

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069502		2 Total pages filed: 16		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Dennis R.		MI	
	NICKNAME		LAST Paul			SUFFIX
OFFICE USE ONLY						
Date Received ELECTRONICALLY FILED 01/15/2026						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 626 1/2 Barringer Ln., Ste. E Webster, TX 77598				ZIP CODE	
	Date Hand-delivered or Date Postmarked					
	Receipt #		Amount			
	Date Processed					
Date Imaged						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Larry M.		MI	
	NICKNAME		LAST Hicks		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4145 Gessner Road, Suite B-415 Houston, TX 77080					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(713)	785-5515				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year	
	07	01	2025		12/31/2025	
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
	03	03	2026			
11 OFFICE	OFFICE HELD (if any) State Representative District 129			12 OFFICE SOUGHT (if known) State Senator District 11		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Paul, Dennis R. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00069502
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,050.73
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 143,471.53
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,424.82
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> The Honorable Dennis R. Paul _____ Signature of Candidate or Officeholder </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> Signature of officer administering Printed name of officer administering Title of officer administering oath </div>		

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Paul, Dennis R. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00069502	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	20,050.73
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	143,471.53
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/16
2 FILER NAME Paul, Dennis R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069502
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camarata, Joseph <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self-Employed
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnes, Jay <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Carnes Funersl Home
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Papa, Larry <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) President/CEO		Employer (See Instructions) Del Papa Distributing Company
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denman, Mark <hr/> Contributor address; City; State; Zip Code Nassau Bay, TX 77058	Amount of Contribution (\$) \$62.81
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Josh <hr/> Contributor address; City; State; Zip Code Houston, TX 77243	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Associated Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/16
2 FILER NAME Paul, Dennis R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069502
4 Date 07/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Barry <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78732	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Professional		9 Employer (See Instructions) The Goodman Corporation
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hucker, Rebecca <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$31.56
Principal occupation / Job title (See Instructions) Outreach Associate		Employer (See Instructions) Steinhauser Strategies
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hucker, Rebecca <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Outreach Associate		Employer (See Instructions) Steinhauser Strategies
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isbell, JJ <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77508	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Texas TransEaastern
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Nick <hr/> Contributor address; City; State; Zip Code League City, TX 77373	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) League City

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/16
2 FILER NAME Paul, Dennis R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069502
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Dawn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77089	7 Amount of Contribution (\$) \$260.73
8 Principal occupation / Job title (See Instructions) District Director		9 Employer (See Instructions) State of Texas
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Mike <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) State Farm
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Othon, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77041	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) OTHON, Inc.
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Risinger, Debra <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Cimarron Software Services
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scanlon, Elisabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77598	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Norex Engineering Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/16
2 FILER NAME Paul, Dennis R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069502
4 Date 08/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carroll <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77503	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Auto Retail		9 Employer (See Instructions) Monument Chevrolet
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sun, Vissett <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Optometrist		Employer (See Instructions) Hopping Eye Associates
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T, Eugene R <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Andrea <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Daniel <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Tolunay-Wong Engineers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/16
2 FILER NAME Paul, Dennis R. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069502
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ybarra, Russell <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Ybarra Investments

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 9/16	2 FILER NAME Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4 Date 07/01/2025	5 Payee name Anedot	
6 Amount (\$) \$597.66	7 Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name Avenida South	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 1710 Polk Street Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2025	Payee name Barry Campaign	
Amount (\$) \$104.48	Payee address; City; State; Zip Code 2341 N Galveston Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 10/16	2 FILER NAME Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4 Date 07/09/2025	5 Payee name Burger King	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 535 El Dorado Blvd Webster, TX 77598	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with campaign staff
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2025	Payee name Coastal Grill	
Amount (\$) \$38.37	Payee address; City; State; Zip Code 1827 The Strand Galveston, TX 77550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with supporters
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name Constant Contact	
Amount (\$) \$139.65	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 11/16	2 FILER NAME Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4 Date 08/22/2025	5 Payee name Constant Contact	
6 Amount (\$) \$139.65	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name Constant Contact	
Amount (\$) \$213.75	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name Constant Contact	
Amount (\$) \$612.95	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 12/16	2 FILER NAME Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4 Date 11/22/2025	5 Payee name Constant Contact	
6 Amount (\$) \$612.95	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Constant Contact	
Amount (\$) \$612.95	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name Constant Contact	
Amount (\$) \$612.95	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 13/16	2 FILER NAME Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4 Date 07/09/2025	5 Payee name Home Depot	
6 Amount (\$) \$5.38	7 Payee address; City; State; Zip Code 18251 Gulf Freeway Webser, TX 77598	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2025	Payee name JW Marriott	
Amount (\$) \$14.98	Payee address; City; State; Zip Code PO Box 2910 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2025	Payee name La Porte - Bayshore Chamber of Commerce	
Amount (\$) \$120.00	Payee address; City; State; Zip Code P.O. Box 996 La Porte, TX 77572-0996	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 14/16	2 FILER NAME Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4 Date 07/25/2025	5 Payee name La Porte - Bayshore Chamber of Commerce	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 996 La Porte, TX 77572-0996	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State of the Cities Luncheon Gold Sponsor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name Panera Bread	
Amount (\$) \$66.45	Payee address; City; State; Zip Code 155 El Dorado Blvd Webster., TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name Paul, Dennis (The Honorable)	
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Houston, TX 77062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repayment of loan to campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 15/16	2 FILER NAME Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4 Date 08/18/2025	5 Payee name Randy's Smokehouse	
6 Amount (\$) \$34.36	7 Payee address; City; State; Zip Code 15104 Highway 3 Houston, TX 77598	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with supporters
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2025	Payee name SCIPA Moon Festival Gala	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 13611 Hidden Dell Court Houston, TX 77059	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2025	Payee name Texans for Dennis Paul	
Amount (\$) \$110,000.00	Payee address; City; State; Zip Code 1 E Greenway Plaza Ste 225 Houston, TX 77046	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 16/16	2 FILER NAME Paul, Dennis R. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069502
4 Date 07/23/2025	5 Payee name The Yates Company	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code PO Box 75190 Houston, TX 77234	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2025	Candidate/Officeholder name The Yates Company	Office sought Office held
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 75190 Houston, TX 77234	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		