CANDIDATE / OFFICEHOLDER FORM C/OH 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 WALY **OFFICEHOLDER** Wesley NAME NICKNAME LAST **SUFFIX** OCT 0 4 2024 Doolittle ADDRESS / PO BOX; APT / SUITE #; CANDIDATE / Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 6606 FM 1488 STE 148-638 MAILING Receipt# **ADDRESS** Change of Address Magnolia, TX 77354 Date Processed Date Imaged **CAMPAIGN** MS/MRS/MR FIRST TREASURER Lisa NAME NICKNAME LAST SUFFIX Orso **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE **TREASURER ADDRESS** 18446 Gary Player Dr. (Residence or Business) Montgomery, TX 77316 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (281) 414-2837 REPORT 8 TYPE January 15 30th day before election Runoff 15th day after campaign treasurer Х appointment (officeholder only) July 15 8th day before election **Exceeded modified** Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED 109/26/2024 07/01/2024 THROUGH 10 ELECTION **ELECTION DATE** ELECTION TYPE Runoff Month Day Year Primary Other 11/05/2024 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) None Montgomery SHERIFF **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 of 19				
13 C / OH NAME	Doolittle, Wesley	14 F	Filer ID					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures r These expenditures may have been made without the contribution of	andidate's or officehol	lder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	C epiceric	SPECIFIC						
	J SI ECITIC							
e in the	a*							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
]	COMMITTEE CAMPAIGN TREASURER ADDRESS						
				*:				
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THAN PL ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRO		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 32,915.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES	, 1	\$ 7,724.91				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST RIOD	DAY OF THE	\$ 143,154.27				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TITING PERIOD	THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
•								
	in the second se	I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	erjury, that the accom ormation required to b	npanying report is e reported by me				
		a de la companya de		,				
AFEIN ACT	CHARITY GABRIELLA BRAG Notary Public, State of T Comm. Expires 08-26-2 Notary ID 13329480	9245 025 7 Signature of Can	didate or Officeholder					
	ribed before me, by the s	Madal may be	this the4	day				
Agriature of office	er administering	Charty Bradley Printed name of officer administering	Title of officer ac	ministering oath				

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 19 **18 FILER NAME** 19 Filer ID Doolittle, Wesley 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE \square SCHEDULE A1; MONETARY POLITICAL CONTRIBUTIONS 31,915.00 X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. 1,000.00 SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS 5. Х SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 7,724.91 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 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/4 Rpt: 4/19 Filer ID 2 FILER NAME Doolittle, Wesley 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: 09/24/2024 AGRESTI, JOSEPH A. \$5,000.00 6 Contributor address; City; State; Zip Code 14749 English Oak Montgomery, TX 77356 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$2,000.00 09/06/2024 BERTANI, CHARLES Contributor address; City; State; Zip Code 12350 Knigge Cemetery Rd. Cypress, TX 77429 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date 09/25/2024 BOURQUE, MORGAN \$1,000.00 Contributor address; City; State; Zip Code 59 Huntsmans Horn Cir Spring, TX 77380 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$2,000.00 09/25/2024 CAMPBELL, CLAY Contributor address; City; State; Zip Code 7 Wrangler Pass Drive Spring, TX 77389 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:__ Date \$500.00 07/22/2024 CORLEY, LARRY Contributor address; City; State; Zip Code PO Box 2801 Conroe, TX 77305 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/19	
FILER NAME	**************************************	3 Filer ID	·	
Doolittle, We				
Date 09/25/2024	5 Full name of contributor out-of-state PAC (ID#: DILLARD, NICHOLAS		7 Amount of Contribution (\$)	\$1,000.0
	6 Contributor address; City; State; Zip Code 58 Driftoak Circle			
	Spring, TX 77381			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	MANUAL	····
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
09/25/2024	DOMOLKY`, JOHN B.		· induite of contribution (c)	\$500.0
	Contributor address; City; State; Zip Code		•	
	2727 Kirby Drive, 12D			
	Houston, TX 77098	:		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of Contribution (\$)	
09/05/2024	DONOHO, JOHN B.			\$1,000.0
	Contributor address; City; State; Zip Code			
	175 Vue Point Place			
	Spring, TX 77380			
Principal occu	eation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2024	FITCH, BOB			\$100.0
	Contributor address; City; State; Zip Code			
	19006 Minero Ln		:	
	Montgomery, TX 77356			
	ation / Job title (See Instructions)	Employer (See Instructions)		
Principal occup				
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)	
	FORD, JEFF)	Amount of Contribution (\$)	\$1,000.0
Date	FORD, JEFF)	Amount of Contribution (\$)	\$1,000.0
Date	FORD, JEFF Contributor address; City; State; Zlp Code)	Amount of Contribution (\$)	\$1,000.0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/4 Rpt: 6/19 3 Filer ID 2 FILER NAME Doolittle, Wesley 7 Amount of Contribution (\$) 5 Full name of contributor Date out-of-state PAC (ID#:_ 09/11/2024 GLOVER, ANNABELLE \$10,000.00 6 Contributor address; City; State; Zip Code 47 Hallbrook Way Spring, TX 77389 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:___ \$15.00 09/26/2024 HUDSON, RICHARD Contributor address; City; State; Zip Code 33403 Cripple Creek Dr. Pinehurst, TX 77362 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:__ Date \$2,000.00 09/18/2024 HUETTEL, KYLE Contributor address; City; State; Zip Code 9605 Kirkton Houston, TX 77095 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:__ Amount of Contribution (\$) Full name of contributor \$200.00 07/24/2024 KEELS, KAREN AND JOHNNY Contributor address; City; State; Zip Code 2408 Pebblebrook Cir Conroe, TX 77384 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:___ \$2,000.00 09/25/2024 LOVINS, CODY B Contributor address; City; State; Zip Code 14768 English Oak Drive Montgomery, TX 77356 Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1; Sch: 4/4 Rpt: 7/19	
FILER NAME			3 Filer ID	• • • • • • • • • • • • • • • • • • • •
Doolittle, We	esley			
Date 09/26/2024	5 Full name of contributor out-of-state PAC (ID#:_OLIVER, EDWARD		7 Amount of Contribution (\$)	\$1,000.0
	6 Contributor address; City; State; Zip Code 37842 Clubhouse Lane			
	Magnolia, TX 77355			
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		····
			· · · · · · · · · · · · · · · · · · ·	٠,
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/05/2024	REED, MARK			\$50.00
	Contributor address; City; State; Zip Code			
	17116 Harper's Trace, Apt 2106			
i	Conroe, TX 77385	,		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		·
		ampleyor (coo modeletto)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	· · · · · · · · · · · · · · · · · · ·
09/04/2024	STANFORD, RICHARD			\$250.00
:	Contributor address; City; State; Zip Code			
	503 Whispering Mdw			
	Magnolia, TX 77355			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)		
		in project (odo mondono)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	1.
09/26/2024	WERTHWEIN, ADALINE R.			\$300.00
	Contributor address; City; State; Zip Code			
	17831 Black Alder Lane			
	Chrina TV 77270	ļ		
Principal occur	Spring, TX 77379 ation / Job title (See Instructions)	Employer (See Instructions)		
r morper oood	industrial of the control of the con	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/17/2024	WILSON & FRANCO LLC			\$2,000.00
	Contributor address; City; State; Zip Code			
	11000 Richmond Ave, Suite 350			
	Houston, TX 77042			
Principal occur	ation / Job title (See Instructions)	Employer (See Instructions)		
rinicipai occup	aubit 7 300 title (See mistractions)	Embloser (266 mendenone)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/19 3 Filer ID 2 FILER NAME Doolittle, Wesley TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ contribution (\$) In-kind contribution description 6 Full name of contributor out-of-state PAC (ID#: 09/26/2024 WAYNE MACK CAMPAIGN \$1,000,001 DONATION TO THREE 7 Contributor address; City; State; Zip Code CROSS MEAT MINISTRY P.O. BOX 2234 CONROE, TX 77305 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) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Refated Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	ál Co		es iction Guide explains			ete this form.	OTHER (enter a categor	y not listed above)
1	Total pages Schedule F1:	2						3 Filer ID	
L	Sch: 1/11 Rpt: 9/19		Doolittle, Wesley						
4	Date	5	Payee name				•		
	07/21/2024		Campaign Partners						
6	Amount (\$)	7	Payee address; Cl	y; State;	Zip Co	de			
	\$29.00		PO Box 118					•	
			Still River, MA 0146	,			,		
8	PURPOSE	(a)	Category (See Categories	ilsted at the top of this scho	edule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rea		´			utside of Texas. Complete Sc	
					i		Check if Austin, Website	TX, officeholder living expens	e
					ł		Mensile		
9	Complete ONLY if direct		andidate/Officeholder r	ame O	Office soug	nht		Office held	
	expenditure to benefit C/OI		andidate/Onjechojde/ 1	ane o	mice sout	Jiir		Omce neid	·
_	Date		B			==		<u> </u>	
	08/21/2024		Payee name Campaign Partners						
					m)				
	Amount (\$)		Payee address;	y; State;	Zip Coo	ae			
	\$29.00		PO B0X 118						
			Still River, MA 01467	·		,			
	PURPOSE OF		Category (See Categories		edule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rer	ital Expense]			utside of Texas. Complete Sc TX, officeholder living expens	
							Website	•	-
	Complete ONLY if direct		andidate/Officeholder n	ame O	ffice soug	ht		Office held	
	expenditure to benefit C/OF	i							
	Date		Payee name			,,,,,		· · · · · · · · · · · · · · · · · · ·	
	07/12/2024		Check People						
	Amount (\$)		Payee address; Cit	y; State;	Zip Cod	le			
	\$1.00		530 Lytton Ave #2nd						
			Palo Alto, CA 94301					:	
	PURPOSE	(a)	Category (See Categories	listed at the ten of this scho	dulo I	b)	Description		
	OF		Office Overhead/Ren		idane)	· .		utside of Texas. Complete Sci	nedute T.
	EXPENDITURE			•		į		TX, officeholder living expense	e
							Research		

	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder n	ame Of	ffice soug	nt		Office held	
	,								
OP	ns provided by Texas Et	nine	Commission	manny othics of	OTO TV LIC			Varo	on V// 1 0 //8da51f7

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
Gilt/Awards/Memorials Expense
Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	
	Sch: 2/11 Rpt: 10/19	Doolittle, Wesley	
4	Date	5 Payee name	
	07/17/2024	Check People	a vita
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.16	530 Lytton Ave #2nd	
		Palo Alto, CA 94301	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living	expense
	`	Research	
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	d
9	expenditure to benefit C/O		4
⊨	Data		
	Date 08/17/2024	Payee name Check People	
<u> </u>			
İ	Amount (\$) \$29.16	Payee address; City; State; Zip Code 530 Lytton Ave #2nd	,
	Ф29.10	530 Lyttoff Ave #21M	
	•	Palo Alto, CA 94301	
L			
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Comp	lete Schedule T.
	EXPENDITURE	Office Over read/Rental Expense	
		Research	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office he	ld.
	experiditure to perient C/Oi	Jn	* ·
	Date	Payee name	
	09/17/2024	Check People	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29,16	530 Lytton Ave #2nd	
	;		
		Palo Alto, CA 94301	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Comp	
		Research	anhai (ao
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	ld .
	expenditure to benefit C/OI	DH .	
	expenditure to benefit C/OI	DH	
	expenditure to benefit C/OI	OH	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politic Credit Card Payment	All Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/11 Rpt: 11/19	Doolittle, Wesley
4	Date	5 Payee name
	09/25/2024	East Montgomery County Fair Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	21675A McCleskey Rd.
Ļ		New Caney, TX 77357
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder !lving expense
		Donation
Į		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u></u>
	Date	Payee name
 	09/25/2024	East Montgomery County Fair Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	21675A McCleskey Rd.
		New Caney, TX 77357
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		DOMANII
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date I	Payee name
	07/08/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
ı	\$10.65	1600 Amphitheatre kwy
İ	,	
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
i	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Overhead
	72.12.4	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 4/11 Rpt: 12/19	Doolittle, Wesley	
4	Date	5 Payee name	
	08/08/2024	Google	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.65	1600 Amphitheatre kwy	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
-	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		·	Email
_			Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	·
	09/08/2024	Google	
	Amount (\$)	Payee address; City; State; Zip Code	. *
	\$10.65	1600 Amphitheatre kwy	
		Mountain View, CA 94043	· · · · · · · · · · · · · · · · · · ·
	PURPOSE OF	, (ess essential in the state of the state o	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		·	Email
••••	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/23/2024	KNEE, SCOTT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	24448 Deer Creek Ln.	•
		Montgomery, TX 77316	
	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.
	EM EMBYTONE		Check if Austin, TX, officeholder living expense EVENT - FOOD
			Eron Too
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onles Hold
		,	

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract of Contract Contract Contract Contract Contract Contract Contract Contract Contract Con

	Candidate/Officenoider/Politic Credit Card Payment	at Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Ĺ	Sch: 5/11 Rpt: 13/19	Doolittle, Wesley
4	Date	5 Payee name
	08/14/2024	MWHS Cheer Booster Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	22603 Acacia Dr.
		Magnolia, TX 77355
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.
	EM EMBITOME	Candidate/Officeholder/Political Committee
		Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	ON PORTAILE OF OR DOTTORE OF OR	
	Date	Payee name
	07/18/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.60	675 Ponce de Leon Ave NE, Suite 5000
		Atlanta, GA 30308
· ·	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check If Austin, TX, officeholder living expense
		Text Msg
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/18/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.60	675 Ponce de Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Chice Overhead/Retital Expense
		Text Msg
- 1	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
(expenditure to benefit C/OI	l ·

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

The Instruction Guide explains how to complete this form

		The illistraction order explains now to complete also forms
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 6/11 Rpt: 14/19	Doolittle, Wesley
4	Date	5 Payee name
7	09/18/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$106.60	675 Ponce de Leon Ave NE, Suite 5000
		Atlanta, GA 30308
8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Text Msg
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	.
_	Date	Payee name
		Montgomery County Fair Association
	07/19/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	9201 Airport Rd.
		Conroe, TX 77303
		$ a_{i}\rangle = a_{i}\rangle$
	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By
	OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check If travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
-	OF	Contributions/Donations Made By
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation
	OF EXPENDITURE Complete ONLY if direct	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Check if Austin, TX, officeholder living expense Donation Candidate/Officeholder name Office sought Office heid
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Check if Austin, TX, officeholder living expense Donation Candidate/Officeholder name Office sought Office heid
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Candidate/Officeholder name Office sought
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 09/18/2024	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Office heid Payee name Sam's Club
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/18/2024 Amount (\$)	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name Sam's Club Payee address; City; State; Zip Code
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 09/18/2024	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Office heid Payee name Sam's Club
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/18/2024 Amount (\$)	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name Sam's Club Payee address; City; State; Zip Code
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/18/2024 Amount (\$)	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name Sam's Club Payee address; City; State; Zip Code 608 SW 8th St.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 09/18/2024 Amount (\$) \$102.54	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Office heid Payee name Sam's Club Payee address; City; State; Zip Code 608 SW 8th St. Bentonville, AR 72712
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 09/18/2024 Amount (\$) \$102.54	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Office heid Payee name Sam's Club Payee address; City; State; Zip Code 608 SW 8th St. Bentonville, AR 72712 (a) Category (See Categorles listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 09/18/2024 Amount (\$) \$102.54	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought Payee name Sam's Club Payee address; City; State; Zip Code 608 SW 8th St. Bentonville, AR 72712 (a) Category (see Categorles listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 09/18/2024 Amount (\$) \$102.54	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name Sam's Club Payee address; City; State; Zip Code 608 SW 8th St. Bentonville, AR 72712 (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 09/18/2024 Amount (\$) \$102.54	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought Payee name Sam's Club Payee address; City; State; Zip Code 608 SW 8th St. Bentonville, AR 72712 (a) Category (see Categorles listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/18/2024 Amount (\$) \$102.54 PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Office heid Payee name Sam's Club Payee address; City; State; Zip Code 608 SW 8th St. Bentonville, AR 72712 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if ravel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Event Food
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 09/18/2024 Amount (\$) \$102.54 PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 09/18/2024 Amount (\$) \$102.54 PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought Payee name Sam's Club Payee address; City; State; Zip Code 608 SW 8th St. Bentonville, AR 72712 (a) Category (see Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought Office heid (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas.
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 09/18/2024 Amount (\$) \$102.54 PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Or Date 09/18/2024 Amount (\$) \$102.54 PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought 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 Glft/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/Politice Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 7/11 Rpt: 15/19	Doolittle, Wesley
4	Date	5 Payee name
	07/05/2024	Square Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	8 Clarkson Street
	,	f
		New York, NY 10014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxon Complete Schedule T
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Fees
	!	1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OF	1
_	Date	Payee name
	08/05/2024	Square Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	8 Clarkson Street
	1	1
		New York, NY 10014
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
سب	Date	Payee name
	09/03/2024	Square Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	8 Clarkson Street
	•	o oldinoon on oc
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	J	, 500
,	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 8/11 Rpt: 16/19	Doolittle, Wesley	
4 Date	5 Payee name	
09/10/2024	Square Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$204.67	8 Clarkson Street	."
	New York, NY 10014	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel cutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense
	·	Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	d	
Date	Payee name	
09/26/2024	Square Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$3.19	8 Clarkson Street	
	New York, NY 10014	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
	£	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ght Office held
		ght Office held
expenditure to benefit C/OI	H	ght Office held
expenditure to benefit C/OI	H Payee name	
expenditure to benefit C/OI Date 07/02/2024	Payee name Stormore Storage	
expenditure to benefit C/OI Date 07/02/2024 Amount (\$)	Payee name Stormore Storage Payee address; City; State; Zip Co	
expenditure to benefit C/OI Date 07/02/2024 Amount (\$)	Payee name Stormore Storage Payee address; City; State; Zip Co	
expenditure to benefit C/OI Date 07/02/2024 Amount (\$) \$140.00	Payee name Stormore Storage Payee address; City; State; Zip Co 420 McCaleb Rd Montgomery, TX 77316 (a) Category (see Categories listed at the top of this schedule)	de (b) Description
expenditure to benefit C/OI Date 07/02/2024 Amount (\$) \$140.00	Payee name Stormore Storage Payee address; City; State; Zip Co 420 McCaleb Rd Montgomery, TX 77316	de (b) Description Check if travel outside of Texas. Complete Schedule T.
expenditure to benefit C/OI Date 07/02/2024 Amount (\$) \$140.00 PURPOSE OF	Payee name Stormore Storage Payee address; City; State; Zip Co 420 McCaleb Rd Montgomery, TX 77316 (a) Category (see Categories listed at the top of this schedule)	de (b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
expenditure to benefit C/OI Date 07/02/2024 Amount (\$) \$140.00 PURPOSE OF	Payee name Stormore Storage Payee address; City; State; Zip Co 420 McCaleb Rd Montgomery, TX 77316 (a) Category (see Categories listed at the top of this schedule)	de (b) Description Check if travel outside of Texas. Complete Schedule T.
expenditure to benefit C/OI Date 07/02/2024 Amount (\$) \$140.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Stormore Storage Payee address; City; State; Zip Co 420 McCaleb Rd Montgomery, TX 77316 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage
expenditure to benefit C/OI Date 07/02/2024 Amount (\$) \$140.00 PURPOSE OF EXPENDITURE	Payee name Stormore Storage Payee address; City; State; Zip Co 420 McCaleb Rd Montgomery, TX 77316 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage
expenditure to benefit C/OI Date 07/02/2024 Amount (\$) \$140.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Stormore Storage Payee address; City; State; Zip Co 420 McCaleb Rd Montgomery, TX 77316 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage
expenditure to benefit C/OI Date 07/02/2024 Amount (\$) \$140.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Stormore Storage Payee address; City; State; Zip Co 420 McCaleb Rd Montgomery, TX 77316 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sou	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y - al Co	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains in	Office Overho Polling Exper Printing Exper Salaries/Wag	ense ges/Contract Labor	Solicitation—Undraising Expense Transportation Equilipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed above	
1	Total pages Schedule F1;	T2	FILER NAME		·	3 Filer ID	
	Sch: 9/11 Rpt: 17/19		Doolittle, Wesley				
4	Date	5	Payee name		············		-
	08/03/2024		Stormore Storage				
6	Amount (\$)	7	Payee address; Clty; State;	Zip Code	3		
	\$140.00		420 McCaleb Rd		•		
			Montgomery, TX 77316		:		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	_{dule)} (b	Description		
	EXPENDITURE		Office Overhead/Rental Expense			outside of Texas, Complete Schedule T. , TX, officeholder living expense	
!					Storage	, TA, onicendiaer living expense	
				1	Otorago		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice sough	t	Office held	
	D-1-					VI PILOTO	
	Date 09/02/2024		Payee name				
		L	Stormore Storage		- t		
	Amount (\$)		· · · · · · · · · · · · · · · · · · ·	Zip Code			
	\$140.00		420 McCaleb Rd		•	· ·	
			Montgomery, TX 77316				
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	_{dule)} (b) Description		
	OF EXPENDITURE		Office Overhead/Rental Expense		i	outside of Texas. Complete Schedule T.	
	EM EMBHONE			ŀ		, TX, officeholder living expense	
					Storage		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	fice sough	t	Office held	
							·····
	Date		Payee name			•	
	09/26/2024		Stripe			· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)		Payee address; City; State;	Zip Code			
	\$644.80		354 Oyster Point Blvd				
	Ì		S San Francisco, CA 94080				
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	tule) (b)) Description	· .	
	OF EXPENDITURE		Fees			outside of Texas, Complete Schedule T.	
	LAFLINDITONL			- 1		TX, officeholder living expense	
					Fees		
		_					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name Off	fice sought	i	Office held	
	,						
							ļ
250	ne provided by Toyac Et		c Commission www.othics.ets	-to b: 110		Version V4.1.0	40aa 2487

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The instruction Guide explains how to cor	nplete this form.
2 FILER NAME	3 Filer ID
Doolittle, Wesley	
5 Payee name	
The UPS Store	
7 Payee address; City; State; Zip Cod	de
6606 FM 1488, Ste 148	
Magnolia, TX 77354	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PO Box
Candidate/Officeholder name Office sout	ght Office held
Н	
Payee name	
Total Wine	
Payee address; City; State; Zip Cod	de ·
1900 Lake Woodlands Drive, Suite 900	
The Woodlands, TX 77380	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Event Expense	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
,	Event Bev
Candidate/Officeholder name Office sou	ght Office held
H	· ·
Payee name	
Total Wine	
Payee address; City; State; Zip Co	de
1900 Lake Woodlands Drive, Suite 900	
The Woodlands, TX 77380	·
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Event Expense	Check if trave) outside of Texas. Complete Schedule T.
·	Check if Austin, TX, officeholder living expense Event Bev
	w. • 697
Candidate/Officeholder name Office sour	oht Office held
Candidate/Officeholder name Office sou H	ght Office held
	ght Office held
	ght Office held
	2 FILER NAME Doolittle, Wesley 5 Payee name The UPS Store 7 Payee address; City; State; Zip Core 6606 FM 1488, Ste 148 Magnolia, TX 77354 (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Total Wine Payee address; City; State; Zip Core 1900 Lake Woodlands Drive, Suite 900 The Woodlands, TX 77380 (a) Category (see Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Total Wine Payee name Total Wine Payee address; City; State; Zip Core 1900 Lake Woodlands Drive, Suite 900 The Woodlands, TX 77380 (a) Category (see Categories listed at the top of this schedule) Total Wine Payee name Total Wine Payee address; City; State; Zip Core 1900 Lake Woodlands Drive, Suite 900 The Woodlands, TX 77380 (a) Category (see Categories listed at the top of this schedule)

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	-
-	Sch: 11/11 Rpt: 19/19	Doolittle, Wesley	
4	Date	5 Payee name	_
	08/06/2024	Willis Ag Booster Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,000.00	PO Box 1735	
		Willis, TX 77378	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Donation	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/26/2024	Willis FFA	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$200.00	PO Box 1735	
	φ200.00	FO BOX 1753	
		Willis, TX 77378	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Contributions/Donations Made By Check If travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee	
		Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	1	