

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

50

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Ryan

NICKNAME

LAST

SUFFIX

Gable

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE; ZIP CODE

PO Box 130966

Spring, TX 77393

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

478-9485

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Eric

NICKNAME

LAST

SUFFIX

Runyon

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

7414 Shepherds Glen

Spring, TX 77379

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

764-3247

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

07

15

24

THROUGH

01

15

25

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Montgomery Co. Constable Pct 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

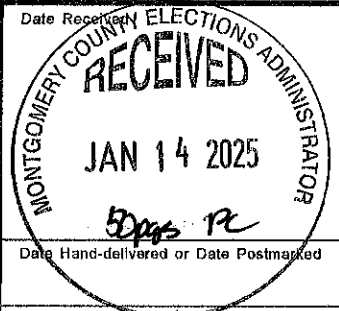
COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2



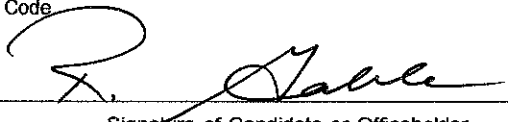
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount \$
Date Processed
Date Imaged

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

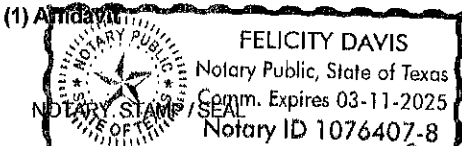
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Ryan Gable		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 103,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 15,713.94
	4. TOTAL POLITICAL EXPENDITURES	\$ 106,065.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 498,257.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

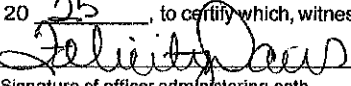
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code


 Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Ryan Gable this the 13 day of January, 2025, to certify which, witness my hand and seal of office.


 Signature of officer administering oath
 Felicity Davis
 Printed name of officer administering oath
 Notary Public
 Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Ryan Gable

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 102,800.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 600.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 106,065.61
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 18,360.74
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 08/19/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff & Robben Cunningham	7 Amount of contribution (\$) \$1,700.00
6 Contributor address; City; State; Zip Code 1935 Cattle Dr Magnolia, TX 77354		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Milstead	Amount of contribution (\$) \$1,700.00
Contributor address; City; State; Zip Code 1415 Spring Hills Dr Spring, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard & Hailun Buzz	Amount of contribution (\$) \$1,700.00
Contributor address; City; State; Zip Code 6115 E Balsam Fir Circle Spring, TX 77386		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Herrin	Amount of contribution (\$) \$850.00
Contributor address; City; State; Zip Code 25711 Drybrook Rd Spring, TX 77389		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME
Ryan Gable

3 Filer ID (Ethics Commission Filers)

4 Date
09/04/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Jason & Denise Baker

7 Amount of contribution (\$)
\$1,700.00

6 Contributor address; City; State; Zip Code
15431 I-45 Conroe, TX 77385

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/04/24

Full name of contributor out-of-state PAC (ID#: _____)
Robert Walker

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
PO Box 558 Pinehurst, TX 77362

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/07/24

Full name of contributor out-of-state PAC (ID#: _____)
Michael Atkins

Amount of contribution (\$)
\$850.00

Contributor address; City; State; Zip Code
31119 Blue Ridge Park Ln Spring, TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/09/24

Full name of contributor out-of-state PAC (ID#: _____)
Don A. Buckalew Jr.

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
PO Box 500 Conroe, TX 77305

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
14

2 FILER NAME
Ryan Gable

3 Filer ID (Ethics Commission Filers)

4 Date
09/09/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Norman & Mary Parrish

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
26 S. Broken Fern Dr The Woodlands, TX 77380

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/10/24

Full name of contributor out-of-state PAC (ID#: _____)
Steven Terrell

Amount of contribution (\$)
\$850.00

Contributor address; City; State; Zip Code
18715 Croftsmill Dr New Caney, TX 77357

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/13/24

Full name of contributor out-of-state PAC (ID#: _____)
Kyle & Tricia Brown

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
38 Thornblade Circle The Woodlands, TX 77389

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/13/24

Full name of contributor out-of-state PAC (ID#: _____)
Robert & Kimberly Marling

Amount of contribution (\$)
\$5,000.00

Contributor address; City; State; Zip Code
301 Relentless Dr Montgomery, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Lindsey Kasprzak 6 Contributor address; City; State; Zip Code 27 Grand Regency Circle The Woodlands, TX 77382	7 Amount of contribution (\$) \$1,700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rod Hammer Contributor address; City; State; Zip Code 3939 N Rondelet Dr Spring, TX 77386	Amount of contribution (\$) \$1,700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel K Signorelli Contributor address; City; State; Zip Code 1401 Woodlands Pkwy The Woodlands, TX 77380	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry & Cindy Donoho Contributor address; City; State; Zip Code 175 Vue Point Pl The Woodlands, TX 77380	Amount of contribution (\$) \$1,700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 09/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLEA PAC Fund 6 Contributor address; City; State; Zip Code PO Box 8793 The Woodlands, TX 77387	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Kossow Contributor address; City; State; Zip Code 13411 Pinnacle Pl Houston, TX 77069	Amount of contribution (\$) \$4,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph & Suzanne Sutton Contributor address; City; State; Zip Code 919 Milam St, Ste 2400 Houston, TX 77002	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael & Vicki Richmond Contributor address; City; State; Zip Code 59 N Royal Fern Dr The Woodlands, TX 77380	Amount of contribution (\$) \$1,700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
14

2 FILER NAME
Ryan Gable

3 Filer ID (Ethics Commission Filers)

4 Date
09/30/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Rocky Del Papa

7 Amount of contribution (\$)
\$850.00

6 Contributor address; City; State; Zip Code
6 Cluny Ct The Woodlands, TX 77382

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/01/24

Full name of contributor out-of-state PAC (ID#: _____)
Edwin Jones

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
40 Waterway Ct The Woodlands, TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/04/24

Full name of contributor out-of-state PAC (ID#: _____)
Cody & Veronica Lovins

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
14768 English Oak Dr Montgomery, TX 77356

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/04/24

Full name of contributor out-of-state PAC (ID#: _____)
Adam & Shannon Acosta

Amount of contribution (\$)
\$850.00

Contributor address; City; State; Zip Code
19214 Piney Way Dr Tomball, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
14

2 FILER NAME
Ryan Gable

3 Filer ID (Ethics Commission Filers)

4 Date
10/08/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Carmine & Gabriella Falcone

7 Amount of contribution (\$)
\$1,700.00

6 Contributor address; City; State; Zip Code
38 Leeward Cove Dr The Woodlands, TX 77380

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/09/24

Full name of contributor out-of-state PAC (ID#: _____)
Joseph Compofelice

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
95 Wood Manor Place The Woodlands, TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/24

Full name of contributor out-of-state PAC (ID#: _____)
Ruth Vernier

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
107 W Racing Cloud Ct The Woodlands, TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/14/24

Full name of contributor out-of-state PAC (ID#: _____)
Ryan Miller

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
28647 Lockridge View Dr Spring, TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
14

2 FILER NAME
Ryan Gable

3 Filer ID (Ethics Commission Filers)

4 Date
10/16/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Brad & Audrey Stapp

7 Amount of contribution (\$)
\$3,400.00

6 Contributor address; City; State; Zip Code
8527 Majestic Lake Ct Montgomery, TX 77316

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/16/24

Full name of contributor out-of-state PAC (ID#: _____)
Lianne Chang

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
3802 W Benders landing Blvd Spring, TX 77386

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/20/24

Full name of contributor out-of-state PAC (ID#: _____)
Eric & Charlotte Runyon

Amount of contribution (\$)
\$850.00

Contributor address; City; State; Zip Code
7414 Shepherds Glen Ln Spring, TX 77379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/21/24

Full name of contributor out-of-state PAC (ID#: _____)
Home-PAC Greater Houston Builders Assoc.

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
9511 W Sam Houston Pkwy N Houston, TX 77064

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dane L. Cantwell 6 Contributor address; City; State; Zip Code 142 N Shawnee Ridge Circle The Woodlands, TX 77382	7 Amount of contribution (\$) \$1,700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James & Rebecca Sumner Contributor address; City; State; Zip Code 40006 Freemont Rd Magnolia, TX 77354	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken & Laurie Washington Contributor address; City; State; Zip Code 13710 Lake Livingston Dr Houston, TX 77044	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart & Lynne Sargent Contributor address; City; State; Zip Code 12309 Emory Oak Ln Austin, TX 78738	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
14

2 FILER NAME
Ryan Gable

3 Filer ID (Ethics Commission Filers)

4 Date
10/23/24

5 Full name of contributor out-of-state PAC (ID#: _____)
John Moritz

7 Amount of contribution (\$)
\$850.00

6 Contributor address; City; State; Zip Code
710 N Post Oak Rd, Ste 450 Houston, TX 77024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/23/24

Full name of contributor out-of-state PAC (ID#: _____)
Zach & Rachel Richmond

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
6 Wild Ginger Ct Spring, TX 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/23/24

Full name of contributor out-of-state PAC (ID#: _____)
Omar & Alesha Maalouf

Amount of contribution (\$)
\$1,700.00

Contributor address; City; State; Zip Code
25825 Aldine Westfield Rd Spring, TX 77373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/28/24

Full name of contributor out-of-state PAC (ID#: _____)
Ron & Pamela Glaze

Amount of contribution (\$)
\$850.00

Contributor address; City; State; Zip Code
448B Morgan Rd Bedias, TX 77831

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Brass 6 Contributor address; City; State; Zip Code 7035 Pleasure Lake Dr Willis, TX 77318	7 Amount of contribution (\$) \$850.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matty & Cathy Beckerman Contributor address; City; State; Zip Code 4242 Honea Eqypt Rd Magnolia, TX 77354	Amount of contribution (\$) \$6,800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bret & Angela Strong Contributor address; City; State; Zip Code 3 Birchbrook Court The Woodlands, TX 77380	Amount of contribution (\$) \$1,700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy W Roberts II Contributor address; City; State; Zip Code 1714 Johnson St Houston, TX 77007	Amount of contribution (\$) \$1,700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AG Multiservices, LLC 6 Contributor address; City; State; Zip Code 3501 Aldine Mail Route Rd Houston, TX 77039	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Palafox Contributor address; City; State; Zip Code 2375 Woodland Prairie Ln Conroe, TX 77384	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Mannigal Contributor address; City; State; Zip Code 1 Waterway Ct, Unit 3D Spring, TX 77380	Amount of contribution (\$) \$5,100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Torres Contributor address; City; State; Zip Code 27902 Robinson Park Dr Spring, TX 77386	Amount of contribution (\$) \$1,700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Sellers	7 Amount of contribution (\$) \$425.00
6 Contributor address; City; State; Zip Code 202 River Wilde Montgomery, TX 77316		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Hallers II	Amount of contribution (\$) \$1,700.00
Contributor address; City; State; Zip Code 33322 Windcrest Estate Blvd Magnolia, TX 77354		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rafael & Marisol Baez	Amount of contribution (\$) \$425.00
Contributor address; City; State; Zip Code 15000 Mansions View Dr Conroe, TX 77384		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Apartment Association PAC	Amount of contribution (\$) \$850.00
Contributor address; City; State; Zip Code 4810 Westway Park Blvd Houston, TX 77041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14

2 FILER NAME
Ryan Gable

3 Filer ID (Ethics Commission Filers)

4 Date
11/06/24

5 Full name of contributor out-of-state PAC (ID#: _____)
Aven McBride

7 Amount of contribution (\$)
\$2,500.00

6 Contributor address; City; State; Zip Code
31102 Spring Lake Blvd Tomball, TX 77375

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
11/07/24

Full name of contributor out-of-state PAC (ID#: _____)
Aven McBride

Amount of contribution (\$)
\$10,000.00

Contributor address; City; State; Zip Code
31102 Spring Lake Blvd Tomball, TX 77375

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 600.00	
5 Date 11/04/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Ashabranner	8 Amount of Contribution \$ \$600.00	9 In-kind contribution description Glock Pistol - Auction Item
7 Contributor address; City; State; Zip Code 1710 FM 1960 Bypass Rd East Humble, TX 77338		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 26	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 07/12/24	5 Payee name TRIS	
6 Amount (\$) \$196.96	7 Payee address; City; State; Zip Code 24 Waterway Ave, Ste 125 The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Political Dinner Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/15/24	Payee name USPS	
Amount (\$) \$216.00	Payee address; City; State; Zip Code 10800 Gosling Rd Spring, TX 77381	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Annual Post Office Box Rental
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/16/24	Payee name Magnolia ISD Livestock Show	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 88 Magnolia, TX 77353	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation - Sponsor Goat Belt Buckle
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 07/19/24	5 Payee name Corporate Incentives	
6 Amount (\$) \$827.82	7 Payee address; City; State; Zip Code 27329 Spectrum Way Conroe, TX 77385	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description 2024 Annual Campaign Golf Tournament Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/25/24	Payee name Brad Baily Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 38 Tender Violate Place The Woodlands, TX 77381	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brad Baily	Office sought Office held Woodlands Township Director
Date 07/30/24	Payee name TUFF	
Amount (\$) \$518.13	Payee address; City; State; Zip Code 6606 FM 1488 Ste 148-686 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Sponsor 2024 Gala
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 08/01/24	5 Payee name Northwest Pawn	
6 Amount (\$) \$530.00	7 Payee address; City; State; Zip Code 10465 Veteran's Memorial Dr Houston, TX 77038	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Fundraiser door prize
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/05/24	Payee name Tunnel to Towers 5K Run & Walk	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 18818 Tomball Pkwy Houston, TX 77070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation - Event Sponsor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/06/24	Payee name Texas Youth Summit	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 8105 Spring, TX 77387	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 08/06/24	5 Payee name Yeti	
6 Amount (\$) \$294.44	7 Payee address; City; State; Zip Code 9595 Six Pines Dr The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description Gift for Supporter
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/08/24	Payee name Charlie Riley Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 558 Pinehurst, TX 77362	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Charlie Riley	Office sought Office held Montgomery Co Commissioner Pot 2
Date 08/08/24	Payee name Wayne Mack Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 2234 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Wayne Mack	Office sought Office held Montgomery Co. JP Pct 1

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 08/08/24	5 Payee name Yeti	
6 Amount (\$) \$445.99	7 Payee address; City; State; Zip Code 9595 Six Pines Dr The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Sponsor / Elite Lady Lobos Softball Auction Item
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/14/24	Payee name Montgomery County Texas GOP	
Amount (\$) \$1,041.44	Payee address; City; State; Zip Code PO Box 3174 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation - Sponsor 2024 Lincoln Reagan Dinner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/16/24	Payee name Ted Cruz Campaign	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 25400 Houston, TX 77265	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ted Cruz	Office sought Office held United States Senator

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
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4 Date 08/16/24	5 Payee name Trump National Committee
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6 Amount (\$) \$260.25	7 Payee address; PO Box 509 Arlington, VA 22216	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Campaign Contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Donald Trump	Office sought United States President	Office held
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Date 08/16/24	Payee name Greater Magnolia Pkwy Chamber of Commerce
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Amount (\$) \$350.00	Payee address; PO Box 399 Magnolia, TX 77353	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Annual Membership
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 08/18/24	Payee name Trulucks
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Amount (\$) \$10,000.00	Payee address; 1900 Hughes Landing Blvd The Woodlands, TX 77380	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Deposit for Annual "Special Friend's Dinner" Campaign Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 08/18/24	5 Payee name The Woodlands Firefighters Foundation	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1544 Sawdust Rd # 606 The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	
	(b) Description Donation - Sponsor Bands for Badges Fundraiser	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/21/24	Payee name POW Web	
Amount (\$) \$751.16	Payee address; City; State; Zip Code 5335 gate Pkwy Jacksonville, FL 32256	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	
	Description Campaign Website Renewal	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/28/24	Payee name Alphagraphics	
Amount (\$) \$2,855.53	Payee address; City; State; Zip Code 17126 Stuebner Airline Rd Spring, TX 77379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	
	Description Invitations & Mailing for 2024 Annual "Special Friend's Dinner" Campaign Fundraiser	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 09/06/24	5 Payee name Total Wine & More	
6 Amount (\$) \$268.45	7 Payee address; City; State; Zip Code 1900 Lake Woodlands Dr The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description Gifts for Supporters
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/08/24	Payee name Terra Vino	
Amount (\$) \$312.50	Payee address; City; State; Zip Code 2520 Reserach Forest Dr The Woodlands, TX 77381	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Political Dinner Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/13/24	Payee name ORHS Sports Booster Club	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 27330 Oak Ridge School Rd Conroe, TX 77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Sponsor School Baseball Tournament
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/24	5 Payee name The Woodlands Area Chamber of Commerce	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 9320 Lakeside Blvd, Ste 200 The Woodlands, TX 77381	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations made by	(b) Description Donation - Sponsor 2025 Taste of the Town Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/18/24	Payee name Knight's Taxidermy	
Amount (\$) \$549.00	Payee address; City; State; Zip Code 901 Scorggins Ln Waller, TX 77484	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office Furnishings
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/19/24	Payee name Montgomery County Fair Association	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 869 Conroe, TX 77305	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation - Sponsor Annual Golf Tournament
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
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4 Date 09/19/24	5 Payee name Kailee Mills Foundation
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6 Amount (\$) \$528.85	7 Payee address; City; State; Zip Code 25003 Pitkin Rd, Ste C100 Spring, TX 77386
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations made by	(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/19/24	Payee name The Woodlands Area Chamber of Commerce
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 9320 Lakeside Blvd, Ste 200 The Woodlands, TX 77381
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation - Sponsor Annual Golf Tournament
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/19/24	Payee name Pappas BBQ
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Amount (\$) \$229.75	Payee address; City; State; Zip Code 27752 I-45 N Conroe, TX 77385
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Cater Food for Staff Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
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4 Date 09/20/24	5 Payee name Total Wine & More
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6 Amount (\$) \$335.55	7 Payee address; City; State; Zip Code 1900 Lake Woodlands Dr The Woodlands, TX 77380
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description Gifts for the Staff
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/20/24	Payee name Perry's Steakhouse
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Amount (\$) \$299.52	Payee address; City; State; Zip Code 6700 Woodlands Pkwy The Woodlands, TX 77382
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Employee Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/21/24	Payee name Pit Master BBQ
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Amount (\$) \$290.11	Payee address; City; State; Zip Code 343 Sawdust Rd The Woodlands, TX 77380
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Provide Security Lunch for 2024 TX Youth Summit
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 09/23/24	5 Payee name Dillards	
6 Amount (\$) \$220.30	7 Payee address; City; State; Zip Code 1201 Lake Woodlands Dr The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/27/24	Payee name Brett Ligon Campaign	
Amount (\$) \$535.38	Payee address; City; State; Zip Code PO Box 558 Pinehurst, TX 77362	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Brett Ligon	Office sought Office held Montgomery Co. District Attorney
Date 09/27/24	Payee name Wesley Doolittle Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6606 FM 1488, Ste 148-638 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Campaign Contribution
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Wesley Doolittle	Office sought Office held Montgomery Co. Sheriff

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 10/02/24	5 Payee name RTIC	
6 Amount (\$) \$741.69	7 Payee address; City; State; Zip Code 3900 Peek Rd Katy, TX 77449	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Cups with Campaign Logos
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/04/24	Payee name Academy	
Amount (\$) \$184.03	Payee address; City; State; Zip Code 1360 Lake Woodlands The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Clothing for Campaign & Department Logos
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/06/24	Payee name Amazon	
Amount (\$) \$345.38	Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Staff Gifts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 10/06/24	5 Payee name Glen Loch PTO	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 27505 Glen Loch Dr The Woodlands, TX 77381	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Donation - Sponsor "Gator-Run" T Shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/12/24	Payee name HEB	
Amount (\$) \$209.72	Payee address; City; State; Zip Code 3540 Rayford Rd Spring, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Gift Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/14/24	Payee name Graphic Results	
Amount (\$) \$2,849.14	Payee address; City; State; Zip Code 6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supporter Gifts - Annual "Special friends" Dinner Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
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4 Date 10/15/24	5 Payee name Amanda Gannon
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6 Amount (\$) \$200.00	7 Payee address; 8522 Percy Ridge Dr Magnolia, TX 77354	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Donation - Security for Township Campaign fundraiser
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/24	Payee name John Ryan
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Amount (\$) \$200.00	Payee address; 4007 Moody Dr Montgomery, TX 77316	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations made by	Description Donation - Security for Township Campaign Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/24	Payee name Knock Out Sports Promotion
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Amount (\$) \$1,500.00	Payee address; 11106 Round Table Dr Tomball, TX 77375	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation - Woodlands Chamber of Commerce
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/24	5 Payee name Graphic Results
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6 Amount (\$) \$433.00	7 Payee address; 6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Aprons with Campaign Logos for Cook Off Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check If Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/24	Payee name Michael Atkins
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Amount (\$) \$1,500.00	Payee address; 31119 Blue Ridge Park Ln Spring, TX 77386	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan repayment/Reimbursement	Description Reimbursement for Campaign Auction Item
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/18/24	Payee name Academy
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Amount (\$) \$297.63	Payee address; 1360 Lake Woodlands Dr The Woodlands, TX 77380	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Supplies for Staff Shoot Competition
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check If Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 10/19/24	5 Payee name TRIS	
6 Amount (\$) \$677.20	7 Payee address; City; State; Zip Code 24 Waterway Ave, Ste 125 The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Political Dinner Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/24	Payee name Graphic Results	
Amount (\$) \$866.00	Payee address; City; State; Zip Code 6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Gifts for Annual "Special Friends" Dinner Supporters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/28/24	Payee name Sticker Genius	
Amount (\$) \$218.85	Payee address; City; State; Zip Code 244 Minnesota Dr Troy, MI 48083	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Departmental Decals
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
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4 Date 10/29/24	5 Payee name Kuntry Katfish
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6 Amount (\$) \$237.42	7 Payee address; City; State; Zip Code 5901 W Davis St Conroe, TX 77304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Supplies for Department Fish Fry
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/30/24	Payee name Junior League of the Woodlands
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Amount (\$) \$536.00	Payee address; City; State; Zip Code 8686 New Trails Dr, Ste 118 The Woodlands, TX 77381
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation - Sponsor Annual Holiday Market
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/03/24	Payee name Tommy Bahamas
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Amount (\$) \$320.42	Payee address; City; State; Zip Code 9595 Six Pines Dr The Woodlands, TX 77380
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Gifts for Supporters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
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4 Date 11/04/24	5 Payee name Total Wine & More
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6 Amount (\$) \$604.00	7 Payee address; City; State; Zip Code 1900 Lake Woodlands Dr The Woodlands, TX 77380
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Door Prizes for Annual Campaign Fundraiser
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/04/24	Payee name Larry Dean
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 12606 Sinks Canyon Ln Humble, TX 77346
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Laser Designed Handgun for Auction
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/05/24	Payee name Trulucks
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Amount (\$) \$24,099.46	Payee address; City; State; Zip Code 1900 Hughes Landing Blvd The Woodlands, TX 77380
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Annual "Special Friends" Dinner Campaign Fundraiser Event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 11/05/24	5 Payee name Black Walnut	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 9000 New Trails Dr The Woodlands, TX 77381	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Donation - Sponsor the Woodlands Township election Watch Party
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/07/24	Payee name Pappasito's	
Amount (\$) \$338.64	Payee address; City; State; Zip Code 10005 FM 1960 Rd Humble, TX 77338	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Political Luncheon Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/09/24	Payee name The Auslander	
Amount (\$) \$269.28	Payee address; City; State; Zip Code 323 E Main Fredericksburg, TX 78624	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Luncheon with Supporters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/24	5 Payee name Amazon	
6 Amount (\$) \$289.58	7 Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office Furnishings
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/12/24	Payee name YETI	
Amount (\$) \$3,314.03	Payee address; City; State; Zip Code 7601 Southwest Parkway Austin, TX 78735	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Christmas Gifts for the Staff
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/13/24	Payee name Compadres Texas cafe	
Amount (\$) \$226.76	Payee address; City; State; Zip Code 26797 Hanna Road Conroe, TX 77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Sponsor Veteran's Luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 11/14/24	5 Payee name Academy	
6 Amount (\$) \$790.19	7 Payee address; City; State; Zip Code 1360 Lake Woodlands Dr The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Door Prizes for Employee Gathering
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/15/24	Payee name Lupe Tortilla	
Amount (\$) \$330.90	Payee address; City; State; Zip Code 19437 I-45 South Shenandoah, TX 77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Political Dinner Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/18/24	Payee name Walmart	
Amount (\$) \$272.17	Payee address; City; State; Zip Code 2901 Riley Fuzzel Rd Spring, TX 77386	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Department Gym Accessories
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 11/29/24	5 Payee name Pappasito's	
6 Amount (\$) \$208.71	7 Payee address; City; State; Zip Code 18101 I-45 South Conroe, TX 77385	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Political Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/30/24	Payee name Sawyer Park	
Amount (\$) \$376.33	Payee address; City; State; Zip Code 314 Pruitt Rd Spring, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Sponsor Employee & Supporter Gathering
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/06/24	Payee name Chase Card Services	
Amount (\$) \$4,177.79	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Pay Credit Card Charges
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 12/08/24	5 Payee name Costco	
6 Amount (\$) \$364.96	7 Payee address; City; State; Zip Code 8185 SH 242 The Woodlands, TX 77385	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Office Christmas Party Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/24	Payee name The Montgomery County Food Bank	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1 Food For Life Way Conroe, TX 77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/13/24	Payee name Adobe	
Amount (\$) \$257.27	Payee address; City; State; Zip Code 345 Park Ave San Jose, CA 95110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Annual Software Renewal
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 12/20/24	5 Payee name Total Wine & More	
6 Amount (\$) \$363.67	7 Payee address; City; State; Zip Code 1900 Lake Woodlands Dr The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description Holiday Gifts for Employees/Supporters
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/22/24	Payee name Chase Card Services	
Amount (\$) \$5,857.50	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Pay Credit Card Charges
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/01/25	Payee name Austin Simmons	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 198 S Cochrans Green The Woodlands, TX 77381	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Swearing In ceremony Celebration
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 01/03/25	5 Payee name Space Center Storage	
6 Amount (\$) \$220.00	7 Payee address; City; State; Zip Code 26400 Kuykendahl Rd The Woodlands, TX 77375	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign Storage Space Monthly Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/08/25	Payee name Top Florist	
Amount (\$) \$324.00	Payee address; City; State; Zip Code 25119 Grogans Mill Rd The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Memorial Flowers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/13/25	Payee name Square Up.com	
Amount (\$) \$1,376.18	Payee address; City; State; Zip Code 1455 Market Street, Ste 600 San Fransisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	6	2 FILER NAME	Ryan Gable	3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$	0	
5 CREDIT CARD ISSUER	Name of financial institution Chase				
6 PAYMENT	(a) Amount Charged \$ 353.91	(b) Date Expenditure Charged 11/20/24	(c) Date(s) Credit Card Issuer Paid 12/06/24		
7 PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code 410 Terry Ave Seattle, WA 98109			
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental expense		(b) Description Office Equipment		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held	
PAYMENT	(a) Amount Charged \$ 220.00	(b) Date Expenditure Charged 11/20/24	(c) Date(s) Credit Card Issuer Paid 12/06/24		
PAYEE	(a) Payee name Pit Master BBQ	(b) Payee address; City, State, Zip Code 343 Sawdust Rd Spring, TX 77380			
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food for Department Thanksgiving Luncheon		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held	
PAYMENT	(a) Amount Charged \$ 1,212.76	(b) Date Expenditure Charged 11/22/24	(c) Date(s) Credit Card Issuer Paid 12/06/24		
PAYEE	(a) Payee name Star Cinema Grill	(b) Payee address; City, State, Zip Code 1495 Lake Plaza Dr Spring, TX 77389			
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Staff Party		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Ryan Gable		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 0
5 CREDIT CARD ISSUER	Name of financial institution Chase		
6 PAYMENT	(a) Amount Charged \$ 299.60	(b) Date Expenditure Charged 11/25/24	(c) Date(s) Credit Card Issuer Paid 12/06/24
7 PAYEE	(a) Payee name Laderach	(b) Payee address; City, State, Zip Code 1201 Lake Woodlands Dr The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description Employee Gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 244.11	(b) Date Expenditure Charged 11/27/24	(c) Date(s) Credit Card Issuer Paid 12/06/24
PAYEE	(a) Payee name Total Wine & More	(b) Payee address; City, State, Zip Code 1900 Lake Woodlands Dr The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description Holiday Gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 519.23	(b) Date Expenditure Charged 12/01/24	(c) Date(s) Credit Card Issuer Paid 12/06/24
PAYEE	(a) Payee name Grand Oaks H.S Soccer Booster Club	(b) Payee address; City, State, Zip Code 4800 Riley Fuzzel Rd Spring, TX 77386	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Ryan Gable		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 0
5 CREDIT CARD ISSUER	Name of financial institution Chase		
6 PAYMENT	(a) Amount Charged \$ 923.68	(b) Date Expenditure Charged 12/03/24	(c) Date(s) Credit Card Issuer Paid 12/06/24
7 PAYEE	(a) Payee name Pappasito's	(b) Payee address; City, State, Zip Code 18101 I-45 South Conroe, TX 77385	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Host the Annual Department Training Advisory Board Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 309.50	(b) Date Expenditure Charged 12/04/24	(c) Date(s) Credit Card Issuer Paid 12/06/24
PAYEE	(a) Payee name HEB	(b) Payee address; City, State, Zip Code 9595 Six Pines Dr The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Donation - Gift Cards for Angel Reach Organization
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 2,595.58	(b) Date Expenditure Charged 12/06/24	(c) Date(s) Credit Card Issuer Paid 12/06/24
PAYEE	(a) Payee name The Rotary Club of the Woodlands	(b) Payee address; City, State, Zip Code PO Box 7353 The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Donation - Sponsor the Night of Stars Gala
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Ryan Gable		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0		
5 CREDIT CARD ISSUER	Name of financial institution Chase		
6 PAYMENT	(a) Amount Charged \$ 2,500.00	(b) Date Expenditure Charged 12/11/24	(c) Date(s) Credit Card Issuer Paid 12/22/24
7 PAYEE	(a) Payee name Children's Safe Harbor	(b) Payee address; City, State, Zip Code 1519 Oddfellow St Conroe, TX 77301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Donation - Sponsor 2025 Gala
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 294.69	(b) Date Expenditure Charged 12/14/24	(c) Date(s) Credit Card Issuer Paid 12/22/24
PAYEE	(a) Payee name Pappasito's	(b) Payee address; City, State, Zip Code 18101 I-45 South Conroe, TX 77385	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Political Dinner Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$ 210.22	(b) Date Expenditure Charged 12/17/24	(c) Date(s) Credit Card Issuer Paid 12/22/24
PAYEE	(a) Payee name Bath & Body Works	(b) Payee address; City, State, Zip Code 9595 Six Pines Dr The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description Clerical Christmas Gifts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Ryan Gable	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 CREDIT CARD ISSUER	Name of financial institution Chase	
6 PAYMENT	(a) Amount Charged \$ 257.01	(b) Date Expenditure Charged 12/18/24
		(c) Date(s) Credit Card Issuer Paid 12/22/24
7 PAYEE	(a) Payee name Jason's Deli	(b) Payee address; City, State, Zip Code 1340 Lake Woodlands Dr The Woodlands, TX 77380
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Host MUD Meeting Luncheon
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 920.13	(b) Date Expenditure Charged 01/03/25
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Thomas Markle	(b) Payee address; City, State, Zip Code 9595 Six Pines Dr The Woodlands, TX 77380
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	(b) Description Gift for a Supporter
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 4,410.32	(b) Date Expenditure Charged 01/06/25
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AAA Riley Fuzzel Storage	(b) Payee address; City, State, Zip Code 3201 Riley Fuzzel Rd Spring, TX 77386
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Campaign Storage Space Annual Rent
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Ryan Gable		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0		
5 CREDIT CARD ISSUER	Name of financial institution Chase		
6 PAYMENT	(a) Amount Charged \$ 3,090.00	(b) Date Expenditure Charged 01/09/25	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Interfaith of the Woodlands	(b) Payee address; City, State, Zip Code 4242 Interfaith Way The Woodlands, TX 77381	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By		(b) Description Donation - Sponsor 2025 Gala
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

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