#### FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Total pages filed: 1 Filer ID The C/OH Instruction Guide explains how to complete this form. 21 CANDIDATE / MS/MRS/MR **FIRST** ΜI OFFICE USE ONLY OFFICEHOLDER Wesley NAME Date Received NICKNAME LAST SUFFIX Doolittle CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 6606 FM 1488 STE 148-638 MAILING Receipt # Amount **ADDRESS** Magnolia, TX 77354 Change of Address Date Processed Date Imaged FIRST CAMPAIGN MS/MRS/MR MI **TREASURER** Lisa M NAME NICKNAME LAST **SUFFIX** Orso STATE; STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; TREASURER **ADDRESS** 18446 Gary Player Dr. (Residence or Business) Montgomery, TX 77316 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** 281-414-2837 PHONE REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded modified 8th day before election July 15 reporting limit **PERIOD** Day Month Year Month Year Day COVERED **THROUGH** 12/31/2024 09/27/2024 **ELECTION DATE** 10 ELECTION **ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 X General Special 12 OFFICE SOUGHT (If known) 11 OFFICE OFFICE HELD (if any) None Montgomery SHERIFF **GO TO PAGE 2**

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

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

				2 of 21
13 C / OH NAME	Doolittle, Wesley	14 File	r ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olltical contributions accepted or political expenditures made the contributions accepted or political expenditures made the cancer office holders are required to report this information only if the cancer of the	lidate's or officeholde	er's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
<del></del>	GENERAL	OOMMETER ADDRESS		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
į		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONI		0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	59,830.00
EXPENDITURE TOTALS	3. TOTAL UNITEMO	ZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	14,472.32
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PER	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE	Y OF THE \$	174,063.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA OF THE REPORT	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE TING PERIOD	LAST DAY \$	0.00
17 AFFIDAVIT				
39 J. 18 E	JONATHAN EMIL ZITZMAN Notery Public, State of Tex Comm. Expires 01-16-202 Notary ID 126478382	as	ury, that the accompa	anying report is eported by me
		Signature of Candida	ate or Officeholder	
AFFIX NOT	ARY STAMP / SEAL ABO	VE		
Sworn to and subscr	ribed before me, by the sa , 20_ <b>_25</b> , to ce	id Wesley Dool. He this tify which, witness my hand and seal of office.	s the15 th	day
Signature of office	er administering	Jonathan Zitzmam Printed name of officer administering	Nutry Title of officer adm	inistering oath

## FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 21 19 Filer ID 18 FILER NAME Doolittle, Wesley 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 59,830.00 X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. 4. SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 14,472.32 5. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11, SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	TARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/21	
2	FILER NAME Doolittle, We			3	Fller ID	
4	Date 09/27/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Agresti, Joseph A.</li> <li>Contributor address; City; State; Zip Code 14749 English Oak</li> </ul>		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Montgomery, TX 77356  upation / Job title (See Instructions)	9 Employer (See Instructions	 ;)		
				_		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_Alfred, Flores Jr. (Dr.)  Contributor address; City; State; Zip Code 2815 Lake Front Cir.  Spring, TX 77380	)		Amount of Contribution (\$)	\$2,500.00
********	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
-	Date 09/30/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
,	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	) )		
	Date 12/26/2024	Full name of contributor out-of-state PAC (ID#:_Brett, Jensen  Contributor address; City; State; Zip Code 14 Hammock Dunes Place  The Woodlands, TX 77389	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
<u> </u>	Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: JKK Holdings LLC  Contributor address; City; State; Zip Code 9605 Kirkton Dr.  Houston, TX 77095			Amount of Contribution (\$)	\$2,000.00
•	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) )		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt; 5/21	· · · · · · · · · · · · · · · · · · ·
2	FILER NAME Doolittle, We			3	Filer ID	
4	Date 09/30/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_ John A, Jacobsen</li> <li>6 Contributor address; City; State; Zip Code 13514 Key Ridge Lane</li> <li>Cypress, TX 77429</li> </ul>		7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:_ Kenneth, Mannigel  Contributor address; City; State; Zip Code  1 Waterway Ct, Apt. 3D  Spring, TX 77380			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/26/2024	Full name of contributor  out-of-state PAC (ID#:_ Kyle or Tricia, Brown Contributor address; City; State; Zip Code 38 Thornblade Circle The Woodlands, TX 77389	)		Amount of Contribution (\$) \$	10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_Liberty Belles Republican Women  Contributor address; City; State; Zip Code PO Box 1041  Conroe, TX 77306			Amount of Contribution (\$)	\$1,200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occur	oation / Job title (See Instructions)	Employer (See instructions)	)		

FILER NAME Doolittle, Wes Date 10/09/2024	tion Guide explains how to complete this fo  ley  Full name of contributor	rm.		tal pages Schedule A1: h: 3/4 Rpt: 6/21	
Doolittle, Wes	Full name of contributor  out-of-state PAC (ID#: Maverick PMC Group, LLC		3 File	er ID	
Date 10/09/2024	Full name of contributor  out-of-state PAC (ID#: Maverick PMC Group, LLC	)			
	21323 Refuge Creek Dr.	<b>7</b> Am	nount of Contribution (\$)	\$6,500.0	
Principal occup	Cypress, TX 77433 ation / Job title (See Instructions)	9 Employer (See Instructions)			·
Date 10/01/2024	Full name of contributor out-of-state PAC (ID#: Morgan, Bourque  Contributor address; City; State; Zip Code 59 Huntsmans Horn Cir  Spring, TX 77380	)	Am	ount of Contribution (\$)	\$1,000.0
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)			
Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:		Am	ount of Contribution (\$)	\$15.0
Principal occupa	Montgomery, TX 77362 ation / Job title (See Instructions)	Employer (See Instructions)	•		
Date 10/04/2024 	Full name of contributor out-of-state PAC (ID#:	)	Am	ount of Contribution (\$)	\$500.0
Principal occupa	Spring, TX 77393  tion / Job title (See Instructions)	Employer (See Instructions)			- <del>                                      </del>
Date 09/30/2024	Full name of contributor out-of-state PAC (ID#: Ryan, Marshall Contributor address; City; State; Zip Code 15794 Capitol Hill rd		Am	ount of Contribution (\$)	\$500.0
Principal occupa	Montgomery, TX 77316  tion / Job title (See Instructions)	Employer (See Instructions)	·•• · · · · ·	s4015	

MONE	TARY POLITICAL CONTRIBUTIONS		SCHEDULE /			
The Instr	uction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/21			
2 FILER NAM Doolittle, V		3	Filer ID			
4 Date 10/02/2024	6 Contributor address; City; State; Zip Code 9240 Fosters Bend		Amount of Contribution (\$)	\$15.00		
8 Principal oc	Cleveland, TX 77328 cupation / Job title (See Instructions)  9 En	nployer (See Instructions)				
Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Suzanne and Keith, Moran  Contributor address; City; State; Zip Code PO Box 489  Shepherd, TX 77371		Amount of Contribution (\$)	\$4,000.00		
Principal occ	supation / Job title (See Instructions) En	nployer (See Instructions)				
Date 12/26/2024	Full name of contributor out-of-state PAC (ID#: Texienne Physicians Medical Association, PPLC Contributor address; City; State; Zip Code 9303 Pinecroft Dr., Ste. 280		Amount of Contribution (\$)	\$7,500.00		
Principal occ	Spring, TX 77380 upation / Job title (See Instructions)	nployer (See Instructions)				
Date 12/26/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$3,000.00		
Principal occ		nployer (See Instructions)	Andrew Control of the			
Date 09/27/2024	Full name of contributor out-of-state PAC (ID#: Wilson & Franco LLC Contributor address; City; State; Zip Code 11000 Richmond Ave Suite 350		Amount of Contribution (\$)	\$2,000.00		
Principal occ	Houston, TX 77042 upation / Job title (See Instructions) En	nployer (See Instructions)				
orms provided	by Texas Ethics Commission www.ethics.state	tx us	Version V4.1	.0.5dd2ace		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Gift/Awards/Memorials Expert Legal Services  The Instruction Guide (	Salaries/V	Vages	s/Contract Labor		ravel Out of District DTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 1/14 Rpt: 8/21	2 FILER NAM Doolittle, W				3	3 F	iler ID
4	Date 12/03/2024	5 Payee name Amazon M						
6	Amount (\$) \$66.67	7 Payee addre 410 Terry / Seattle, W/	Avenue North	State; Zlp Co	de			
8	PURPOSE OF EXPENDITURE	(a) Category (s Event Expe	isee Categories listed at the top	of this schedule)	(b)	<del>  </del>		of Texas. Complete Schedule T. ficeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office held
	Date 10/17/2024	Payee name Check Peo	ple					
	Amount (\$) \$29.16	Payee addre 111 N Orar Orlando, Fl	nge Ave, Suite 800	State; Zip Co	de			
	PURPOSE OF EXPENDITURE		ee Categories listed at the top head/Rental Expens		(b)	<del></del>	TX, o	of Texas. Complete Schedule T. ficeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office held
	Date 11/17/2024	Payee name Check Peo						
	Amount (\$) \$29.16	Payee addre 111 N Oran Orlando, Fl	ige Ave, Suite 800	State; Zlp Co	de			
	PURPOSE OF EXPENDITURE		ee Calegories listed at the top head/Rental Expens			h	ΓX, of	of Texas. Complete Schedule T. ficeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office held

#### SCHEDULE F1

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

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

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

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

Candidate/Orlicencides/Politic 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: 2/14 Rpt: 9/21	Doolittle, Wesley
4 Date	5 Payee name
12/15/2024	Check People
6 Amount (\$) \$29.16	7 Payee address; City; State; Zip Code 111 N Orange Ave, Suite 800 Orlando, FL 32801
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Report Research
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/27/2024	Corriente Buckle Company
Amount (\$) \$431.00	Payee address; City; State; Zip Code 165 Halas Rd
	Anthony, NM 88021
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Exp
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 11/25/2024	Payee name Double P Imports
Amount (\$) \$558.57	Payee address; City; State; Zip Code 22820 I-45
	Spring, TX 77373
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event - Beverages
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		e Legal Se	rds/Memorials Expense rvices struction Guide ex	Salaries/	Wages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	)
1	Total pages Schedule F1:	2 FILE	ER NAME				3	Filer ID	<del></del>
	Sch: 3/14 Rpt: 10/21		olittle, Wesley						
4	Date	5 Pay	ee name						
1	12/13/2024	Emi	bassy Suites						
6	Amount (\$)	7 Paye	ee address;	City;	State; Zip Co	ode			
	\$759.40	100	1 E McCarty L	n					
L		San	Marcos, TX 7	8666			,		
8	PURPOSE	(a) Cate	gory (See Catego	ries listed at the top of	this schedule)	(b)	Description		
ĺ	OF EXPENDITURE	Trav	vel Out of Distr	ict				de of Texas. Complete Schedule T.	
							Conference	officeholder living expense	
							Comercine		
9	Complete ONLY if direct	Candi	idate/Officeholde	r name	Office sou	ight		Office held	
ľ	expenditure to benefit C/O		date/Onlee/lolde	i ikanje	Onice see	agi it		Office field	
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		Мад	gnolia, TX 7735	54					
	PURPOSE	(a) Cate	gory (See Categor	ries listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE			ations Made By			ليحيا	de of Texas. Complete Schedule T.	
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	Complete ONLY if direct	Candi	date/Officeholde	r name	Office sou	laht	<del> </del>	Office held	
	expenditure to benefit C/OI		dato/Ontoloide	T name	Omdo boo	49,11			
	Data								<del></del>
	Date 11/12/2024	1 1	ee name Daddy						
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	Amount (\$)			•	State; Zip Co	oge			
	\$306.62	100	S Mill Ave, Su	Ite 1600					
	1								
		Tem	ipe, AZ 85281						
	PURPOSE	(a) Cate	gory (See Categor	ies listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE	Offic	e Overhead/R	ental Expense			<u> </u>	de of Texas. Complete Schedule T.	
							Domain	officeholder living expense	
							Domain		
	Complete ONLY if direct	Candle	date/Officeholde	r noma	Office sou	uabt	<del></del>	Office held	
	expenditure to benefit C/OF		ade/Officeroide	Haine	Office sou	ıyııı		Office floid	
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## SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services	Office Overhe Polling Expen Printing Expe Salaries/Wag	ns <del>e</del> es/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Ŀ		The Instruction Guide explains h	IOW to comp		
1	Total pages Schedule F1:	1		3	Filer ID
	Sch: 4/14 Rpt: 11/21	Doolittle, Wesley			
4	Date	5 Payee name			
	10/08/2024	Google			
6	Amount (\$)	7 Payee address; City; State;	Zip Code	· · · · · · · · · · · · · · · · · · ·	
	\$10.65	1600 Amphitheatre Pkwy			
		·			
		Mountain View, CA 94043			
8	PURPOSE		105	N. Dona material and	
ľ	OF	(a) Category (see Categories listed at the top of this sche	edule) (ID	Description Check If travel outs	de of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		<del></del>	, officeholder living expense
				Email	
9	Complete ONLY If direct	Candidate/Officeholder name O	ffice sough	t	Office held
	expenditure to benefit C/OI		J		
<b> </b>	Date	Payee name			
	11/08/2024	Google			
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	Amount (\$)	· •	Zip Code		
	\$10.65	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE	(a) Category (See Categories listed at the top of this sche	<sub>dule)</sub> (b	<b>Description</b>	
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				Email	, officeholder living expense
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			er:		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ffice sought	I .	Office held
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	Amount (\$)	Payee address; Clty; State;	Zip Code	<u> </u>	
	\$10.65	1600 Amphitheatre Pkwy			
		Mountain View, CA 94043			
	PURPOSE		T <sub>dis</sub>	1 Dogwinton	
	OF	(a) Category (See Categories listed at the top of this sche	dule) (D	Description Check if travel outs	lde of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	1	<u> </u>	, officeholder living expense
	İ			Email	
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	Complete ONLY if direct	Candidate/Officeholder name O	ffice sought	i	Office held
	expenditure to benefit C/OI		<b>3</b>		
				The second secon	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice Credit Card Payment		G nittee Le	ood/Beverage Exper ff/Awards/Memorial gal Services he Instruction G	s Expense		≝xpens Wages	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a cate)	gory not listed above)
1	Total pages Schedule F1:	2 F	ILER NAME					· · · · · · · · · · · · · · · · · · ·	3 Filer ID	
	Sch: 5/14 Rpt: 12/21	C	oolittle, Wes	sley						
4	Date	<b>5</b> p	ayee name							
	10/30/2024	6	Greater Magr	nolia Pkwy Ch	amber					
6	Amount (\$)	7 P	ayee address	; City;	State	Zip Co	ode			
	\$125.00	1	8525 FM 14	88						
		,	1agnolia, TX	7735 <i>4</i>						
8	PURPOSE						I/h)	Description		
ľ	OF			Categories listed at Donations M		edule)	"		outside of Texas. Complete	Schedule T.
ŀ	EXPENDITURE			ficeholder/Pol		ittee		Check if Austin	, TX, officeholder living expe	ense
					/			Donation		
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Office	holder name	C	Office sou	ught		Office held	
	Date	Р	ayee name		· · · · · · · · · · · · · · · · · · ·					
	11/07/2024	Н	IEB							
	Amount (\$)	Р	ayee address	; City;	State;	Zip Co	ode		<u> </u>	<u></u>
	\$79.98	)	3663 FM 14	=						
	·									
		M	lagnolia, TX	77354						
	PURPOSE	(a) C	ategory (See	Categories listed at i	the top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		vent Expens						outside of Texas. Complete	
								Laure	, TX, officeholder living experience	ense
								Event - Cook	mg Supplies	
	Complete ONLY if direct		ndidate/Office	halder neme		Office sou	Labt.		Office held	
	expenditure to benefit C/Ol		ndidate/Office	noider name		JIIICE SUL	JAIN		Onice ricia	
	Date	-					<del>,</del>			
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	\$319.54	6:	960 FM 148	3 Rd						
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		M	lagnolia, TX	77354						
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	OF EVERNOLEUPE		ood/Beverag					Check if travel	outside of Texas. Complete	
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								Team Mtg		
	Complete ONLY if direct		ndidate/Office	holder name	C	Office sou	ight		Office held	
	expenditure to benefit C/O	1								

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Reintal Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	ıl Committee	Gift/Awards/Memorials Expens Legal Services T <b>he Instruction Guide e</b> x	Salaries/\	Vages	s/Contract Labor	OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 6/14 Rpt: 13/21	2 FILER NAME Doolittle, We	esley			3	Filer ID
4	Date 11/08/2024	5 Payee name Kellum, Bud	dy				
6	Amount (\$) \$150.00	7 Payee addres 12153 Back Conroe, TX	Sage Act	State; Zip Co	ode		
8	PURPOSE OF EXPENDITURE	(a) Category (Ser Event Exper	e Categories listed at the top o	f this schedule)	(b)	LI	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office sou	ght		Office held
	Date 12/05/2024	Payee name Kroger		·			
	Amount (\$) \$100.00	Payee addres 2222 IH-45 N Conroe, TX	1	State; Zip Co	ode		
	PURPOSE OF EXPENDITURE	(a) Category (See Event Expen	c Categories listed at the top of SC	this schedule)	(b)	<b></b>	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght		Office held
	Date 10/17/2024	Payee name MISD Livesto	ock Show				
	Amount (\$) \$300.00	Payee address 31141 Nicho	s; City; Is Sawmill Road	State; Zip Co	de		
		Magnolia, TX	77355				
	PURPOSE OF EXPENDITURE	Contributions	categories listed at the top of s/Donations Made B fficeholder/Political (	y	(b)		de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offic	eholder name	Office sou	ght		Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		ommittee l	egal Servi		•	Salari	-	se s/Contract Labor a <b>te this form.</b>		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	,				• • • • • • • • • • • • • • • • • • • •		3	Filer ID	
	Sch: 7/14 Rpt: 14/21		Doolittle, We	sley								
4	Date	5	Payee name	•			<del></del>					
	10/19/2024		MWHS FFA	Booste	r Club							
6	Amount (\$)	7	Payee address	s; C	ity;	State;	Zip	Code				
	\$150.00	l	42202 FM17	74								
1												
			Magnolia, TX	77354	1							
8	PURPOSE	(a	Category (See				edule)	(b)	Description			
İ	OF EXPENDITURE		Contributions Candidate/O				ittaa				ide of Texas. Complete Schedule T. , officeholder living expense	
			Carididale/O	nicenoi	del/Pollil	ai Comm	ntee		Donation	111 17	, officeroides living expense	
9	Complete ONLY if direct		Candidate/Offic	eholder	name	C	Office s	ought		. ,	Office held	
	expenditure to benefit C/Ol	Н										
	Date		Payee name	***			******					
	12/04/2024		Magnolia Re	oublica	n Club							
	Amount (\$)		Payee address	; C	ity;	State;	Zip	Code				
	\$500.00		18640 FM 14	88, Su	ite A294							
			Magnolia, TX	77354								
	PURPOSE	(a)	Category (See	Categorie	s listed at the	top of this scho	edule)	(b)	Description			
	OF EXPENDITURE		Contributions				:44		اسط		ide of Texas. Complete Schedule T. , officeholder living expense	
	i	l	Candidate/O	ncenoi	aer/Politic	ai Comm	illee		Donation	11, 17,	oncerous aving expense	
									***************************************			
	Complete ONLY if direct		Candidate/Office	holder	name	C	office s	ought			Office held	
	expenditure to benefit C/OI	H ——										
	Date		Payee name									,,,,
	11/07/2024		Magnolia Suj	port								
	Amount (\$)		Payee address	; С	ity;	State;	Zip	Code				
	\$150.00		PO Box 1578	ŀ								
			Magnolia, TX	77353								
	PURPOSE OF	(a)	Category (See				edule)	(b)	Description			
	EXPENDITURE		Contributions				ittaa		اسسا		de of Texas. Complete Schedule T. , officeholder living expense	
			Candidate/Of	licenor	uer/Pontic	ai Comin	шее		Donation	111 12	Official order living expense	
	Complete ONLY if direct		Candidate/Office	holder	name	O	ffice s	ought	· · · · · · · · · · · · · · · · · · ·		Office held	<del>,,,,,</del>
	expenditure to benefit C/OI							-				
	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>							·····			<u> </u>	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAMI	Ē				,	3	Filer ID		
	Sch: 8/14 Rpt: 15/21		Doolittle, W	/esley								
4	Date	5	Payee name	!								
	10/18/2024		Mailchimp									
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de					
	\$106.60		405 N Angi	er Ave NE								
			Alanta, GA	30308								
8	PURPOSE	(a)	Category (s	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			المسط		de of Texas. Complete Schedule T.		
								Check if Austin, TX, officeholder living expense TeXt Msging				
9	Complete ONLY if direct	_	Candidate/Off	iceholder name	(	Office sou	ght			Office held		
	expenditure to benefit C/O	4										
	Date		Payee name				22					
	11/18/2024		Mailchimp									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de	· · · · · · · · · · · · · · · · · · ·				
	\$106.60		405 N Angi	er Ave NE								
			Alanta, GA	30308								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	redule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			ليحا		de of Texas, Complete Schedule T.		
								Text Msging	, tX,	officeholder living expense		
								Toxt magnig				
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office soug	ght			Office held	<del></del>	
	expenditure to benefit C/OI	1										
	Date		Payee name									
	11/11/2024		POPL.									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Cod	de	,i.,				
	\$126.00		169 Madiso	n Ave.								
	,		New York, I	VY 10016								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense			l-uni		de of Texas, Complete Schedule T.		
								Digital Busine		officeholder living expense Cards		
								Digital Dubitio				
	Complete ONLY if direct		andidate/Offi	ceholder name		Office soug	jht			Office held		
	expenditure to benefit C/OI						•					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			······································	<del></del>	··.··		·			······································	

## SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		rittee i	Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Exp Printing Ex Salaries/W	ense pens /ages	se s/Contract Labor		Transportation Equipment & Relate Travel in District Travel Out of District OTHER (enter a category not listed	
-	Total pages Schedule E1:	2 =						3	Filer ID	
+	Total pages Schedule F1: Sch: 9/14 Rpt: 16/21		oolittle, We					3		
4	Date	5 Pa	ayee name	**************************************		-	<del></del>			
	10/10/2024	R	Reguladors		·····					
6	Amount (\$)	l .	ayee addres	•	; Zip Cor	de				
	\$250.00	P	O Box 254!	5						
		င	Conroe, TX	77305						
8	PURPOSE	(a) C	ategory (Sec	e Categories listed at the top of this sch	redule)	(b)	Description			
	OF EXPENDITURE	C	contributions	s/Donations Made By					le of Texas. Complete Schedule T.	
	LAN CINDITOINE	C	:andidate/O	officeholder/Political Comm	ıittee		l-mark	, тх,	officeholder living expense	
		1					Donation			
		<u>L</u>				-	· · · · · · · · · · · · · · · · · · ·			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Offic	eholder name C	Office soug	jht 			Office held	
	Date	Pí	ayee name							
	10/21/2024	R	tudy's Coun	ntry Store						
	Amount (\$)	Pε	ayee addres	s; City; State;	; Zip Coo	de				
	\$101.84	ŀ	4545 Highw	* *	-					,
		l	-	•						
		Cr	onroe, TX	77304			····	,		
	PURPOSE			e Categories listed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	Fo	ood/Bevera	age Expense					te of Texas. Complete Schedule T.	·
					ı		Team Mtg	, IX,	officeholder living expense	
							I Calli Mig			
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Offic	eholder name C	Office soug	jht			Office held	
	experience to belief of a	<u>'</u>			·					
	Date	P€	ayee name		<del></del> -		<del></del>		•	
	11/20/2024	St	am's Club	`						
	Amount (\$)	Pa	ayee address	s; City; State;	; Zip Cot	de				****
	\$213.86	20	000 Westvie	ew Blvd						
<del></del>		Co	onroe, TX 7	77304						
	PURPOSE OF			e Categories listed at the top of this sch	edule)	(b)	Description			
	EXPENDITURE	Ev	vent Expen	se					te of Texas. Complete Schedule T. officeholder living expense	
	·						Event Supplie		Otticestoines livisið avhausa	
							Every Onbhus	7-5		
	Constitution of the second	~~~	11-1-1-10-60 a.		2/E = 0.01/6	- Ja. dj.		<del></del>	Office hold	
	Complete ONLY if direct expenditure to benefit C/OH		adidate/Office	eholder name C	Office soug	ļnt			Office held	
		·								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Confidutions/ Donations wade B Candidate/Officeholder/Political Credit Card Payment		Legal Services  The Instruction Guide	Salaries/W	/ages/Contract Labor	OTHER (enter a category not listed at	bove)
1	Total pages Schedule F1: Sch: 10/14 Rpt: 17/21	2 FILER NA		<del></del>	<u>, i, i i, ii i i i i i i i i i i i i i </u>	3 Filer ID	
4	Date 11/09/2024	5 Payee nan					
6	Amount (\$) \$550.00	7 Payee add 1601 S II Austin, TX	I-35 Service Rd	State; Zip Co	de		
8	PURPOSE OF EXPENDITURE	(a) Category Event Ex	(See Categories listed at the to Dense	op of this schedule)		el outside of Texas. Complete Schedule T. stln, TX, officeholder living expense S	
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ght	Office held	
	Date 10/03/2024	Payee nan Square In					
	Amount (\$) \$10.00	Payee add 8 Clarkso New York		State; Zip Co	de		
	PURPOSE OF EXPENDITURE	(a) Category Fees	(See Categories listed at the to	p of this schedule)	Check if Aus	rel outside of Texas. Complete Schedule T. htin, TX, officeholder living expense sing Support	
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sout	ght	Office held	
	Date 11/04/2024	Payee nam Square in	c.				
	Amount (\$) \$10,00	Payee add 8 Clarkso New York	•	State; Zip Cod	de		
	PURPOSE OF EXPENDITURE		See Categories listed at the to	p of this schedule)	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder Ilving expense sing Support	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office souç	ght	Office held	
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#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Gift/Awards/Memo Legal Services The Instruction	rials Expense n Guide explains		Vage:	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	12	EII ER NAME			<del></del>		· <del></del>	3	Filer ID	
**	Sch: 11/14 Rpt: 18/21	-	Doolittle, W								
4	Date	5	Payee name					*			
	11/22/2024		Square Inc.								
6	Amount (\$)	7	Payee addre	-	State	e; Zip Co	de				
	\$233.82		8 Clarkson	Street							
_		L	New York,								
8	PURPOSE OF	(a)		ee Categories listed	l at the top of this so	chedule)	(b)	Description	outei	de of Texas, Complete Schedule T.	
	EXPENDITURE		Fees							officeholder living expense	
								CC Processir			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	)	Office sou	ght			Office held	
L	expenditure to benefit C/O	H									
	Date		Payee name								
	12/02/2024		Square Inc.								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
	\$10.00		8 Clarkson	Street							
			New York, I	VY 10014							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sc	chedule)	(b)	Description			
	OF EXPENDITURE		Fees					<del></del>		de of Texas, Complete Schedule T.	
								CC Processir		officeholder living expense	
								0011000001	'y <b>'</b>	Solder	
	Complete ONLY if direct		Candidate/Offi	ceholder name	,	Office sou	ght			Office held	
	expenditure to benefit C/O	H									
	Date		Payee name								
	12/31/2024		Square Inc.								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de				
	\$20.84		8 Clarkson	Street							
	,										
			New York, N	NY 10014							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE	ŀ	Fees					ш		de of Texas. Complete Schedule T.	
								CC Processin		officeholder living expense	
								CC LIOCGOSII	ıy s	Jupport	
	Complete ONLY if direct	Ļ	Candidate/Offic	ceholder name		Office sou	tht			Office held	
	expenditure to benefit C/O			JOHONNOI HUIHG	•	SING SOUL	7.11			Omeo nom	
			<del></del>		· · · · · · · · · · · · · · · · · · ·			<del>// // // // // // // // // // // // // </del>		and the same of th	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		mmittee	Legal S		Expense		/Wages	s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAMI	=						3	Filer ID
	Sch: 12/14 Rpt: 19/21		Doolittle, W								
4	Date	5	Payee name								
l	10/04/2024		Stormore S	torage	)						
6	Amount (\$)	7	Payee addre	ss;	City;	State	Zip C	ode			
	\$140.00		420 McCale	eb Rd							
			Montgomer	y, TX	77316						
8	PURPOSE	(a	Category (s.	ee Categ	orles listed at th	ne top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Office Over	head/I	Rental Exp	ense					de of Texas, Complete Schedule T,
									Storage	, IA,	officeholder living expense
									C.O, ago		
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	cehold	er name	C	Office so	ught			Office held
	expenditure to benefit C/O	Н									
	Date		Payee name					,			
	11/03/2024		Stormore S	torage	,						
Г	Amount (\$)		Payee addre	SS;	City;	State;	Zip C	ode			
	\$140.00	ŀ	420 McCale	b Rd							
			Montgomer	y, TX	77316						
Г	PURPOSE	(a)	Category (Se	ee Catego	orles listed at th	e top of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Office Over								de of Texas. Complete Schedule T.
									Storage	, 17,	officeholder living expense
									o.c. a.g.		
┢┈	Complete ONLY if direct		Candidate/Offi	cehold	er name	C	office so	ught			Office held
	expenditure to benefit C/OI	<b>⊣</b>									
	Date	Π	Payee name	<del>i. i</del>	<del> </del>		<del>'</del>	<del></del>			
	12/02/2024		Stormore St	torage	•						
	Amount (\$)		Payee addres	ss;	City;	State;	Zip C	ode	······································		
	\$140.00		420 McCale	b Rd							
			Montgomen	y, TX 7	77316						
	PURPOSE OF	(a)	Category (Se				edule)	(b)	Description		
	EXPENDITURE		Office Overl	nead/F	Rental Exp	ense			السيا		de of Texas. Complete Schedule T. officeholder living expense
									Storage	, , , , ,	Siliportolida living Oxportos
									· <b>J</b>		
	Complete ONLY If direct		Candidate/Offic	ceholde	er name	C	ffice so	ught			Office held
	expenditure to benefit C/OI	4									
									- 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		mmittee	Food/Beverage Expense Glft/Awards/Memorials E Legal Services The Instruction Gui	xpense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1: Sch: 13/14 Rpt: 20/21	2	FILER NAM Doolittle, V						3	Filer ID	
4	Date	5	Payee nam	e		• • • • • • • • • • • • • • • • • • • •	-		Ц		
	12/31/2024	l	Stripe								
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip C	ode	<del> </del>			3 .
	\$175.34		354 Oyste	r Point Blvd							
			S San Fra	ncisco, CA 94080							
8	PURPOSE	(a)	Category (	See Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					<b>=</b>		ide of Texas. Complete Schedule T. officeholder living expense	
								Fees	., 121	Control of the state of the sta	
9	Complete ONLY if direct	L_	?endidete <i>l</i> Ωf	ficeholder name		office sou	Ight	<del>, , , , , , , , , , , , , , , , , , , </del>		Office held	· ·
3	expenditure to benefit C/O		Sandidate/Of	incertotaer flame		mice soc	agric		·	Office field	
	Date		Payee name								
	10/08/2024		<del></del>	Cop Shop						· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)		Payee addre		State;	Zip Co	ode				
	\$1,515.50		1109 W Da	alias S i							
			Conroe, T	K 77301							
	PURPOSE OF	(a)		See Categories listed at the	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Event Expe	ense				<u></u>		de of Texas. Complete Schedule T. officeholder living expense	
							1	Event - Aucti		·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	0	ffice sou	ıght			Office held	
	Date		Payee name	;		····			<del></del>		
	12/27/2024		The Hat St	ore							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode				
	\$6,177.47		5587 Richr	mond Ave							
			Houston, T	X 77056							
	PURPOSE OF			See Categories listed at the		dule)	(b)	Description			
	EXPENDITURE		Gift/Awards	s/Memorials Exper	rse					de of Texas. Complete Schedule T. officeholder living expense	
								Command S			
	Complete ONLY if direct expenditure to benefit C/O		andidate/Off	iceholder name	O	ffice sou	ght		· ,	Office held	
				<del></del>							

#### 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 Salaries/Wages/Contract Labor

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	te this form.	
1	Total pages Schedule F1: Sch: 14/14 Rpt: 21/21	2 FILER NAME Doolittle, Wesley	<del></del>	3 Filer ID	
4	Date 11/01/2024	5 Payee name Woodson's Local Tap		<u> </u>	
6	Amount (\$) \$164.24	7 Payee address; City; State; Zip Co 2330 FM 1488 Rd Conroe, TX 77384	de		
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Team Mtg	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
	Date 12/06/2024	Payee name Wrap Stars			
	Amount (\$) \$104.00	Payee address; City; State; Zip Co 1603 Rayford Rd Spring, TX 77386	de		
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Event Expense	]	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parade Float Sign	was da m
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout	ght	Office held	