FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Wesley NAME Date Received **NICKNAME** LAST **SUFFIX** Doolittle CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked OFFICEHOLDER 6606 FM 1488 STE 148-638 **MAILING** Receipt# Amount UZ. **ADDRESS** Change of Address Magnolia, TX 77354 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** LISA M ORSO NAME **NICKNAME** LAST SUFFIX STREET ADDRESS (NO PO BOX PLEASE); **CAMPAIGN** APT / SUITE #; STATE; ZIP CODE CITY; TREASURER **ADDRESS** 18446 GARY PLAYER DR. (Residence or Business) MONTGOMERY, TX 77316 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** (281) 414-2837 PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) 8th day before election Exceeded modified July 15 reporting limit **PERIOD** Day Month Year Day Year COVERED 01/01/2025 **THROUGH** 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 11 OFFICE 12 OFFICE SOUGHT (if known) SHERIFF Montgomery **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 37

				20137
13 C / OH NAME	Doolittle, Wesley		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without the officeholders are required to report this information.	ne candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		· · · · · · · · · · · · · · · · · · ·
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
	,	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	3	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 97,846.38
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 39,785.77
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 228,648.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00
39 A 8 N	JONATHAN EMIL ZITZMAN lotary Public, State of Tex Comm. Expires 01-16-202 Notary ID 126478382	discontact of the state of the		be reported by me
AFFIX NOT	ARY STAMP / SEAL ABO	DVE		
Sworn to and subscr	ribed before me, by the sa , 20 25 , to ce	ld Wesley Doolittle rtify which, witness my hand and seal of office.	, this the	day
Signature of office	<u>~</u>	Jonathan Zitzmain Printed name of officer administering	Notay R	administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 37 **18 FILER NAME** 19 Filer ID Doolittle, Wesley 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE Х SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 94,371.38 \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. Х 3,475.00 SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ SCHEDULE E: LOANS 4. \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 39,785.77 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

The Instruc	ction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/37	
FILER NAME	, in the second of the second		3 Filer ID	
Doolittle, We				
Date 01/23/2025	5 Full name of contributor out-of-state PAC (ID#: 4x4 CONSTRUCTION LLC)	7 Amount of Contribution (\$)	\$5,000.0
	6 Contributor address; City; State; Zip Code	998675466698542644644644645555581204774541611		ψο,οσο.ο
	7860 Pollard Rd.			
	Willis, TX 77318			
Principal occuj		Employer (See Instructions))	
				· · · · · · · · · · · · · · · · · · ·
Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: ALEXANDER, DAVIS)	Amount of Contribution (\$)	\$175.00
02/12/2023	Contributor address; City; State; Zip Code	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		φ±10.00
	260 Blue Hill Dr.			
	Montgomery, TX 77356			
Principal occup	oation / Job title (See Instructions)	Employer (See Instructions)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	*
01/16/2025	ANDERSON, STEVE			\$500.0
	Contributor address; City; State; Zip Code 710 S Frazier St			
			·	
Principal occur	CONROE, TX 77301 ation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
T THIO Par 5 5 5 5 F	3.5.1. 5.2 4.6 (5.5 1.2.4.2.5.6)	Zinpioyor (odo moddodo),o,	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	****
01/31/2025	BRUMFIELD, JAY			\$102.2
	Contributor address; Clty; State; Zlp Code			
Ì	10815 Lake Dr.			
	Willis, TX 77318			··
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	•	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/03/2025	BUILDERS NATION, LLC			\$500.00
ļ.	Contributor address; City; State; Zip Code			
ļ	23 Bethany Bend Dr.			
•	·			
	The Woodlands, TX 77382			
Principal occup		Employer (See Instructions)	,	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/10 Rpt: 5/37 FILER NAME 3 Filer ID Doolittle, Wesley Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 02/04/2025 BURNS, SHAWN C. \$102.25 Contributor address; City; State; Zip Code 27006 Star Gazer Way Spring, TX 77386 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$102.25 02/04/2025 BURNS, SHAWN C. Contributor address; City; State; Zip Code 27006 Star Gazer Way Spring, TX 77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$204.50 02/03/2025 CHATMAN, AMY Contributor address; City; State; Zip Code 7850 Pollard Rd Willis, TX 77318 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date 01/24/2025 \$3,000.00 CREEL, CHAD Contributor address; City; State; Zip Code 2111 N FRAZIER ST **CONROE, TX 77301** Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#;_ 01/31/2025 DIGGS, DAVID \$500.00 Contributor address; City; State; Zip Code 11766 Fm 2445 Rd Navasota, TX 77868 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/37	- 18
2	FILER NAME Doolittle, We	esley		3	Filer ID	
4	Date 02/12/2025	5 Full name of contributor out-of-state PAC (ID#: Out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,600.00
		6 Contributor address; City; State; Zip Code 2161 Summit Mist Dr.				
		Conroe, TX 77304				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor Out-of-state PAC (ID#:	······································		Amount of Contribution (\$)	
	01/30/2025	EVERSON, BRENT			, under the contained the cont	\$3,000.00
		Contributor address; City; State; Zip Code 47 W. Loftwood Circle				
		The Woodiands, TX 77382				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	,
	01/09/2025	HAARHOFF, MICAH				\$51.13
01/09/2025	Contributor address; City; State; Zip Code 12235 HWY 105 E					
		Conroe, TX 77306				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)	- 1,	Amount of Contribution (\$)	
	01/16/2025	JONES, CHAD				\$5,000.00
		Contributor address; City; State; Zip Code 12608 Grove W				
	Principal occu	Willis, TX 77378 pation / Job title (See Instructions)	Employer (See Instructions)			
.,,,	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 050.00
	02/12/2025	JONES, CHAD	P			\$950.00
		Contributor address; City; State; Zip Code 12608 Grove W				
		MSII:2 TV 77070				
	Principal occur	Willis, TX 77378 Dation / Job title (See Instructions)	Employer (See Instructions)		, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·
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	MONET	ARY POLITICAL CONTRIBUTIONS	S	SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this form	1.	Total pages Schedule A1: Sch: 4/10 Rpt; 7/37	
2	FILER NAME Doolittle, W	odev	3	Filer ID	
4	Date 01/24/2025	5 Full name of contributor out-of-state PAC (ID#: JOSLIN, CURTIS AND JENNIFER	7	V -7	\$10,000.00
		6 Contributor address; City; State; Zip Code 19598 Riverwalk Dr.			
		Porter, TX 77365			
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
	01/17/2025	LAWLESS, JOHN		A MINDRING OF CONTRIBUTION (4)	\$500.00
		Contributor address; City; State; Zip Code	77/7PZ		
		16985 Scenic Knoll Dr			
		Conroe, TX 77385			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		· · · · · · · · · · · · · · · · · · ·
Date		Full name of contributor		Amount of Contribution (\$)	
	01/16/2025	LORIA, SAM			\$1,500.00
		Contributor address; City; State; Zip Code 4303 Rose Hill Rd			
		Whitewright, TX 75491			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor ut-of-state PAC (ID#:		Amount of Contribution (\$)	
	02/12/2025	LORIA, SAM			\$225.00
		Contributor address; City; State; Zip Code			
		4303 Rose Hill Rd			
		Whitewright, TX 75491			
-	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor)	Amount of Contribution (\$)	
	01/24/2025	MARK KEOUGH CAMPAIGN			\$3,000.00
		Contributor address; City; State; Zip Code			
		26 WOODMERE PLACE			
		The Woodlands, TX 77381			<u>,</u>
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONE	FARY POLITICAL CONTRIBUTION	SCHEDULE A1			
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/37		
2 FILER NAME Doolittle, W			3 Filer ID		
4 Date 02/12/2025	5 Full name of contributor out-of-state PAC (ID#:_ MASON, DAKOTA		7 Amount of Contribution (\$) \$175.00		
	6 Contributor address; City; State; Zip Code 3961 Rose Hill Rd				
	Whitewright, TX 75491				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 02/04/2025	Full name of contributor out-of-state PAC (ID#: MASON, PERRY)	Amount of Contribution (\$) \$51.13		
	Contributor address; City; State; Zip Code 3961 Rose Hill Rd.				
	Whitewright, TX 75090				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of Contribution (\$)		
01/16/2025	MENDIOLA, JOE		\$3,000.00		
	Contributor address; City; State; Zlp Code 9686 Adcock Acres				
	Conroe, TX 77303				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
01/24/2025	MILSTEAD HOLDINGS LLC		\$10,000.00		
	Contributor address; City; State; Zip Code	1944,1944-1941-1945-1422,1434-1431-141-141-141-141-141-141-141-14			
	608 Everett Street				
	Conroe, TX 77301				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of Contribution (\$)		
02/03/2025	NOACK, JAMES		\$500.00		
	Contributor address; City; State; Zip Code				
	2 Dancing Breeze Place				
	The Woodlands, TX 77382				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
		·			

The Instru	ction Guide explains how to complete this fo	rm.	Total pages Schedule A1: Sch: 6/10 Rpt: 9/37	
FILER NAME Doolittle, We	SIEV	3	Filer ID	*******
Date 01/02/2025	 Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.0
Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions)		
Date 01/23/2025	Full name of contributor		Amount of Contribution (\$)	\$5,000.0
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	**************************************	
Date 02/12/2025	Full name of contributor out-of-state PAC (ID#: RABALAIS, JASEN Contributor address; Clty; State; Zip Code 1403 Saddle Creek FM		Amount of Contribution (\$)	\$9,925.0
Principal occup	Crosby, TX 77352 pation / Job title (See Instructions)	Employer (See Instructions)		
Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.5
Principal occur	Spring, TX 77386 ation / Job title (See Instructions)	Employer (See Instructions)		
Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.5
Principal occup	Spring, TX 77386 ation / Job title (See Instructions)	Employer (See Instructions)	A Lange (Market Market Mark	· . · ·

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/10 Rpt: 10/37 FILER NAME 3 Filer ID Doolittle, Wesley 5 Full name of contributor 7 Amount of Contribution (\$) Date out-of-state PAC (ID#; 02/04/2025 REICH, WILL \$500.00 Contributor address; City; State; Zip Code 5600 Bright Timber Landing Dr Spring, TX 77386 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/14/2025 \$76.69 RICHARDS, JASON A Contributor address; City; State; Zip Code 11256 EHLERS RD CONROE, TX 77302 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) \$500.00 01/16/2025 RICHARDS, JASON A Contributor address; City; State; Zip Code 11256 EHLERS RD **CONROE, TX 77302** Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/12/2025 RICHARDS, TREE \$200.00 Contributor address; City; State; Zip Code 11256 Ehlers Rd Conroe, TX 77302 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 01/22/2025 RITZ, TODD \$500.00 Contributor address; City; State; Zip Code 11623 BECKTON CYPRESS DR TOMBALL, TX 77377 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. Sch: 8/10 Rpt: 11/37 3 Filer ID FILER NAME Doolittle, Wesley Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 02/12/2025 SIMS, DANIEL \$200.00 Contributor address; City; State; Zip Code 2706 Lisbon Meadows Dr. Conroe, TX 77304 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$500.00 01/16/2025 SPRAYBERRY, JAMES Contributor address; City; State; Zip Code 12608 Grove West Willis, TX 77378 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/12/2025 STAPP, BRAD \$450.00 Contributor address; City; State; Zip Code 8527 Majestic Lake Ct. Montgomery, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 01/24/2025 STAPP, BRAD \$5,000.00 Contributor address; City; State; Zip Code 8527 Majestic Lake Ct. Montgomery, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:____ 02/03/2025 \$500.00 STEWART, KEVIN Contributor address; City; State; Zip Code 216 Springs Edge Dr Montgomery, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions)

	MONET	^A	RY POLITICAL CONTRIBUTIONS		SCHEDU	LE A1
	The Instru	cti	on Gulde explains how to complete this form.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/37	
2	FILER NAME Doolittle, We		y	3	Filer ID	
4	Date 01/16/2025		Full name of contributor out-of-state PAC (ID#:) STOECKER, MICHEL	7	Amount of Contribution (\$)	\$3,000.00
		6	Contributor address; City; State; Zip Code 12235 HWY 105 EAST			
		L	CONROE, TX 77306			
8	Principal occu	pat	ion / Job title (See Instructions) 9 Employer (See Instructions))		
	Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/17/2025		SUFFIELD, J E			\$10,000.00
		Contributor address; City; State; Zip Code 13938 Longwood Dr. Willis, TX 77318 inclpal occupation / Job title (See Instructions) Employer (See Instru				
			Willis, TX 77318			
	Principal occu	pati	on / Job title (See Instructions) Employer (See Instructions)		
-	Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/29/2025		TAYLOR, BLAKE			\$2,000.00
			Contributor address; City; State; Zlp Code 1840 Crestiand			
			Lucas, TX 75002			
	Principal occu	pati	on / Job title (See Instructions) Employer (See Instructions))		· · · · · ·
	Date		Full name of contributor ut-of-state PAC (ID#:)	*****	Amount of Contribution (\$)	
	01/24/2025		TAYLOR, KENNETH			\$1,000.00
			Contributor address; City; State; Zip Code			
			3714 Lovers Ln			
			Montgomery, TX 77356			
•	Principal occuj	pati	on / Job title (See Instructions) Employer (See Instructions))		
	Date		Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/04/2025		TAYLOR, KENNETH			\$25.56
			Contributor address; City; State; Zip Code			
			3714 Lovers Ln			
			Montgomery, TX 77356			
	Principal occup	oatio	on / Job title (See Instructions) Employer (See Instructions)			
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The Instruc			T.	Total and Oak adult Ada	
	tion Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/37	
FILER NAME			3	Filer ID	
Doolittle, We			L		
Date 01/29/2025	5 Full name of contributor out-of-state PAC (ID WARD, BENJAMIN	D#:)	7	Amount of Contribution (\$)	\$500.0
	6 Contributor address; City; State; Zip Code	949617496451664914468824496516454456651647164219441646			ψ500.0
	3515 Leaf Vines Dr				
Principal occur	Spring, TX 77386 pation / Job title (See Instructions)	9 Employer (See Instructions			· · ·
T Tinespar occup	ration 7 300 title (See instructions)	b Employer (See Instructions	,		
Date	Full name of contributor Out-of-state PAC (ID)#:)		Amount of Contribution (\$)	
02/03/2025	WATKINS, NATHAN				\$204.5
1	Contributor address; Clty; State; Zlp Code				
	99 Detering St., Suite 164	;			
]	Houston, TX 77007				
Principal occur	nation / Job title (See Instructions)	Employer (See Instructions)		
, ,	,		•		
Date	Full name of contributor ut-of-state PAC (ID	#:)		Amount of Contribution (\$)	
02/03/2025	WATKINS, NATHAN				\$3,000.0
Ī	Contributor address; City; State; Zip Code				
	99 Detering St., Suite 164				
Ì	Houston, TX 77007				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))		······································
Date	Full name of contributor Out-of-state PAC (ID:	#:)		Amount of Contribution (\$)	
01/17/2025	WHITELEY, JOHNNIE				\$500.0
 	Contributor address; City; State; Zip Code	***************************************			
	15615 Forest Run Dr				
	Cypress, TX 77433				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))		
Date	Full name of contributor out-of-state PAC (ID:	<u> </u> #:)		Amount of Contribution (\$)	
02/06/2025	WILL METCALF CAMPAIGN				\$500.0
]**	Contributor address; City; State; Zip Code				
	PO BOX 454				
	CONROE, TX 77305				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))		
		1			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 14/37 FILER NAME 3 Filer ID Doolittle, Wesley TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ In-kind contribution Date 6 Full name of contributor out-of-state PAC (ID#; 8 Amount of contribution (\$) description 01/31/2025 DROODY, RHYAN \$500,001 Auction item - Deer Contributor address; City; State; Zip Code Feeder with Stand 1201 Maggie Ridge Spring, TX 77386 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 13 Contributor's job title (FOR JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Amount of In-kind contribution Full name of contributor Date ut-of-state PAC (ID#: contribution (\$) description 01/31/2025 FRANKLIN, MELVIN \$200.00 | Auction item - knife Contributor address; City; State; Zip Code 308 W MARLIN ST **WILLIS, TX 77378** Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Amount of In-kind contribution Full name of contributor out-of-state PAC (ID#; contribution (\$) description 01/31/2025 HOLIFIELD, TIM \$2,000,00 | Action item - TX Ranger Contributor address; City; State; Zip Code 1911 Gun 2401 CARRIAGE LAMP LN CONROE, TX 77384 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's lob title (FOR JUDICIAL) (See instructions) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 15/37 FILER NAME Filer ID Doolittle, Wesley \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 8 Amount of In-kind contribution ut-of-state PAC (ID#; contribution (\$) description 01/31/2025 MCMILLIAN, KEVIN \$75.00 | Auction item - Hand-made Contributor address; City; State; Zip Code knife 3392 SH 75N Huntsville, TX 77320 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 13 Contributor's job title (FOR JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of ut-of-state PAC (ID#: contribution (\$) description 01/31/2025 MCMILLIAN, KEVIN \$75.00 | Auction item - Hand-made Contributor address; City; State; Zip Code knife 3392 SH 75N Huntsville, TX 77320 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution ut-of-state PAC (ID#: contribution (\$) description 01/31/2025 WEBB, JOHNNY \$625,00 | Auction item - 50 Contributor address; City; State; Zip Code Customized 112

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/Relmbursement 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	al Co		l Services I nstruction Gu	Salari ide explains how to		es/Contract Labor lete this form.	OTHER (enter a category not listed a	above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	· · · · · · · · · · · · · · · · · · ·
	Sch: 1/22 Rpt: 16/37		Doolittle, Wesle	у					
4	Date	5	Payee name						
	01/17/2025		4 ALL PROMOS	S					
6	Amount (\$)	7	Payee address;	City;	State; Zip	Code			
	\$4,035.28		50 West Ave						
	•								
			Essex, CT 0642	26					
8	PURPOSE	(a)	Category (See Cat	tegories listed at th	e top of this schedule)	(b)	Description		
	OF EXPENDITURE		Event Expense					tside of Texas. Complete Schedule T.	
						1	Advertising	X, officeholder living expense	
							, to voi tioning		
9	Complete ONLY if direct		Candidate/Officeho	ider name	Office s	ought		Office held	
	expenditure to benefit C/Ol	H —							
	Date		Payee name				***********		
	06/30/2025		AMAZON						
	Amount (\$)		Payee address;	City;	State; Zip	Code			
	\$129.04		410 Terry Ave N	1					
			Seattle, WA 981	109					
	PURPOSE	(a)	Category (See Cat	egories listed at the	e top of this schedule)	(b)	Description		
	OF EXPENDITURE		Event Expense					Iside of Texas, Complete Schedule T. X, officeholder living expense	
	:						Event dcor	V' ourrenoidet mand exhense	
	Complete ONLY if direct		andidate/Officeho	lder name	Office s	ought		Office held	.,
	expenditure to benefit C/OI	1							
	Date		Payee name			,			<u></u>
	06/30/2025		AMAZON						
	Amount (\$)		Payee address;	Clty;	State; Zip	Code			
	\$308.42		410 Terry Ave N	j					
			Seattle, WA 981	109					
	PURPOSE	(a)	Category (See Cate	egories listed at the	top of this schedule)	(b)	Description		
	OF EXPENDITURE		Event Expense				البيبيا	iside of Texas. Complete Schedule T. X, officeholder living expense	
	3						Event dcor	A, office total traing expense	
	Complete ONLY if direct	C	andidate/Officeho	lder name	Office s	ought		Office held	
	expenditure to benefit C/OI	ł				-			
					· · · ·		· · · · · · · · · · · · · · · · · ·		<u></u>

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Glif/Awards/Nemorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement 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 B Candidate/Officeholder/Politica Credit Card Payment		Glfl/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/\	√ages	s/Contract Labor		el Out of District IER (enter a category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	=				3 File	r ID	
	Sch: 2/22 Rpt: 17/37	Doolittle, W	/esley						
4	Date	5 Payee name							
L	02/01/2025	Blackwood	Sporting						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
l	\$10,115.11	11400 FM	2854						
L		Conroe, TX	77304						, ,
8	PURPOSE	(a) Category (s	ee Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe	ense			السما		Texas. Complete Schedule T. sholder living expense	
						Event rental	TA, UIIICE	stotics living expense	
l		İ							
9	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	L			Office held	
	expenditure to benefit C/O				· •				
	Date	Payee name		,					
	02/12/2025	CARWILL,							
┪	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de			, , , , , , , , , , , , , , , , , , , 	
	\$250.00	PO Box 15	45						
		Montgomei	y, TX 77356						
Γ	PURPOSE	(a) Category (s	ee Categories (Isted at the to	pp of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe	nse			<u></u>		Texas, Complete Schedule T.	
						Event Desse		holder living expense	
						Evelit Degge	14		
 	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	aht.			Office held	
	expenditure to benefit C/OI				<i>y</i>				
	Date	Payee name							
	03/14/2025	CATANIA							
-	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de			<u></u>	
	\$2,000.00	668 MOOR	•	•					
	-								
		AVON LAK	E, OH 44012						
	PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe	nse					Texas, Complete Schedule T.	
						Challenge coi		holder living expense	
						Shaherige Wi			
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	aht			Office held	
	expenditure to benefit C/OI			5 moo 000	g				
	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Serv		,		/ages	ete this form.		OTHER (enter a ca	ct stegory not listed above)	
 -	Total pages Schedule F1;	12	ER ED MANE					-		3	Filer ID		
	Sch: 3/22 Rpt: 18/37	_	Doolittle, W							١	1 1101 110		
4	Date	5	Payee name			,							
L	02/05/2025		CC Plus			<u> </u>			- ,,,,	4			
6	Amount (\$) \$3,247.34	7	Payee addre 4203 W. Da Conroe, TX	vis	City;	State	; Zip Co	de					
8	PURPOSE	(a)	Category (Se	ac Categori	ee lieted at the	top of this sch	nadula)	(b)	Description				
	OF EXPENDITURE		Event Expe		es listed et the	r top or this seri	isuno		Check if travel o	, TX,	ide of Texas. Comple , officeholder living ex Skeet Shoot		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder	name	C	Office sou	ght			Office held		
	Date		Payee name			· , , , , , , , , , , , , , , , , , , , 							
	01/15/2025		CHECK PE	OPLE									
	Amount (\$)		Payee addre	ss; C	ity;	State	; Zip Co	de					
l	\$29.16		530 Lytton A	4ve #2n	d								
		ļ	Palo Alto, C										·
	PURPOSE OF		Category (Se				redule)	(b)	Description	outeí	ide of Texas. Comple	te Schedule T	
	EXPENDITURE	:	Office Over	nead/Re	ental Expe	ense			ابسا		, officeholder living ex		
	Complete ONLY If direct expenditure to benefit C/O		andidate/Offi	ceholder	name	(Office sou	ght			Office held		
	Date		Payee name										
	02/15/2025		CHECK PE	OPLE									
	Amount (\$)		Payee addres	ss; C	ity;	State:	; Zip Co	de					
	\$29.16		530 Lytton A		-								
			Palo Alto, C	A 9430	1								
	PURPOSE OF EXPENDITURE		Category _{(Se} Office Overl			-	edule)	(b)			ide of Texas. Comple , officeholder living ex		
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder	name	(Office sou	ght			Office held	l	
				, . ,									

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction (age:	s/Contract Labor		OTHER (enter a category not listed above)
<u> </u>	Total pages Schedule F1:	14	CII CID NIAM			.,			3	Filer ID	
_	Sch: 4/22 Rpt: 19/37	2	Doolittle, V						3	Friei ID	
4	Date	5	Payee name	•							
	03/15/2025		CHECK P	EOPLE							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$29.16		530 Lytton	Ave #2nd							
l	,										
			Palo Alto, 6	CA 94301							
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sch	hedule)	(b)	Description			,
ĺ	OF EXPENDITURE		Office Ove	rhead/Rental Ex	kpense			<u> </u>		lde of Texas. Complete Schedule T.	
						•		السبا	ı, TX,	, officeholder living expense	
		ŀ						software			
Ļ		L.,	- 1/1			0#1				Office held	
9	Complete ONLY if direct expenditure to benefit C/O		Januidate/Of	iceholder name	(Office soug	ynt			Office held	
											-
	Date		Payee name	•							
	04/15/2025		CHECK PE	OPLE							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Coo	de				
	\$29.16		530 Lytton	Ave #2nd							
			Palo Alto, 0	CA 94301							
_	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sch	hedule)	(b)	Description			
	OF			head/Rental Ex		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check if travel	outst	ide of Texas, Complete Schedule T.	
	EXPENDITURE				•			the state of the s	, TX,	, officeholder living expense	
								Software			
		<u> </u>	 	·	 						
	Complete ONLY if direct expenditure to benefit C/Oi		Candidate/Off	iceholder name	(Office soug	yht			Office held	
	experience of a solitone of or	•									
	Date		Payee name	!	•						
	05/15/2025		CHECK PE	OPLE							
	Amount (\$)		Payee addre	ss; City;	State	; Zlp Coo	de	, '' ,			
	\$29.16		530 Lytton	Ave #2nd							
			Palo Alto, C	CA 94301							
	PURPOSE	(a)	Category /s	ee Categories listed at	the top of this sch	nedute)	(b)	Description			
	OF			head/Rental Ex		, ,			outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE				•			l	, TX,	, officeholder living expense	
								software			
	Complete ONLY if direct		Candidate/Off	iceholder name	(Office soug	jht			Office held	
	expenditure to benefit C/OF	1									
									_,		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense

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

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/M	xpens Vages	se /Contract Labor	Travel In District Travel Out of District OTHER (enter a category not listed above)
┰	Total pages Schedule F1:	2 FILER NAM	<u> </u>		<u> </u>	13	Filer ID
	Sch: 5/22 Rpt: 20/37	Doolittle, V					
4	Date	5 Payee nam	е				
ŀ	06/15/2025	CHECK P	EOPLE				
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de		
	\$29.16	530 Lytton	· •	•			
	4						
		Palo Alto,	CA 94301				
8	PURPOSE	(a) Category	See Categories listed at the top of t	this schedule)	(b)	Description	
ĺ	OF EXPENDITURE		rhead/Rental Expense	· I			ide of Texas, Complete Schedule T.
	EXPENDITORE		-			البينا	, officeholder living expense
						software	
						·	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office held
F	Date	Payee nam	8				
	02/27/2025	CITIZENS					
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de		
	\$1,692.90	315 Encla	•	otto, mp oo			
	Ψ1,002.00	020 21000					
			4 77004				
		Conroe, T	X 77384	·····	,		
	PURPOSE		See Categories listed at the top of t	this schedule)	(b)	Description	
	OF EXPENDITURE	Food/Beve	erage Expense				ide of Texas, Complete Schedule T.
						Team Meal	, officeholder living expense
						(Catt) MCai	
	Complete ONLY if direct	Candidata/Of	ficeholder name	Office sou	aht	 	Office held
	Complete ONLY if direct expenditure to benefit C/OI		ilcenoider name	Office Sou	gni		Office field
-							
	Date	Payee name					
	05/29/2025	Cash Cam	paign				
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de		
	\$800.00	PO Box 20	199				
		Willis, TX	77278				
					<i>0.</i> 5		
	PURPOSE OF		See Categories listed at the top of t		(D)	Description	ide of Texas. Complete Schedule T.
	EXPENDITURE		ns/Donations Made By Officeholder/Political C			ليبا	officeholder living expense
		Candidate	Onicentiaen Political C	omminee		Donation	Control in the property
	Commiste ON!! V if alian	Condition 101	finahaldar naras	Office ac	abt		Office held
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ynt		Office field
	,	<u> </u>	· · · · · · · · · · · · · · · · · · ·				

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/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 6/22 Rpt: 21/37	Doolittle, Wesley
4	Date	5 Payee name
	02/18/2025	Children's Safe Harbor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	1519 Old Fellow St
		Conroe, TX 77301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Candidate/Officeholder living expense Donation
		Donason
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
מ	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	w vii vii vii vii vii vii vii vii vii vi
	Date	Payee name
	01/02/2025	DISCOUNT MUGS
	Amount (\$)	Payee address; City; State; Zlp Code
	\$1 ,002.61	12610 NW 115TH AVE.
		MIAMI, FL 33178
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check If travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check If Austin, TX, officeholder living expense
		Skeet Shoot Swag Bags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	02/04/2025	ECO CLEANERS
	Amount (\$)	Payee address; City; State; Zip Code
	\$196.51	18442 Highway 105 W, Ste. 8
	φ1.00.01	10442 Inghway 100 W, Ote. D
		Montgomory, TV 77956
		Montgomery, TX 77356
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description Event Events Events (see Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event table cloths cleaning
	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 Fees

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmiltee	Food/Beverage Ex Gift/Awards/Memor Legat Services The Instruction			xpens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	
	Sch: 7/22 Rpt: 22/37		Doolittle, V	Vesley							
4	Date	5	Payee name	•		******		****	,,		
	02/07/2025	ł	EMC Buye	rs Group							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Cı	ode				
	\$600.00		28492 MA	Y RD							
			SPLENDO	RA, TX 77372	!						
8	PURPOSE	(a)	Category (s	See Categories listed	at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE			ns/Donations						te of Texas, Complete Schedule T.	
			Candidate/	Officeholder/F	olitical Comr	nittee		Donation Donation	11/4,	officeholder living expense	
9	Complete ONLY if direct		Candidate/Of	ficeholder name		Office sou	ught			Office held	
	expenditure to benefit C/OI	H									
	Date	Į.	Payee name					<u></u>			
	04/25/2025		EMCID								
	Amount (\$)		Payee addre	ess; City;	State	e; Zip Co	ode	-			
	\$200.00		21575 US	HWY 59N							
			New Cane	y, TX 77357							
	PURPOSE	(a)	Category (s	See Categories listed	at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE			ns/Donations		nittoo		<u>—</u>		de of Texas. Complete Schedule T. officeholder living expense	
İ			Canuldate/	Officeholder/F	onucai Comi	ninee		Donation	, ,,,	omesmodes hang expense	
_	Complete ONLY if direct		andidate/Off	ficeholder name	· · · · · · · · · · · · · · · · · · ·	Office sou	ught	,		Office held	
	expenditure to benefit C/Oł	H									
	Date		Payee name			,					
	01/23/2025		ETSY								
Г	Amount (\$)	<u> </u>	Payee addre	ess; City;	State	; Zip Co	ode				
	\$122.24		117 Adams								
			Brooklyn, N	NY 11201							
	PURPOSE	(a)	Category (S	See Categories listed	at the top of this sc	hedule)	(d)	Description			
	OF EXPENDITURE		Event Expe					—		le of Texas. Complete Schedule T.	
								Event dcor	, IX,	officeholder living expense	
								V () () () () ()			
	Complete ONLY If direct	C	andidate/Off	iceholder name	 	Office sou	ight			Office held	
	expenditure to benefit C/O					2-					
					· · · · · · · · · · · · · · · · · · ·						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 8y -

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/Fundralsing Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide		_	s/Contract Labor ete this form.	OTHER (enter a category not listed	above)
1	Total pages Schedule F1: Sch: 8/22 Rpt: 23/37		AME , Wesley			3	Filer ID	· ,,
,	Date 01/10/2025 Amount (\$) \$1,840.25	5 Payee na FLIP FL 7 Payee ac 10598 F Unit 3	OP BLING idress; City;	State; Zip Co	de			
8	PURPOSE	Willis, T	X 77318 (See Categories listed at the to	on of this schoolule)	(b)	Description		
	OF EXPENDITURE	Event E		p of this defendacy		Check if travel out	side of Texas. Complete Schedule T. K, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	Office sou	ght		Office held	
	Date 02/02/2025	Payee na FLIP FL	me OP BLING					
	Amount (\$) \$1,840.25	Payee ad 10598 F Willis, T	М 1097	State; Zip Co	de			
	PURPOSE OF EXPENDITURE	(a) Category Event Ex	(See Categories listed at the to (Pense	p of this schedule)	(b)		side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office sou	ght		Office held	
	Date 03/09/2025	Payee na GO DAD						
•	Amount (\$) \$485.58		ill Ave, Suite 1600	State; Zip Co	de			
		Tempe,	AZ 85281	·,. · · . · . · . · . · . · . · . ·		·		·····
	PURPOSE OF EXPENDITURE		(See Categories listed at the to verhead/Rental Expen	' ' '	(b)	<u></u>	side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office sou	ght		Office held	
•		······································	endikan makasan mandan mega dikikan melankan libir a man dikiri.		·			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	Salaries/V	Wages/	s/Contract Labor	OTHER (enter a category	not listed above)
1	Total pages Schedule F1: Sch: 9/22 Rpt: 24/37	1	FILER NAME Doolittle, We				3	Filer ID	
	Date 01/08/2025		Payee name GOOGLE						
6	Amount (\$) \$10.65		·	ss; City; itheatre kwy iew, CA 94043	State; Zip Co	ode			
8	PURPOSE OF EXPENDITURE	(a)	Category (se	ee Categories listed at the top head/Rental Expens				side of Texas. Complete Sch (, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	ceholder name	Office sou	ght		Office held	
	Date 02/08/2025		Payee name GOOGLE						
	Amount (\$) \$10.65		Payee addres 1600 Amphi Mountain Vi		State; Zip Co	ide			
	PURPOSE OF EXPENDITURE			ee Calegories listed at the top head/Rental Expens				side of Texas. Complete Sch K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	ceholder name	Office sou	ght		Office held	
	Date 03/08/2025		Payee name GOOGLE						
	Amount (\$) \$10.65	:	Payee addres 1600 Amphi Mountain Vi		State; Zip Co	ide			
	PURPOSE OF EXPENDITURE		-	ee Categories listed at the top head/Rental Expens			البيبا	side of Texas. Complete Sch K, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	Office sou	ght		Office held	
		_					 :		

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		iltee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services			Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
L	······································			The Instruction Guide	explains n	low to co	ompi	ete this form.		The second secon	
1	Total pages Schedule F1:	2 FI	ILER NAME						3	Filer ID	
İ	Sch: 10/22 Rpt: 25/37	D	oolittle, W	esley							
4	Date	5 Pa	ayee name		· · · · · · · · · · · · · · · · · · ·		·····		-		
ľ	04/08/2025	1	OOGLE								
L	04/06/2023	9	OOGLE	<u> </u>				·····			
6	Amount (\$)	7 Pa	ayee addre:	ss; City;	State;	Zip C	ode				
	\$10.65	16	600 Amph	itheatre kwy							
		ł		•							
ļ		١.,	lountain M	ON CA 04042							
_	, , , , , , , , , , , , , , , , , , , 	IVI	ountain vi	ew, CA 94043							
8	PURPOSE	(a) Ca	ategory (Se	ee Categories listed at the to	p of this sche	dule)	(b)	Description			
	OF		vent Expe				1	Check If travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		•				1	Check if Austin	, TX	, officeholder living expense	
		ŀ					1	Event dcor			
l											
H	Complete ONLY if direct	Cor	ndidata/Offi	ceholder name	0	ffice sou	umbt		•	Office held	
ľ	expenditure to benefit C/O		ididale/Offi	cenoider name	0	ince soc	ugin			Office Held	
<u> </u>			 					· · · · · · · · · · · · · · · · · · ·			
ĺ	Date	Pa	ayee name								
	05/08/2025	G	OOGLE								
*****	Amount (\$)	Pa	ayee addres	ss; City;	State:	Zip Co	ode				
	\$10.65		=	theatre kwy	,,	P-					
	φ10.05	1,	ooo Ampin	ulcalle Nwy							
		M	ountain Vi	ew, CA 94043							
-	PURPOSE	(a) Ca	atenory (ca	e Categories listed at the to	n of this sobo	de i les)	(b)	Description			
	OF			nead/Rental Expen		uulej	`-'		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		IIIÇG OVEII	read/Incittal Experi	36		l	السل		officeholder living expense	
								software			
							1				
	Commission Obj. V. if cline at		alidata (Offi			Wan no.	<u></u>	'		Office held	
	Complete ONLY if direct expenditure to benefit C/OI		ididate/Onio	ceholder name	O	fice sou	agni			Office field	
	experience to approve or or										
	Date	Pε	ayee name								
	06/08/2025		OOGLE								
			 	- Other	Ctota	Zin O	- d-				
	Amount (\$)		ayee addres	=	State;	Zip Co	ou e				
	\$10.65	1,6	300 Amphi	theatre kwy							
		Mi	ountain Vi	ew, CA 94043							
			 	,			I				
	PURPOSE OF			e Categories listed at the top		duie)	(D)	Description		de at war and a second at the	
	EXPENDITURE	Of	ffice Overh	nead/Rental Expens	se		1	land.		de of Texas. Complete Schedule T.	
									, IX,	officeholder living expense	
							ł	software			
	Complete ONLY If direct		didate/Offic	eholder name	OI	fice sou	ıght			Office held	
	expenditure to benefit C/OI	ł									
-	 										

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 11/22 Rpt: 26/37	Doolittle, Wesley
4	Date	5 Payee name
	01/07/2025	GREATER MAGNOLIA CHAMBER
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	18423 FM 1488, Suite C
		Magnolia, TX 77354
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.
	2/1 2/15/1 4/12	Candidate/Officeholder/Political Committee Check If Austin, TX, officeholder living expense Donation
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Palas navas
	01/06/2025	Payee name Hope's Bridge
ŀ	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	13095 TX-105, Suite 200
	<u> </u>	Conroe, TX 77304
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/10/2025	LCHS Homerun Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 4
		Montgomery, TX 77356
	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
		Donaudi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	territorio de la contractiona de	

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/Reknbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Trayel 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
	Sch: 12/22 Rpt: 27/37	Doolittle, Wesley
4	Date	5 Payee name
l	02/04/2025	MCMILLAN, KEVIN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$360.00	3392 SH 75
1		
		N. Huntsville, TX 77320
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
1		Event Aucioneer
ŀ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨		
l	Date	Payee name MHS FFA Booster Club
_	03/19/2025	
l	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 932
		Atantana and TV TVOTO
L		Montgomery, TX 77356
l	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
l	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
Г	Complete ONLY If direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	†
Г	Date	Payee name
	01/28/2025	MWHS Cheer Booster
r	Amount (\$)	Payee address; City; State; Zip Code
l	\$200.00	17903 Country Fields
l		
		Magnolia, TX 77355
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
İ	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	·	Candidate/Officeholder/Political Committee
		S of load of 1
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense GIT/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

l	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gifi/Awards/Memorials Exper Legal Services The Instruction Guide e	Salaries/V	Vages	s/Contract Labor		ivel Out of District HER (enter a category not listed ab	ove)
1	Total pages Schedule F1: Sch: 13/22 Rpt: 28/37	2 FILER NAME Doolittle, W			, ' ,		3 Fil	er ID	
4	***************************************	5 Payee name	County Womens C	Ctr Ctr					
6	Amount (\$) \$150.00	7 Payee addres 1401 Airpor Conroe, TX	Rd,	State; Zip Co	ide				
8	PURPOSE OF EXPENDITURE	Contribution	e Categories listed at the top s/Donations Made E officeholder/Political	3у	(b)			l Texas. Complete Schedule T. reholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght			Office held	
	Date 02/05/2025	Payee name Morgan Lutt	rell Campaign		-				
	Amount (\$) \$500,00	Payee addres PO Box 124 Magnolia, T	5	State; Zip Co	de				
	PURPOSE OF EXPENDITURE	Contribution	e Categories listed at the top s/Donations Made E fficeholder/Political	Зу	(b)	السيا		Texas. Complete Schedule T. eholder living expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic -I	eholder name	Office sou	ght			Office held	
	Date 03/31/2025	Payee name REYNOLDS	, BARBARA						
	Amount (\$) \$250.00	Payee addres PO Box 869		State; Zip Co	de				
	PURPOSE OF EXPENDITURE	Contribution	e Categories listed at the top of s/Donations Made E fficeholder/Political	Ву	(b)	l		Texas. Complete Schedule T. eholder living expense	
· · · · · · ·	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght		·	Office held	
		•	, * ,,	· 41		· · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
CTUST Fortran entropy and listed obayo)

	Candidate/Officeholder/Politice Credit Card Payment	ai Co	-	Services nstruction Guide e)		_	es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME	, 			3 Filer ID
	Sch: 14/22 Rpt: 29/37		Doolittle, Wesley	,			
4	Date	5	Payee name		····		
	02/10/2025		Ritch Wheeler C	ampaign			
6	Amount (\$)	7	Payee address;	City;	State; Zip C	ode	
	\$552.00		2 Cluny Ct				
		l					
			The Woodlands,	TX 77382			
8	PURPOSE	(a	Category (See Cate	gories listed at the top o	f this schedule)	(b)) Description
	OF EXPENDITURE		Contributions/Do				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Candidate/Office	noider/Political	Committee		Donation
9	Complete ONLY if direct	<u> </u>	Candidate/Officehol	der name	Office sou	l ight	t Office held
	expenditure to benefit C/O	H					
	Date	Γ	Payee name				
	02/11/2025		Roman Forest Po	olice Assoc			
_	Amount (\$)	<u> </u>	Payee address;	City;	State; Zip Co	ode	
	\$250.00		2430 Roman For	est Blvd			
			Roman Forest, T	X 77357			
	PURPOSE	(a)	Category (See Cate	gories listed at the top o	f this schedule)	(b)) Description
	OF EXPENDITURE		Contributions/Do				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Candidate/Office	noider/Political (Committee		Donation
-	Complete ONLY if direct		Candidate/Officehold	der name	Office sou	L Ight	t Office held
	expenditure to benefit C/O	Н					
	Date		Payee name				
	01/31/2025		SAMS CLUB				
	Amount (\$)		Payee address;	City;	State; Zip Co	de	
	\$82.23		608 SW 8th St.				
			Bentonville, AR 7	2712			
	PURPOSE	(a)	Category (See Category	pories listed at the top o	this schedule)	(b)) Description
	OF EXPENDITURE		Event Expense				Check if travel outside of Texas. Complete Schedule T.
							Check if Austin, TX, officeholder living expense Event food
	Complete ONLY if direct	L	andidate/Officeholo	ler name	Office sou	ght	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 Glft/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 Trayel 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: 15/22 Rpt: 30/37	2 FILER NAME Doolittle, Wesley 3 Filer ID
4	Date 02/01/2025	5 Payee name SAMS CLUB
6	Amount (\$) \$128.31	7 Payee address; City; State; Zip Code 608 SW 8th St.
		Bentonville, AR 72712
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event food
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 04/04/2025	Payee name SAWYER PARK
	Amount (\$) \$169.73	Payee address; City; State; Zip Code 314 Pruitt Rd Spring, TX 77380
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Team Meal
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/02/2025	Payee name SQUARE
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 8 Clarkson Street
		New York, NY 10014
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software fees
	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 Fées Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Legal Services The Instruction Guide explain		/ages	/Contract Labor		OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	
	Sch: 16/22 Rpt: 31/37	Doolittle, V							
4	Date	5 Payee name	9						
L	02/03/2025	SQUARE							
6	Amount (\$) \$10.00	7 Payee addre 8 Clarkson New York,	Street	ate; Zip Co	de				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description	•		
; ;	OF EXPENDITURE		rhead/Rental Expense	-			TX,	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ght			Office held	
	Date	Payee name	•						
	03/03/2025	SQUARE							
	Amount (\$) \$10.00	Payee addre 8 Clarkson New York,	Street	ate; Zip Coo	de				
	PURPOSE OF EXPENDITURE		see Categories listed at the top of this rhead/Rental Expense	schedule)		<u></u>	TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sout	ght			Office held	
	Date	Payee name	· · · · · · · · · · · · · · · · · · ·		-				
	04/02/2025	SQUARE							
	Amount (\$) \$10.00	Payee addre 8 Clarkson New York,	Street	ate; Zip Coo	de				
H	PURPOSE				/h\	Description	-		
•	OF EXPENDITURE		ee Categories listed at the top of this head/Rental Expense	schedule)		Check if travel or	TX,	le of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office soug	ht			Office held	
	· · · · · · · · · · · · · · · · · · ·								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	ıl Ço	mmittee	Legal Services The Instruction	-		Wages	s/Contract Labor		THER (enter a category not listed	above)
		-			ii Guiue expir	anis now to o	/IIIpi			14 15%	
1	Total pages Schedule F1:	2							3 F	iler ID	
	Sch: 17/22 Rpt: 32/37		Doolittle, W	esley							
4	Date	5	Payee name								
	05/02/2025		SQUARE								
6	Amount (\$)	7	Payee addre	ss; City;	S	tate; Zip C	ode	, , , , , , , , , , , , , , , , , , , 	-	<u> </u>	
	\$10.00		8 Clarkson	Street							
			New York, f	UV 10014							
		<u> </u>					Ta s	· · · · · · · · · · · · · · · · · · ·			
8	PURPOSE OF	(a)	Category (Si			s schedule)	(p)	Description		-5 T-110- Commission Cohookula T	
	EXPENDITURE		Office Over	head/Rental	Expense					of Texas. Complete Schedule T. liceholder living expense	
								Software fees		noonlose in ing onpuna	
								001111111111111111111111111111111111111			
	O	Ĺ	D = 11 = 1 = 1 O 66		 ,	O#				Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolaer nam	е	Office sou	ig rit			Office field	
	Date		Davin - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1					,			
	06/02/2025		Payee name SQUARE								
	·										
	Amount (\$)		Payee addres	•	Si	tate; Zip Co	ode				
	\$10.00		8 Clarkson	Street							
			New York, N	NY 10014							
	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE			nead/Rental				Check if travel o	outside	of Texas. Complete Schedule T.	
	CAPENDITURE				•				TX, off	iceholder living expense	
								software			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Э	Office sou	ight			Office held	
	expenditure to benefit C/O	1									
•	Date		Payee name		····			······································			
	06/30/2025		SQUARE								
	Amount (\$)		Payee addres	s; City;	Si	ate; Zip Co	ode				
	\$466.23		8 Clarkson	_							
	\$155.25		O CIGIRICOII (
			*1								
			New York, N	IY 10014							
	PURPOSE		Category (Se			s schedule)	(b)	Description			
	OF EXPENDITURE		Office Overl	read/Rental	Expense		ĺ	لبسا		of Texas. Complete Schedule T.	
								Software fees		iceholder living expense	
							•	SOUMALE 1662			
						0.00	<u> </u>			061-1-	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	9	Office sou	ight			Office held	
								· , · · · · · · · · · · · · · · · · · ·			

SCHEDULE F1

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

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

Loan Repayment/Relmbursement 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	al Committee	Legal Services The Instruction Guid		_	s/Contract Labor ete this form.	OTHER (enter a cate	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAI	ΛE			3	Filer ID	
Sch: 18/22 Rpt: 33/37	Doolittle,	Wesley					
4 Date	5 Payee nan	ne					
01/02/2025	STOREM	ORE					
6 Amount (\$) \$140.00	7 Payee add 420 McCa Montgom		State; Zip C	ode			
8 PURPOSE OF EXPENDITURE		(See Categories listed at the e erhead/Rental Expe		(b)		side of Texas. Complete X, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office so	ught		Office held	
Date	Payee nam	е	· · · · · · · · · · · · · · · · · · ·				
02/02/2025	STOREM	ORE					
Amount (\$) \$140.00	Payee addi 420 McCa Montgome	•	State; Zip C	ode			
PURPOSE OF EXPENDITURE		See Categories listed at the t erhead/Rental Expe		(b)		side of Texas, Complete X, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi		fficeholder name	Office so	ught		Office held	
Date 03/03/2025	Payee nam STOREM						
Amount (\$) \$140.00	Payee addr 420 McCa	leb Rd	State; Zip C	ode			
	Montgome	ery, TX 77316					
PURPOSE OF EXPENDITURE		see Categories listed at the t rrhead/Rental Expe		(b)	<u></u>	side of Texas, Complete K, officeholder fiving expe	
Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office so	ıght		Office held	

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/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Center a cetagony and listed above)

	Candidate/Officeholder/Politica Credit Card Payment	al Co	mmittee	Legal Services The Instruction G	uide explains		-	s/Contract Labor ete this form.	Ċ	OTHER (enter a category not listed above))
1	Total pages Schedule F1:	2	FILER NAM	lE			***	3	} F	Filer ID	
L	Sch: 19/22 Rpt: 34/37	L	Doolittle, V	Vesley							
4	Date	5	Payee name	9							
L	04/02/2025	L	STOREMO	DRE							
6	Amount (\$) \$140.00	7	Payee addre 420 McCal Montgome	=	State;	; Zip Co	de				
8	PURPOSE OF	(a)		See Categories listed at t		iedule)	(b)	Description			
	EXPENDITURE		Office Ove	rhead/Rental Ex	pense			Land .		of Texas, Complete Schedule T. fliceholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Of	ficeholder name	Ó	Office soug	ght			Office held	
	Date		Payee name	,							
	05/02/2025		STOREMO	RE							
	Amount (\$) \$140.00		Payee addre 420 McCal Montgome		State;	Zip Coo	de				
-	PURPOSE	(a)	Category (s	See Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			rhead/Rental Ex				느		of Texas. Complete Schedule T, ficeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	н	Candidate/Off	ficeholder name	0	Office souç	jht			Office held	
	Date	Г	Payee name)							• • • • • • • • • • • • • • • • • • • •
	06/03/2025		STOREMO	RE							
	Amount (\$) \$140.00		Payee addre		State;	Zip Coo	de				
			Montgome	ry, TX 77316							
	PURPOSE	(a)	Category (S	See Categories listed at I	he top of this sche	eđule)	(b)	Description			
	OF EXPENDITURE		Office Over	rhead/Rental Exp	pense			البنا		of Texas. Complete Schedule T. ficeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	0	Office soug	jht			Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Guid	Salar	-	es/Contract Labor		OTHER (enter a category r	not listed above)
٦	Total pages Calculated	<u>ا</u>	CII CO NIANAI					3	Filer ID	
_	Total pages Schedule F1: Sch: 20/22 Rpt: 35/37	_	Doolittle, W				;	3	FIIGH ID	
4	Date	5	Payee name							
	06/30/2025		STRIPE							
6	Amount (\$) \$1,140.07	7	Payee addre 354 Oyster S San Fran	·	State; Zip	Code				
8	PURPOSE	(a)	Category &	ee Categories listed at the t	on of this eshedula)	(b)	Description			<u> </u>
	OF EXPENDITURE	(**)		ne Categories listed at the tr			Check if travel o	, TX,	ide of Texas. Complete Sche , officeholder living expense	dule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	Office	sought			Office held	
Γ	Date		Payee name							*#*- XTT-#*-
	02/04/2025		-	P COP SHOP						
Г	Amount (\$)		Payee addre	ss; City;	State; Zip	Code				
	\$2,625.06		1109 W Da	llas St						
l										
L			Conroe, TX	77301						
	PURPOSE	(a)	Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
l	OF EXPENDITURE		Event Expe	nse		ŀ	lI		de of Texas. Complete Sche	dule T.
									officeholder living expense	
							Event Auction	1 110	ems -Skeet Shoot	
L	· · · · · · · · · · · · · · · · · · ·				, , , , , , , , , , , , , , , , , , , 			,		
	Complete ONLY if direct expenditure to benefit C/Oi		Candidate/Off	iceholder name	Office	sought			Office held	
H	Date		Payee name							
	02/21/2025		Trophy Hou							
 -						- 1			<u>, , , , , , , , , , , , , , , , , , , </u>	
	Amount (\$)		Payee addre	=	State; Zip	Code			•	
	\$233.82		804 W Dalla	as St						
			Conroe, TX	77301						
	PURPOSE	(a)	Category (S	ee Categories listed at the to	pp of this schedule)	(b)	Description		· ———————	
	OF EXPENDITURE		Event Expe				<u></u>		ide of Texas. Complete Sche	dule T.
	and the manufact of the state						الجيسا		, officeholder living expense	
							Event Awards	j		
<u> </u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		· · · · · · · · · · · · · · · · · · ·				 			
	Complete ONLY if direct		andidate/Offi	ceholder name	Office s	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 Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

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

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

ŀ	Credit Card Payment	The Instruction Guide explains how to co	mpl	ete this form.
1	Total pages Schedule F1: Sch: 21/22 Rpt: 36/37	2 FILER NAME Doolittle, Wesley		3 Filer ID
4	Date 01/30/2025	5 Payee name Universal Sign and Graphics	,	
6	Amount (\$) \$391.01	7 Payee address; City; State; Zip Co 2114 McCaleb Rd. Montgomery, TX 77316	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event signs
9	Complete ONLY If direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
	Date 02/03/2025	Payee name Universal Sign and Graphics		
	Amount (\$) \$92.92	Payee address; City; State; Zip Co 2114 McCaleb Rd. Montgomery, TX 77316	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event signs
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
	Date 06/02/2025	Payee name Wildcat Clay Club		
	Amount (\$) \$150.00	Payee address; City; State; Zip Co PO Box 1265 Splendora, TX 77372	de	
	PURPOSE OF EXPENDITURE		(b)	Description Check if trave) outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
ĺ				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Relmbursement

Solicitation/Fundralsing Expense

	Accounting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee		Politing Exper Printing Expe Salarles/Wag	nse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a cate	ory not listed above)
			The instruction Guide ex	plains how to comp			
1	Total pages Schedule F1:	ļ				3 Filer ID	
	Sch: 22/22 Rpt: 37/37		ittle, Wesley				
4	Date	5 Paye					
	03/06/2025		Softball Booster Club		·		
6	Amount (\$) \$100.00	1000	e address; City; 5 HWY 75	State; Zip Code	•		
			s, TX 77378		· · · · · · · · · · · · · · · · · · ·		
8	PURPOSE OF EXPENDITURE	Cont	gory (see Categories listed at the top of ributions/Donations Made By iidate/Officeholder/Political C	, '	<u> </u>	utside of Texas. Complete TX, officeholder living expe	
9	Complete ONLY if direct expenditure to benefit C/OI		ate/Officeholder name	Office sough	t	Office held	