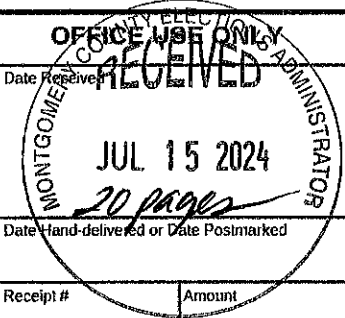


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

| | | | | | |
|--|--|--|------------------------------|---------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID | 2 Total pages filed: 20 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Wesley |  | | | |
| | NICKNAME LAST SUFFIX Doolittle | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 6606 FM 1488 STE 148-638 Magnolia, TX 77354 | | | Date Received | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # | Amount |
| | | Date Processed | | | |
| | | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Lisa M | | | | |
| | NICKNAME LAST SUFFIX Orso | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18446 Gary Player Dr. Montgomery, TX 77316 | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | | (281) 414-2837 | | | |
| 8 REPORT TYPE | <input 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 checked="" 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 05/19/2024 | THROUGH | Month Day Year 06/30/2024 | | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) None Montgomery | 12 OFFICE SOUGHT (if known) SHERIFF | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 20

| | |
|-----------------------------------|-------------|
| 13 C/OH NAME Doolittle, Wesley | 14 Filer ID |
|-----------------------------------|-------------|

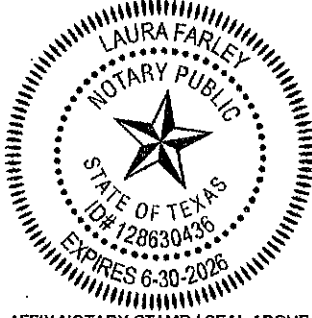
15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | |
|---|--|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS 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) | \$ | 21,096.63 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 47,749.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 116,127.13 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Wesley Doolittle

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said WESLEY DOOLITTLE, this the 15 day of JULY, 2029, to certify which, witness my hand and seal of office.

Laura Farley

Signature of officer administering

Laura Farley

Printed name of officer administering

notary

Title of officer administering oath

SUBTOTALS - C/OH

| | | |
|--|---|------------------------|
| 18 FILER NAME Doolittle, Wesley | | 19 Filer ID |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10,127.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 10,969.63 |
| 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 | \$ 47,749.00 |
| 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: 1/4 Rpt: 4/20 |
| 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 05/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASAP Bail Bonds | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code 305 Cartwright Rd #A Conroe, TX 77301 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anteri, Alejandro | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 9904 Preserve Way Conroe, TX 77385-2226 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackbourne, Lorne | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code 26810 Holmans Rd Magnolia, TX 77354 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Joseph | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code 6711 Grant Drive Magnolia, TX 77354 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Richard James | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 83 Woodhaven Wood Drive Spring, TX 77380 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/20 |
| 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 06/04/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas, Richard James <hr/> 6 Contributor address; City; State; Zip Code 83 Woodhaven Wood Drive Spring, TX 77380 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fussell, Lesli <hr/> Contributor address; City; State; Zip Code 30038 Sleepy Brook Ln Magnolia, TX 77355 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Officers' Union PAC <hr/> Contributor address; City; State; Zip Code 1600 State Street Houston, TX 77007-7730 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohlenberger, Kim T <hr/> Contributor address; City; State; Zip Code 11547 Lauren's Way Montgomery, TX 77316 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, Tammy <hr/> Contributor address; City; State; Zip Code 27126 Bridleway Cir Magnolia, TX 77355 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/20 |
| 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 05/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Thomas E 6 Contributor address; City; State; Zip Code 840 Eagle Pointe Montgomery, TX 77316 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Ryan Contributor address; City; State; Zip Code 02461 Capitol Hill Rd. Montgomery, TX 77316 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Shore Republican Women Contributor address; City; State; Zip Code PO Box 1993 Montgomery, TX 77356-1385 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waguespack, Katie Contributor address; City; State; Zip Code 14342 Whitetop Peak Ct Conroe, TX 77384 | Amount of Contribution (\$) \$62.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walkins, Mark A Contributor address; City; State; Zip Code 30 Legend Hollow Court Spring, TX 77382 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/20 |
| 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 06/24/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamine, Michel G 6 Contributor address; City, State; Zip Code 14003 Imperial Canyon Lane Sugar Land, TX 77498 | 7 Amount of Contribution (\$) \$5,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/20 | |
| 2 FILER NAME Doolittle, Wesley | | 3 Filer ID | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 05/24/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Frank | 8 Amount of contribution (\$) \$10,969.63 | 9 In-kind contribution description Political Ads |
| | 7 Contributor address; City; State; Zip Code 2024 Rayford Rd. Spring, TX 77386 | <input type="checkbox"/> 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) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 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) | | | |

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: 1/12 Rpt: 9/20 | | 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 06/04/2024 | | 5 Payee name ADVOCACY ARCHITECTS | | |
| 6 Amount (\$) \$18,950.00 | | 7 Payee address; City; State; Zip Code 112 Renaissance Circle Mauldin, SC 29662 | | |
| 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 ads | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 06/08/2024 | | Payee name ARRAZATEMKT | | |
| Amount (\$) \$2,870.00 | | Payee address; City; State; Zip Code 7 Highland Hollow Dr. Conroe, TX 77304 | | |
| 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 Social Media Mktg | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 05/21/2024 | | Payee name BURGER KING #24329 | | |
| Amount (\$) \$42.67 | | Payee address; City; State; Zip Code 20180 Eva St MONTGOMERY, TX 77356 | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals | |
| Complete ONLY 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 -
Candidates/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: 2/12 Rpt: 10/20 | | 2 FILER NAME Doofittle, Wesley | | 3 Filer ID |
| 4 Date 06/26/2024 | | 5 Payee name Brookshire Bros. | | |
| 6 Amount (\$) \$75.99 | | 7 Payee address; City; State; Zip Code 18535 FM 1488 Magnolia, TX 77354 | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name Office sought Office held | | |
| Date 06/21/2024 | | Payee name CAMPAIGN PARTNER STILL RIVER MA | | |
| Amount (\$) \$29.00 | | Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 | | |
| 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 website |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name Office sought Office held | | |
| Date 05/21/2024 | | Payee name CAMPAIGN PARTNER | | |
| Amount (\$) \$29.00 | | Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467 | | |
| 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 website |
| Complete ONLY 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: 3/12 Rpt: 11/20 | | 2 FILER NAME Doolittle, Wesley | | 3 Filer ID | |
| 4 Date 06/18/2024 | | 5 Payee name CD&P | | | |
| 6 Amount (\$) \$2,555.00 | | 7 Payee address; City; State; Zip Code PO Box 5459 Austin, TX 78763 | | | |
| 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 Marketing | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 05/24/2024 | | Payee name CHICK-FIL-A #02865 WILLIS TX | | | |
| Amount (\$) \$41.84 | | Payee address; City; State; Zip Code 12310 Old Montgomery Rd Willis, TX 77318 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 06/25/2024 | | Payee name Conroe Masonic Lodge | | | |
| Amount (\$) \$250.00 | | Payee address; City; State; Zip Code 311 Simonton St. Conroe, TX 77301 | | | |
| 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 Donation | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |

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: 4/12 Rpt: 12/20 | | 2 FILER NAME Doolittle, Wesley | | 3 Filer ID | |
| 4 Date 05/24/2024 | | 5 Payee name DOMINO'S 6419 MAGNOLIA TX | | | |
| 6 Amount (\$) \$36.23 | | 7 Payee address; City; State; Zip Code 18602 FM 1488, Suite 400 Magnolia, TX 77354 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 06/01/2024 | | Payee name FACEBK *X5MTE64RE2 Menlo Park CA | | | |
| Amount (\$) \$73.05 | | Payee address; City; State; Zip Code 1 Facebook Way Menlo Park, CA 94025 | | | |
| 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 ads | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| Date 05/28/2024 | | Payee name FACEBK* 6RLDH5QQE2 Menlo Park CA | | | |
| Amount (\$) \$334.00 | | Payee address; City; State; Zip Code 1 Facebook Way Menlo Park, CA 94025 | | | |
| 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 ads | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out of District |
| Credit Card Payment | Legal Services | | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | |
|---|---|--|---------------|-------------|
| 1 Total pages Schedule F1: Sch: 5/12 Rpt: 13/20 | | 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 05/25/2024 | | 5 Payee name FACEBK* SXABD5QQE2 Menlo Park CA | | |
| 6 Amount (\$) \$303.00 | | 7 Payee address; City; State; Zip Code 1 Facebook Way Menlo Park, CA 94025 | | |
| 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 ads | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 05/21/2024 | | Payee name FACEBK | | |
| Amount (\$) \$250.00 | | Payee address; City; State; Zip Code 1 Facebook Way Menlo Park, CA 94025 | | |
| 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 ads | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 05/22/2024 | | Payee name FACEBK | | |
| Amount (\$) \$275.00 | | Payee address; City; State; Zip Code 1 Facebook Way Menlo Park, CA 94025 | | |
| 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 ads | | |
| Complete ONLY 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: 6/12 Rpt: 14/20 | | 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 06/08/2024 | | 5 Payee name Google | | |
| 6 Amount (\$) \$10.65 | | 7 Payee address; City; State; Zip Code 1600 Amphitheatre kwy Mountain View, CA 94043 | | |
| 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 ads | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 05/29/2024 | | Payee name HONOR CAFE CONROE TX | | |
| Amount (\$) \$6,274.63 | | Payee address; City; State; Zip Code 103 N Thompson St., Suite 101 Conroe, TX 77301 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 food | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 05/21/2024 | | Payee name KROGER #1 | | |
| Amount (\$) \$89.16 | | Payee address; City; State; Zip Code 20168 Eva St MONTGOMERY TX, TX 77356 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals | | |
| Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 7/12 Rpt: 15/20 | 2 FILER NAME Doolittle, Wesley | 3 Filer ID |
| 4 Date 06/12/2024 | 5 Payee name MCFA | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code 9201 Airport Rd Conroe, TX 77303 | |
| 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 Donation |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/18/2024 | Payee name Mailchimp Atlanta GA | |
| Amount (\$) \$106.60 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 | |
| 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 Text Mktg |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/31/2024 | Payee name Moore, Vanessa | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 17106 Leon Ct. Splendora, TX 77372 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 Polling |
| 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 -
Candidates/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: 8/12 Rpt: 16/20 | | 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 05/22/2024 | | 5 Payee name OFFICE DEPOT #620 | | |
| 6 Amount (\$) \$17.51 | | 7 Payee address; City; State; Zip Code 32954 FM2978, Suite 500 Magnolia, TX 77354 | | |
| 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 printing | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 06/27/2024 | | Payee name Orso, Lisa | | |
| Amount (\$) \$1,500.00 | | Payee address; City; State; Zip Code 18446 Gary Player Dr. Montgomery, TX 77316 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal/Financial Consulting | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 06/03/2024 | | Payee name PY *STORMORE STORAGE MONTGOMERY TX | | |
| Amount (\$) \$140.00 | | Payee address; City; State; Zip Code 420 McCaleb Rd Montgomery, TX 77316 | | |
| 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 storage | |
| Complete ONLY 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: 9/12 Rpt: 17/20 | | 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 06/20/2024 | | 5 Payee name Scott, Steve | | |
| 6 Amount (\$) \$1,000.00 | | 7 Payee address; City, State; Zip Code 24448 Deer Creek Lane Montgomery, TX 77316 | | |
| 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 Advisor | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 06/07/2024 | | Payee name Sells, Robby | | |
| Amount (\$) \$10,000.00 | | Payee address; City, State; Zip Code 216 Gaillardia Court Pinehurst, TX 77362 | | |
| 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 refund | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 06/04/2024 | | 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) 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 fees | |
| Complete ONLY 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: 10/12 Rpt: 18/20 | | 2 FILER NAME Doofittle, Wesley | | 3 Filer ID |
| 4 Date 06/04/2024 | | 5 Payee name Square | | |
| 6 Amount (\$) \$17.65 | | 7 Payee address; City; State; Zip Code 8 Clarkson Street New York, NY 10014 | | |
| 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 fees | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 06/20/2024 | | Payee name Stripe | | |
| Amount (\$) \$177.28 | | Payee address; City; State; Zip Code 354 Oyster Point Blvd S San Francisco, CA 94080 | | |
| 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 fees | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 05/25/2024 | | Payee name TARGET T-0684 THE WOODLANDS TX | | |
| Amount (\$) \$50.80 | | Payee address; City; State; Zip Code 1100 Lake Woodlands Dr. The Woodlands, TX 77380 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals | | |
| Complete ONLY 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 B(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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: 11/12 Rpt: 19/20 | 2 FILER NAME Doolittle, Wesley | 3 Filer ID |
| 4 Date 06/30/2024 | 5 Payee name Venmo | |
| 6 Amount (\$) \$2.31 | 7 Payee address; City; State; Zip Code 95 Morton Street, Fifth Floor New York, NY 10014 | |
| 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 fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/26/2024 | Payee name WALMART | |
| Amount (\$) \$59.98 | Payee address; City; State; Zip Code 702 SW 8th Street Bentonville, AR 72716 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/25/2024 | Payee name WHATABURGER 1103 SPRING TX | |
| Amount (\$) \$37.20 | Payee address; City; State; Zip Code 3447 Rayford Rd Spring, TX 77386 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals |
| Complete ONLY 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: 12/12 Rpt: 20/20 | | 2 FILER NAME Doolittle, Wesley | | 3 Filer ID |
| 4 Date 05/20/2024 | | 5 Payee name WOODSONS | | |
| 6 Amount (\$) \$356.45 | | 7 Payee address; City; State; Zip Code 2330 FM 1488 Magnolia, TX 77384 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 Volunteer meals | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 06/27/2024 | | Payee name Williams, April | | |
| Amount (\$) \$1,000.00 | | Payee address; City; State; Zip Code 6433 FM 1774 Rd Navasota, TX 77868 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Mktg | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |
| Date 06/06/2024 | | Payee name Williams | | |
| Amount (\$) \$334.00 | | Payee address; City; State; Zip Code 6433 FM 1774 Rd Navasota, TX 77868 | | |
| 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 FB ads | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Officeholder name | Office sought | Office held |