for Campaign Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/05/2024	Payee name La Brisa
	Amount (\$) \$27.51	Payee address; City; State; Zip Code 501 N Wesley Dr  League City, TX 77573
	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  Meal at CCRW
	Complete ONLY if direct expenditure to benefit C/Ol	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	l 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: 29/52 Rpt: 59/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	11/21/2024	La Brisa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.75	501 N Wesley Dr
		League City, TX 77573
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
		Meal at CCRW
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	11/20/2024	Larry M Hicks CPA
	Amount (\$)	Payee address; City; State; Zip Code
	\$372.00	4145 Gessner Suite B-415
		Houston, TX 77080
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Accounting and Compliance Services
		7.000 and Compilative Cervices
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
⊨		_
	Date	Payee name
	11/26/2024	Larry M Hicks CPA
	Amount (\$)	Payee address; City; State; Zip Code
	\$615.00	4145 Gessner Suite B-415
		Houston, TX 77080
	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
		Accounting and Compliance Services
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit 6/01	•

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 30/52 Rpt: 60/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	07/10/2024	Little, Briana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	211 Cinnabar Bay Dr
		League City, TX 77573
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 Labor for Campaign Services
		Contract Labor for Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/06/2024	Little, Briana
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	211 Cinnabar Bay Dr
		League City, TX 77573
	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 for Campaign Services
		Communication for configuration and configuratio
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/10/2024	Little, Briana
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	211 Cinnabar Bay Dr
		League City, TX 77573
	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 for Campaign Services
		Contract Labor for Campaign Services
$\vdash$	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 -

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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 31/52 Rpt: 61/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	10/04/2024	Little, Briana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	211 Cinnabar Bay Dr
	l	
		League City, TX 77573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
	l	Contract Labor for Campaign Services
	l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	11/07/2024	Little, Briana
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	211 Cinnabar Bay Dr
	φοσο.σσ	211 Gilliadai Bay Bi
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	l	Contract Labor for Campaign Services
	l	Contract Labor for Gampaign Convices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	12/10/2024	Little, Briana
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	211 Cinnabar Bay Dr
	Ψ500.00	
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Contract Labor for Comparing Son in a
	l	Contract Labor for Campaign Services
	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		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	orean out a tyment		The Instruction Guide ex	plains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAMI	Ξ				3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 32/52 Rpt: 62/88	Middleton I	I, David M. (The Hond	orable)				00081727		
4	Date	5 Payee name								
	07/10/2024	Little, Brian								
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$927.24	211 Cinnab	ar Bay Dr							
			•							
		League Cit	y, TX 77573							
8	PURPOSE				(h)	Description				
°	OF		ee Categories listed at the top of		(D)	Description  Check if travel of	nutsi	de of Texas, Com	plete Schedule T.	
	EXPENDITURE	Expense	tion Equipment And R	eialeu				officeholder living		
						Mileage Reim	าbu	rsement		
9	Complete ONLY if direct		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	08/08/2024	Little, Brian								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$492.45	211 Cinnab	ar Bay Dr							
			•							
		League Cit	y, TX 77573							
	PURPOSE		ee Categories listed at the top of	(1)	(b)	Description				
	OF		tion Equipment And R		(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Expense	aon Equipment / and re	olatoa		Check if Austin,	, TX,	officeholder living	j expense	
						Mileage Reim	nbu	rsement		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/Oi	7								
	Date	Payee name								
	09/13/2024	Little, Brian	a							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
	\$768.40	211 Cinnab	ar Bay Dr							
		League Cit	y, TX 77573							
	PURPOSE	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment And R						plete Schedule T.	
	LAFENDITORE	Expense						officeholder living	expense	
						Mileage Reim	uai	rsement		
_	Operation ONE V. C. P.	0	Santa aldan ara	01				0	-1.4	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office h	eia	

#### 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

Total pages Schedule F1: 2   Fill.ER NAME   Middleton II, David M. (The Honorable)   3   Filer ID (Ethics Commission Filers)		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Sch: 33/52 Rpt: 63/88   Middleton II, David M. (The Honorable)   00081727    4 Date	L	Sieun Gaid Fayincill	The Instruction Guide explains how to complete this form.
4 Date 10/15/2024 5 Payee name Little, Briana  6 Amount (\$) \$948.59 7 Payee address; City; State; Zip Code 2.11 Cinnabar Bay Dr League City, TX 77573  8 PURPOSE OF EXPENDITURE	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
10/15/2024   Little, Briana		-	
Samount (\$)   Samount (\$)	4		
\$948.59 211 Cinnabar Bay Dr  League City, TX 77573  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside o		10/15/2024	Little, Briana
League City, TX 77573	6	Amount (\$)	7 Payee address; City; State; Zip Code
Candidate/Officeholder name   Cand		\$948.59	211 Cinnabar Bay Dr
Candidate/Officeholder name   Cand			
Transportation Equipment And Related    Check if vavel outside of Texas. Complete Schedule T.   Check if vavel outside of Texas. Complete Sche			League City, TX 77573
### EXPENDITURE    Transportation Equipment And Related Expense   Check if Austin, TX, officeholder iwing expense	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
Purpose Office City, TX 77573  Purpose Office Categories listed at the top of this schedule) Office Sought Office held  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office sought Office held  Office held  Office held  Office held  Complete ONLY if direct expenditure to benefit C/OH  Date 12/23/2024  Date 12/23/2024  Date 12/23/2024  Date 12/23/2024  Date 12/23/2024  Date Little, Briana			Transportation Equipment 7 tha Transca
9 Complete ONLY if direct expenditure to benefit C/OH  Date 11/13/2024		<del>-</del>	
Date   Payee name   Little, Briana   Amount (\$)   Payee address; City; State; Zip Code   \$1,037.42   211 Cinnabar Bay Dr   League City, TX 77573    PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Transportation Equipment And Related   Check if austin, TX, officeholder living expense   Mileage Reimbursement    Complete ONLY if direct expenditure to benefit C/OH    Date   Payee name   12/23/2024   Little, Briana			willeage Reimbursement
Date   Payee name   Little, Briana   Amount (\$)   Payee address; City; State; Zip Code   \$1,037.42   211 Cinnabar Bay Dr   League City, TX 77573    PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Transportation Equipment And Related   Check if austin, TX, officeholder living expense   Mileage Reimbursement    Complete ONLY if direct expenditure to benefit C/OH    Date   Payee name   12/23/2024   Little, Briana	<u>_</u>	Operation ONE V. V. P.	Openhalte 10ff askedder manne 10ff as anything 10ff askedder 10ff askedd
Date 11/13/2024  Amount (\$) Payee address; City; State; Zip Code \$1,037.42  Purpose OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage Reimbursement  Complete ONLY if direct expenditure to benefit C/OH  Date 12/23/2024  Payee name Little, Briana	9		
Amount (\$) Payee address; City; State; Zip Code \$1,037.42 211 Cinnabar Bay Dr  League City, TX 77573  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage Reimbursement  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 12/23/2024  Little, Briana	lacksquare	· · · · · · · · · · · · · · · · · · ·	
Amount (\$) Payee address; City; State; Zip Code  \$1,037.42 211 Cinnabar Bay Dr  League City, TX 77573  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage Reimbursement  Complete ONLY if direct expenditure to benefit C/OH  Date 12/23/2024  Payee name Little, Briana			
\$1,037.42	L	11/13/2024	Little, Briana
League City, TX 77573  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage Reimbursement  Complete ONLY if direct expenditure to benefit C/OH  Date 12/23/2024  Payee name Little, Briana		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage Reimbursement  Complete ONLY if direct expenditure to benefit C/OH  Date 12/23/2024  Payee name Little, Briana		\$1,037.42	211 Cinnabar Bay Dr
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage Reimbursement  Complete ONLY if direct expenditure to benefit C/OH  Date 12/23/2024  Payee name Little, Briana			
Transportation Equipment And Related Expense  Transportation Equipment And Related Expense  Complete ONLY if direct expenditure to benefit C/OH  Date 12/23/2024  Payee name Little, Briana			League City, TX 77573
EXPENDITURE    Transportation Equipment And Related   Check if Austin, TX, officeholder living expense   Mileage Reimbursement			
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Little, Briana  Mileage Reimbursement  Office sought Office held  Little, Briana			Transportation Equipment And Related
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 12/23/2024  Little, Briana  Candidate/Officeholder name Office sought Office held  Office held			
Date Payee name 12/23/2024 Little, Briana			Willouge Northburgeriterit
Date Payee name 12/23/2024 Little, Briana	$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
12/23/2024 Little, Briana			<b>v</b>
12/23/2024 Little, Briana	$\vdash$	Date	Dayaa nama
	ldash		
		Amount (\$)	Payee address; City; State; Zip Code
\$501.27 211 Cinnabar Bay Dr		\$501.27	211 Cinnabar Bay Dr
League City, TX 77573	L		League City, TX 77573
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE  Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.			Transportation Equipment / the related
Expense Check if Austin, TX, officeholder living expense Mileage Reimbursement			
willeage Reinibulsement			will cage Tellibursement
Complete ONLY 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			· · · · · · · · · · · · · · · · · · ·

### 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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 34/52 Rpt: 64/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	12/31/2024	Little, Briana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$798.24	211 Cinnabar Bay Dr
		League City, TX 77573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Mileage Reimbursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	07/11/2024	Lyrock, Josh
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	8006 Dogwood Court
		Mont Belvieu, TX 77523
	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 for Campaign Services
		Contract Eason for Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Power name
	08/06/2024	Payee name Lyrock, Josh
		· ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	8006 Dogwood Court
		Mont Belvieu, TX 77523
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contract Labor for Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

Advertising Expense Event E
Accounting/Banking Fees
Consulting Expense Food/Bi
Contributions/ Donations Made By Glift/Awi

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	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:		rs)
	Sch: 35/52 Rpt: 65/88	Middleton II, David M. (The Honorable) 00081727	
4	Date	5 Payee name	
	09/10/2024	Lyrock, Josh	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	8006 Dogwood Court	
		Mont Belvieu, TX 77523	
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.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Contract Labor for Campaign Services	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitie to belieff C/OI	71	
	Date	Payee name	
	10/03/2024	Lyrock, Josh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	8006 Dogwood Court	
		Mont Belvieu, TX 77523	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if Austin TV, officeholder living exposes	
		Contract Labor for Campaign Services	
		Contract Labor for Campaign Services	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	<b>y</b>	
_	Date	Payee name	
	11/05/2024	Payee name Lyrock, Josh	
		<u> </u>	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	8006 Dogwood Court	
		Mont Belvieu, TX 77523	
	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.	
	- <del>-</del>	Check if Austin, TX, officeholder living expense  Contract Labor for Campaign Services	
		Contract Labor for Campaign Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
$\vdash$			

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Ry - Giff(Alwards/Me)

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

	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: 36/52 Rpt: 66/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	12/09/2024	Lyrock, Josh
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	8006 Dogwood Court
		Mont Belvieu, TX 77523
8	PURPOSE	
١	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Lahor  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 for Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$	Date	Payee name
	08/06/2024	Lyrock, Josh
	Amount (\$)	Payee address; City; State; Zip Code
	\$141.37	8006 Dogwood Court
		Mont Belvieu, TX 77523
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Expense Check if Austin, TX, officeholder living expense
		Mileage Reimbursement
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit e/of	<u>'</u>
	Date	Payee name
L	09/11/2024	Lyrock, Josh
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.78	8006 Dogwood Court
		Mont Belvieu, TX 77523
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Mileage Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		ct tegory 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: 37/52 Rpt: 67/88	Middleton II, David M. (The Honorable) 00081727	
4	Date	5 Payee name	
	10/11/2024	Lyrock, Josh	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$276.04		
		Mont Belvieu, TX 77523	
8	PURPOSE		
o	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete	ete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living ex	
		Mileage Reimbursement	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	I
	expenditure to benefit C/OI	Jn	
	Date	Payee name	
	11/05/2024	Lyrock, Josh	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$262.64	8006 Dogwood Court	
		Mont Belvieu, TX 77523	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Comple	
	EX. ENDITORE	Expense Check if Austin, TX, officeholder living ex	kpense
		Mileage Reimbursement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	·
	expenditure to benefit C/OI		•
	Date	Davida nama	
	12/31/2024	Payee name Lyrock, Josh	
	Amount (\$) \$289.44		
	Ψ203.44	5000 Bogwood Court	
		Mont Debieu, TV 77522	
	DUDD 005	Mont Belvieu, TX 77523	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete	ete Schedule T
	EXPENDITURE	Transportation Equipment And Related	
		Mileage Reimbursement	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	I
	expenditure to benefit C/OI	JH	

#### 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	Gift/Awards/Mem Committee Legal Services			se s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
	Credit Card Payment	The Instruction	on Guide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	Priler NAME				3	Filer ID	(Ethics Commission I	Filers)
	Sch: 38/52 Rpt: 68/88	Middleton II, David M. (	The Honorable)				00081727		
4	Date	Payee name							
	07/12/2024	MailChimp							
6	Amount (\$)	' Payee address; City;	State; Zip C	ode					
	\$437.06	675 Ponce de Leon Ave	•						
		Suite 5000							
		Atlanta, GA 30308							
_	DUDD 0.05			10.					
8	PURPOSE OF	a) Category (See Categories liste		(b)	Description  Check if traval	outoi	de of Texas. Com	nloto Cobadulo T	
	EXPENDITURE	Office Overhead/Rental	Expense				officeholder living		
					Dues & Subs			•	
9	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	ught			Office he	eld	
	expenditure to benefit C/O								
	Date	Payee name							
	08/12/2024	MailChimp							
	Amount (\$)	Payee address; City;	State; Zip C	ode					
	\$437.06	675 Ponce de Leon Ave	e NE						
		Suite 5000							
		Atlanta, GA 30308							
	PURPOSE			(h)	D				
	OF	a) Category (See Categories liste		(0)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	Office Overhead/Rental	Expense				officeholder living		
					Dues & Subs	crip	otions		
	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	ught			Office he	eld	
	expenditure to benefit C/Ol								
	Date	Payee name							
	09/13/2024	MailChimp							
	Amount (\$)	Payee address; City;	State; Zip C	ode					
	\$437.06	675 Ponce de Leon Ave	e NE						
		Suite 5000							
		Atlanta, GA 30308							
	PURPOSE	a) Category (See Categories liste	and at the ten of this cahedule)	(b)	Description				
	OF	Office Overhead/Rental		'		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin	, TX,	officeholder living	j expense	
					Dues & Subs	crip	otions		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder nam	ne Office so	ught			Office he	eld	
	ехрениците то ренент С/О					_			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

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/Political Commi		nmittee	Gift/Awards/Memorials E Legal Services	xpense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of DOTHER (enter	District a category not listed abo	ve)	
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	on Filers)
	Sch: 39/52 Rpt: 69/88		Middleton II	, David M. (The F	Honorable)	)				00081727		
4	Date	5	Payee name									
L	10/15/2024	L	MailChimp									
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$437.06		675 Ponce	de Leon Ave NE								
			Suite 5000									
			Atlanta, GA	30308								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Expe		, ,		Check if travel			mplete Schedule T.	
	LAFLINDITORE							_		officeholder livi	ng expense	
								Dues & Subs	crip	otions		
Ļ												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
L		_										
	Date		Payee name									
	11/13/2024		MailChimp									
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$437.06		675 Ponce	de Leon Ave NE								
			Suite 5000									
			Atlanta, GA	30308								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Office Over	nead/Rental Expe	ense			<b>=</b>			mplete Schedule T.	
								Dues & Subs		officeholder livi	iy expense	
								Dues & Subs	out	J.(() ()		
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	C	Office sou	ght			Office I	neld	
	expenditure to benefit C/O	Н				•	-					
	Date		Payee name									
	12/12/2024		MailChimp									
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State;	; Zip Co	de					
	\$437.06		675 Ponce	de Leon Ave NE	·	-						
			Suite 5000									
			Atlanta, GA	30308								
	PURPOSE	(a)	•	ee Categories listed at the	ton of this	rodule)	(h)	Description				
	OF	`~'		ee Categories listed at the nead/Rental Expe		leuule)	(~)	:	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		55 5 1011	- I Star Land						officeholder livii	ng expense	
								Dues & Subs	crip	otions		
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office sou	ght			Office h	neld	
	experientale to beliefft C/Of	•										

### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 40/52 Rpt: 70/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	09/03/2024	Matt Patterson, Matt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	7900 Tecoma Cir
		#12208
		Austin, TX 78735
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 for Campaign Services
		Contract Labor for Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	12/06/2024	Minor, Mathew
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	507 Fern Ct
		Cedar Park, TX 78613
	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 for Campaign Services
		Contract Easter for Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/04/2024	Minor, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$565.00	507 Fern Ct
		Cedar Park, TX 78613
	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 for Campaign Services
		Contract Labor for Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/52 Rpt: 71/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	07/03/2024	Patterson, Matt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	7900 Tecoma Cir
		#12208
		Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor for Campaign Services
		Contract Labor for Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	08/02/2024	Patterson, Matt
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7900 Tecoma Cir
		#12208
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor for Campaign Services
		Contract Labor for Gampaign Scrivices
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	11/01/2024	Patterson, Matt
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7900 Tecoma Cir
		#12208
		Austin, TX 78735
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Contract Labor for Campaign Services
		Contract Labor for Campaign Services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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: 42/52 Rpt: 72/88	2 FILER NAME Middleton II, David M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081727
4	Date 12/03/2024	Payee name Patterson, Matt	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 7900 Tecoma Cir #12208 Austin, TX 78735	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense or for Campaign Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/06/2024	Payee name Patterson, Matt	
	Amount (\$) \$263.98	Payee address; City; State; Zip Code 7900 Tecoma Cir #12208 Austin, TX 78735	
	PURPOSE OF EXPENDITURE	Transportation Equipment And Related	outside of Texas. Complete Schedule T. , TX, officeholder living expense nbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 12/04/2024	Payee name Pearland Area Republican Club	
	Amount (\$) \$26.94	Payee address; City; State; Zip Code PO Box 711	
		Pearland, TX 77588	
	PURPOSE OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

## SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 43/52 Rpt: 73/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	10/16/2024	Rotary of La Porte
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3620 Miramar Dr
		La Porte, TX 77571
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dues & Subscriptions
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	Davies same
	08/29/2024	Payee name South Belt Ellington Leader
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	11555 Beamer
		Houston, TX 77089
	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
		Campaign Ad
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/26/2024	TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$883.32	861 I-45
		Unit B
		Huntsville, TX 77320
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Contributions/Donations Made By  Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation Items
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experioritire to beriefit C/Or	1

### 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/Political Credit Card Payment			tee L	ood/Beverage Exper Sift/Awards/Memorials egal Services The Instruction G	s Expense		Expens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FIL	ER NAME						3	Filer ID	(Ethics Commission Filers)	_
L	Sch: 44/52 Rpt: 74/88	Mi	ddleton II,	David M. (The	Honorable)					00081727		
4	Date	<b>5</b> Pa	yee name									
	09/18/2024	TD	CJ									
6	Amount (\$)	<b>7</b> Pa	yee addres:	s; City;	State;	Zip Co	ode					
	\$883.32	86	1 I-45									
		Un	nit B									
		Hu	ıntsville, T	X 77320								
8	PURPOSE	<b>(a)</b> Ca	tegory (See	Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE	Ca	ındidate/O	fficeholder/Pol	litical Comm	ittee		_		officeholder living	expense	
								Donation Iten	IIS			
_	Complete ONLY if alice -t	<u> </u>	didata/Off: -	abaldar = = == =		office as:	l abt			Office	71d	
9	Complete ONLY if direct expenditure to benefit C/OI		uiuate/Offic	eholder name	C	Office sou	ugnt			Office he	eiu 	
	Date	Pa	yee name									
L	10/07/2024	TD	CJ									
	Amount (\$)	Pa	yee addres:	s; City;	State;	Zip Co	ode					
	\$883.32	86	1 I-45									
		Un	it B									
		Hu	ıntsville, T	X 77320								
	PURPOSE	<b>(a)</b> Ca	tegory (See	Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			/Donations M				<b>—</b>			plete Schedule T.	
		Ca	ındıdate/O	fficeholder/Pol	litical Comm	ıttee		Donation Iten		officeholder living	j expense	
								Donation iten	ııJ			
$\vdash$	Complete ONLY if direct	l Can	didate/Offic	eholder name		Office sou	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/OI					55 550	y			211100 110	<del></del>	
	Date	Pa	yee name									
	11/05/2024	I '	CJ									
	Amount (\$)	Pa	yee addres:	s; City;	State:	Zip Co	ode					
	\$883.32	I '	1 I-45	, - ·- <del>/</del> /,	0,	,						
			nit B									
			ıntsville, T	X 77320								
$\vdash$	PURPOSE				the ten -f th'	a dul-Y	(h)	Description				
	OF			Categories listed at S/Donations M		eauie)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			fficeholder/Pol		ittee		_		officeholder living	g expense	
								Donation Iten	ns			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate/Offic	eholder name	C	Office sou	ught			Office he	eld	
	onponditure to belieff 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		ilers)
	Sch: 45/52 Rpt: 75/88		,
4	Date	5 Payee name	
	07/12/2024	Tanner, Stephanie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	3101 Patricia Lane	
		Pearland, TX 77581	
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 for Campaign Services	
		Contract Labor for Campaign Services	
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
L	Data	T =	
	Date	Payee name	
	08/15/2024	Tanner, Stephanie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	3101 Patricia Lane	
L		Pearland, TX 77581	
	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 for Campaign Services	
		Contract Labor for Campaign Services	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	09/11/2024	Tanner, Stephanie	
		·	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 3101 Patricia Lane	
	Φ300.00	STOT Familia Lane	
		Decidend TV 77F01	
		Pearland, TX 77581	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, 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 for Campaign Services	
	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
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: 46/52 Rpt: 76/88	Middleton II, David M. (The Honorable)	00081727
4	Date	5 Payee name	
	10/11/2024	Tanner, Stephanie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	3101 Patricia Lane	
		Pearland, TX 77581	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	el outside of Texas. Complete Schedule T.
	LAPENDITORE		in, TX, officeholder living expense
		Contract Lai	oor for Campaign Services
Ļ	Complete ONLY if disent	Condidate Office halder some	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	10/25/2024	Tanner, Stephanie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$856.39	3101 Patricia Lane	
		Pearland, TX 77581	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jaianes/Wages/Contract Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			bor for Campaign Services
			, , , , , , , , , , , , , , , , , , ,
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	11/20/2024	Tanner, Stephanie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	3101 Patricia Lane	
		Pearland, TX 77581	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		Contract Lal	oor for Campaign Services
	Complete ONLY 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 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/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: 47/52 Rpt: 77/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	12/18/2024	Tanner, Stephanie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3101 Patricia Lane
		Pearland, TX 77581
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor for Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/12/2024	Tanner, Stephanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$361.87	3101 Patricia Lane
	Ψ001.01	oror radioa zano
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Mileage Reimbursement
		Willouge Neithbursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>S</b>
-	Date	Payee name
	08/15/2024	Tanner, Stephanie
	Amount (\$)	Payee address; City; State; Zip Code
	\$324.55	3101 Patricia Lane
	Ψ324.33	STOT Fatilitia Laile
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Mileage Reimbursement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to belieff of of	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

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

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	r - Il Committee	Gift/Awards/Memorials I Legal Services	Expense	Printing Exp Salaries/Wa		ontract Labor	Travel Out of OTHER (ente	District er a category not listed above)
L	Credit Card Payment		The Instruction Gu	ide explains h	now to con	nplete	this form.		
1	Total pages Schedule F1:	2 FILE	R NAME					3 Filer ID	(Ethics Commission Filers)
	Sch: 48/52 Rpt: 78/88		leton II, David M. (The	Honorable)				0008172	7
4	Date	5 Paye	e name						
	09/23/2024	Tanr	er, Stephanie						
6	Amount (\$)	<b>7</b> Paye	e address; City;	State;	Zip Cod	de			
	\$535.23	3101	Patricia Lane						
		Pear	land, TX 77581						
8	PURPOSE	(a) Cate	JOry (See Categories listed at th	e top of this sche	edule)	<b>(b)</b> D	escription		
	OF EXPENDITURE	Tran	sportation Equipment A				_		omplete Schedule T.
		Expe	ense			L	_	TX, officeholder liv	ving expense
						IV	lileage Reim	bursemeni	
_	Complete ONLY if direct	Candia	lato/Officeholder name		office cours	nh+		Office	hold
9	Complete ONLY if direct expenditure to benefit C/OH		late/Officeholder name	O	ffice soug	Jur		Office	neiu
L		Ι							
	Date	l í	e name						
	11/13/2024	Tanr	er, Stephanie						
	Amount (\$)	1	e address; City;	State;	Zip Coo	de			
	\$391.68	3101	Patricia Lane						
		Pear	land, TX 77581						
	PURPOSE	(a) Cate	JORY (See Categories listed at th	e top of this sche	edule)	<b>(b)</b> D	escription		
	OF EXPENDITURE		sportation Equipment A	nd Related			<u>-</u>		omplete Schedule T.
		Expe	ense			L	J Check if Austin, fileage Reim	TX, officeholder liv	nng expense
						IV	meage Nelli	Duiscillett	
_	Complete ONLY if direct	Candid	late/Officeholder name		office soug	nht		Office	held
	expenditure to benefit C/O		aco o mocnolaci Hame	J	cc sout	J111		Jilice	noid
-	Data	Davis	nome.						
	Date 12/31/2024	l í	e name ver. Stephanie						
	12/31/2024		er, Stephanie		_, _				
	Amount (\$)	l í	e address; City;	State;	Zip Coo	de			
	\$580.00	3101 	Patricia Lane						
		Pear	land, TX 77581						
	PURPOSE	l	gory (See Categories listed at th		,	<b>(b)</b> D	escription		
	OF EXPENDITURE		sportation Equipment A	nd Related			<b></b>		omplete Schedule T.
		Expe	ense			L N/	J Check if Austin, fileage Reim	TX, officeholder liv	nng expense
						IV	meage Neill		
	Complete ONLY if direct	Candio	late/Officeholder name	<u> </u>	office soug	nht		Office	held
	expenditure to benefit C/O		attoromocriolaer Hairie	U	moc soul	jiil		Office	nou

### 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	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: 49/52 Rpt: 79/88	Middleton II, David M. (The Honorable) 00081727	
4	Date	5 Payee name	_
	08/19/2024	Texas Senate	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$445.00	1200 Congress Ave	
		Austin, TX 78701	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation Items	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	_
	11/26/2024	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$216.00	601 Tremont St	
		Galveston, TX 77550	
	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	
		Dues & Subscriptions	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	12/09/2024	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$73.00	601 Tremont St	
	4.0.00		
		Galveston, TX 77550	
	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	
		Mail/Shipping	
		, мажотрыну	
	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 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: 50/52 Rpt: 80/88	Middleton II, David M. (The Honorable) 00081727
4	Date	5 Payee name
	08/15/2024	VistaPrint
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,071.68	95 Hayden Ave
		Lexington, MA 12421
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Promotional Products
		1 Tomodonal 1 Todaets
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	Pausa sama
		Payee name
	12/04/2024	VistaPrint
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.55	95 Hayden Ave
		Lexington, MA 12421
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Promotional Products
		Promotional Products
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	12/31/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$278.01	1710 Broadway St
		Pearland, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		Donation Items
	Commission ONE V. C. F.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ımittee L	Sift/Awards/Memo egal Services The Instructior	·		Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above	e)
1	Total pages Schedule F1:	2	FILER NAMF						3	Filer ID	(Ethics Commission	Filers)
	Sch: 51/52 Rpt: 81/88	l	Middleton II,	David M. (T	he Honorab	ole)				00081727		-,
4	Date	5	Payee name									
L	10/17/2024	L١	West Pearlar	nd Republica	an Women							
6	Amount (\$) \$40.00	l	Payee address		Sta	ate; Zip Co	ode					
	\$40.00	l	8325 Broadw	lay								
		l	Suite 202	77501								
		<u> </u>	Pearland, TX	. //581								
8	PURPOSE OF	l	•	Categories listed	at the top of this	schedule)	(b)	Description	outo:	de of Toyon Con	anlata Cahadula T	
	EXPENDITURE		Fees							de of Texas. Con officeholder livin	nplete Schedule T. g expense	
								Dues & Subs			- ,	
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	eholder name	,	Office sou	ıght			Office h	eld	
	Date	ı	Payee name									
	07/01/2024	l	WinRed									
	Amount (\$)		Payee address	s; City;	Sta	ate; Zip Co	ode					
	\$582.22	] :	1776 Wilson									
		_	Arlington, MA				1					
	PURPOSE OF	ı	Category (See	Categories listed	at the top of this	schedule)	(b)	Description	outo:	do of Toyon Co	anlota Schadula T	
	EXPENDITURE		Fees							de of Texas. Con , officeholder livin	nplete Schedule T. g expense	
								Credit Card			es 07/01/2024 th	ru
								12/31/2024				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	eholder name		Office sou	ight			Office h	eld	
	Date		Payee name									
	07/09/2024	)	Xero									
	Amount (\$)		Payee address	s; City;	Sta	ate; Zip Co	ode					
	\$42.00	] :	1615 Platte S	St								
		;	Suite 400									
			Denver, CO	80202								
	PURPOSE	(a) (	Category (See	Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Fees					<b></b>			nplete Schedule T.	
								Dues & Subs		officeholder livin	g expense	
								Pues & Suns	ioi iķ	A10113		
	Complete ONLY if direct	C	andidate/Offic	eholder name	<u> </u>	Office sou	l lght			Office h	eld	
	expenditure to benefit C/OI					5 000	J. /•			200 11		

### 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	By - Gift/Awards/Memorials Expense Printing Expense Tr	avel in District avel Out of District THER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 52/52 Rpt: 82/88		ler ID (Ethics Commission Filers) 0081727
4 Date 08/09/2024	5 Payee name Xero	
6 Amount (\$) \$42.00	7 Payee address; City; State; Zip Code 1615 Platte St Suite 400 Denver, CO 80202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of the control of the contro	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in Di				
			The Instruction Guide explains h	how to co	omplete this form.						
1	. •	2 FILER NAME	Ξ			3	Filer ID	(Ethics Commission Filers)			
	Sch: 1/6 Rpt: 83/88	Middleton II	I, David M. (The Honorable)				0008172	27			
4	Date	5 Payee name									
	12/16/2024	Alvin Sun &									
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode						
	\$101.50	570 Dula S		•							
	Reimbursement from										
	x political contributions intended	Alvin, TX 7	7511								
_					a Secondarion	Ch	I. if two yel				
8	PURPOSE OF	1	ee Categories listed at the top of this sche	edule)	(b) Description	=		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	EXPENDITURE	Advertising	Expense		Compaign Ad		50K II / 160a	, TA, uniceriolaer living expenses			
					Campaign Ad						
Ļ	Chilly if disease	- "-1-+-10#:			000			5.00 L La			
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held			
	C/OH										
	Date	Payee name									
	12/05/2024	1 1	el Chamber of Commerce								
		-		Zin Ca	- d -						
	Amount (\$)	Payee addre	Payee address; City; State; Zip Code  105 Willis St								
	\$1,200.00	TOS WIIIIS 3	JI.								
	X Reimbursement from political contributions										
	intended	Alvin, TX 7	7511 								
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	=		outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Fees			∟	_	eck if Austin	, TX, officeholder living expense			
					Membership Due	es					
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										
	Data	<del></del>									
	Date	Payee name									
	12/05/2024		el Chamber of Commerce								
	Amount (\$)	Payee addre		Zip Co	ode						
	\$40.00	105 Willis S	St .								
	Reimbursement from political contributions										
	intended	Alvin, TX 7	7511								
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	eck if travel	outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Fees				Che	eck if Austin	, TX, officeholder living expense			
					Event Ticket						
		Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/6 Rpt: 84/88 Middleton II, David M. (The Honorable) 00081727 Date Payee name 09/20/2024 Clear Lake Area Chamber of Commerce Payee address; Amount (\$) City: State; Zip Code \$735.00 1201 E NASA Pkwy Reimbursement from political contributions Х intended Houston, TX 77058 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **Event Sponsorship** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/24/2024 Clear Lake Area Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$1,050.00 1201 E NASA Pkwy Reimbursement from political contributions Χ Houston, TX 77058 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **Event Sponsorship** Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/21/2024 Clear Lake Area Chamber of Commerce State; Zip Code Amount (\$) Payee address: City; \$35.00 1201 E NASA Pkwy Reimbursement from Χ political contributions intended Houston, TX 77058 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE Event Ticket** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District 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 G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/6 Rpt: 85/88 Middleton II, David M. (The Honorable) 00081727 Date Payee name 12/17/2024 Clear Lake Area Chamber of Commerce Payee address; Amount (\$) City: State; Zip Code \$35.00 1201 E NASA Pkwy Reimbursement from political contributions Х intended Houston, TX 77058 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE Event Ticket** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2024 Friendswood Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$380.00 1100 S Friendswood Dr Reimbursement from political contributions Χ Friendswood, TX 77546 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE Event Ticket** Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 07/22/2024 Galveston Regional Chamber of Commerce Payee address; City; State; Zip Code Amount (\$) \$6,865.00 2228 Mechanic St Suite 101 Reimbursement from Χ political contributions intended Galveston, TX 77550 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit

C/OH

**Event Sponsorship** 

Office sought

Candidate/Officeholder/Political Committee

Candidate/Officeholder name

Office held

# SCHEDULE **G**

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
_	Sch: 4/6 Rpt: 86/88 Middleton II, David M. (The Honorable)						00081727
4	Date	5	Payee name				
	09/11/2024		Galveston Regional Chamber of Comm	erce			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$175.00		2228 Mechanic St				
	Reimbursement from		Suite 101				
	X political contributions intended		Galveston, TX 77550				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	₫ .	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees		L	С	heck if Austin, TX, officeholder living expense
					Event Ticket		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	07/17/2024		Galveston Republican Party				
	Amount (\$)	H	Payee address; City; State;	Zip Co	ode		
	\$5,000.00		PO Box1423	,			
	•		I O BOAT IEG				
	X Reimbursement from political contributions intended		League City, TX 77574				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By			c	heck if Austin, TX, officeholder living expense
	EXPENDITURE		Candidate/Officeholder/Political Commi	ttee	Event Sponsorsh	ip	
		Cai	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH						
	0/011						
	Date		Payee name				
	10/11/2024		Resource and Crisis Center of Galvesto	n Cour	nty		
	Amount (\$)	Г	Payee address; City; State;	Zip Co	ode		
	\$1,500.00		1204 45th Street				
	Reimbursement from						
	X political contributions intended		Galveston, TX 77550				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	С	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Contributions/Donations Made By			С	heck if Austin, TX, officeholder living expense
	LAI LINDITORL		Candidate/Officeholder/Political Commi	ttee	Event Sponsorsh	ip	
	Complete ONLY if direct	Cai	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit				· ·		
	C/OH						

# SCHEDULE **G**

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

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Gift/A	/Beverage Expense wards/Memorials Expense I Services	Office Over Polling Experience		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
Cicuil Caiu Fayillell			The	Instruction Guide explains h	now to co	omplete this form.		
1	L Total pages Schedule G: 2 FIL		FILER NAME	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Sch: 5/6 Rpt: 87/88		Middleton II, Da	vid M. (The Honorable)			00081727	
l l			5 Payee name					
			Ryan Data and	and Research				
6	Amount (\$)	7	7 Payee address; City; State; Zip Code					
	\$3,900.00		P.O. Box 20267	•	·			
	Reimbursement from							
X political contributions intended		Austin, TX 78720						
8	PURPOSE	(a)	Category (See Cat	tegories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Consulting Expe	ense			Check if Austin, TX, officeholder living expense	
						Data Production		
9	Complete ONLY if direct	Cai	ndidate/Officeholde	er name		Office sought	Office held	
	expenditure to benefit C/OH							
	Date		Payee name					
12/04/2024			San Jacinto Conservatives					
Amount (\$)		Payee address; City; State; Zip Code						
	\$1,000.00		405 Wafer St.		·			
	Reimbursement from							
	y political contributions intended		Pasadena, TX 7	77506				
	PURPOSE		Category (See Cat	tegories listed at the top of this sche	dule)	Description [	Check if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Event Sponsorship					
			Candidate/Offic	eholder/Political Commi	ttee	Event Sponsorsh	nip	
		Cai	ndidate/Officeholde	er name		Office sought	Office held	
	expenditure to benefit C/OH							
	_	_						
	Date		Payee name					
	07/24/2024	L	Texas City La M	Marque Chamber of Con	nmerce			
Amount (\$)		Payee address; City; State; Zip Code						
	\$500.00		9702 Emmett F	Lowry Expy				
	Reimbursement from							
	X political contributions intended		Texas City, TX	77591				
	PURPOSE	Т	Category (See Cat	tegories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T	
OF EXPENDITURE		Contributions/Donations Made By				Check if Austin, TX, officeholder living expense		
	EXPENDITORE		Candidate/Offic	Officeholder/Political Commi	ttee	Event Sponsorsh	nip	
		Cai	ndidate/Officeholde	er name		Office sought	Office held	
	expenditure to benefit					-		
	C/OH							

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 6/6 Rpt: 88/88 Middleton II, David M. (The Honorable) 00081727 Date Payee name 07/25/2024 **Unbound Now Houston** Payee address; Amount (\$) City; State; Zip Code \$5,710.16 4300 W Waco Dr Ste 2 Bldg B-244 Reimbursement from political contributions Х intended Waco, TX 76710 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **Event Sponsorship** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/11/2024 University of Clear Lake Alumni Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2700 Bay Area Blvd Reimbursement from political contributions Χ Houston, TX 77058 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **Event Sponsorship** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH