#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 50 MS / MRS / MR 3 CANDIDATE/ МΙ OFFICE USE ONLY **OFFICEHOLDER** Ryan Mr NAME Date Receivery ELECTIONS NICKNAME LAST SUFFIX Gable 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** PO Box 130966 Spring, TX 77393 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION or Date Postmarked **OFFICEHOLDER** (713) 478-9485 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN FIRST ΜI **TREASURER** Eric Mr Date Processed NAME NICKNAME LAST Date Imaged Runyon STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE; ZIP CODE TREASURER 7414 Shepherds Glen Spring, TX 77379 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** 832 PHONE 764-3247 9 REPORT TYPE X January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Dav Year COVERED 15 THROUGH 07 24 15 0125 ELECTION DATE 11 ELECTION ELECTION TYPE Primary Runoff Other Month Year Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Montgomery Co. Constable Pct 3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Ryan Gable 17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 103,400.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS 15,713.94 4. **TOTAL POLITICAL EXPENDITURES** 106,065.61 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 498,257.73 BALANCE <u>\$</u>\_\_ OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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: FELICITY DAVIS Notary Public, State of Texas Seam. Expires 03-11-2025 Notary ID 1076407-8 this the 13 day of January Sworn to and subscribed before me by , to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration , and my date of birth is My name is \_ My address is \_\_\_\_\_ (street) (city) (state) (zip code) (country) Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_ (month) Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Col Ryan Gable				mmissio	on Filers)
пу	an Ga	DIG			
21		ULE SUBTOTALS OF SCHEDULE		,	SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	102,800.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	600.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	SCHEDULE E: LOANS		\$		
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	106,065.61
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	18,360.74
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$		

& Robben Cunninghal Robben Cunninghal Robben Cunninghal Robben Cunninghal Robben City;  5 Cattle Dr Magno Magno Deb title (See Instructions)  The property of the Contributor Description	State; Zip Code  Iia, TX 77354  9 Employer (See Instructi  FAC (ID#:)  State; Zip Code	7 Amount of contribution (\$) \$1,700.00  Amount of contribution (\$) \$1,700.00
& Robben Cunningha ributor address; City;  5 Cattle Dr Magno bb title (See Instructions)  name of contributor	State; Zip Code  lia, TX 77354  9 Employer (See Instructi  FAC (ID#:)  State; Zip Code  ng, TX 77386	\$1,700.00
& Robben Cunningha ributor address; City;  5 Cattle Dr Magno bb title (See Instructions)  name of contributor	State; Zip Code  lia, TX 77354  9 Employer (See Instructi  FAC (ID#:)  State; Zip Code  ng, TX 77386	\$1,700.00
Cattle Dr Magno bb title (See Instructions)  name of contributor	9 Employer (See Instructi  FAC (ID#:)  State; Zip Code  ng, TX 77386	Amount of contribution (\$)
ob title (See Instructions)  name of contributor	9 Employer (See Instructi	Amount of contribution (\$)
name of contributor	PAC (ID#:) State; Zip Code ng, TX 77386	Amount of contribution (\$)
Milstead  ributor address; City;  Spring Hills Dr Sprin	State; Zip Code ng, TX 77386	***
ributor address; City; Spring Hills Dr Sprii	state; Zip Code ng, TX 77386	\$1,700.00
ributor address; City; Spring Hills Dr Sprii	state; Zip Code ng, TX 77386	
o title (See Instructions)	Employer (See Instruction	
		ons)
ame of contributor	PAC (ID#:)	Amount of contribution (\$)
ard & Hailun Buzz		\$1,700.00
ibutor address; City;	State; Zip Code	
E Balsam Fir Circle S	pring, TX 77386	
title (See Instructions)	Employer (See Instruction	ons)
ame of contributor out-of-state (	PAC (ID#:)	Amount of contribution (\$)
*******************************		\$850.00
••		
		ons)
) in [	E Balsam Fir Circle S b title (See Instructions)  name of contributor	E Balsam Fir Circle Spring, TX 77386  b title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  DID Herrin  Tibutor address;  City;  State; Zip Code  11 Drybrook Rd Spring, TX 77389

	rm.	1 Total pages Schedule A1: 14
		3 Filer ID (Ethics Commission Filers)
Jason & Denise Baker Contributor address; City; S	State; Zip Code	7 Amount of contribution (\$) \$1,700.00
		ns)
Robert Walker  Contributor address; City; s PO Box 558 Pinehurst, TX 7	State; Zip Code 77362	Amount of contribution (\$) \$250.00
on / Job title (See instructions)	Employer (See Instruction	ns)
Aichael Atkins  Contributor address; City; s	State; Zip Code	Amount of contribution (\$) \$850.00
		ins)
Oon A. Buckalew Jr.  Contributor address; City; S	Slate; Zip Code	Amount of contribution (\$) \$500.00
	<u> </u>	ins)
	Jason & Denise Baker  Contributor address; City;  J5431 I-45 Conroe, TX 77  Ition / Job title (See Instructions)  Full name of contributor  Contributor address; City;  CO Box 558 Pinehurst, TX 7  Ion / Job title (See Instructions)  Full name of contributor  Contributor address; City; See Instructions  Full name of contributor  Contributor address; City; See Instructions  Full name of contributor  Contributor address; City; See Instructions  Contributor address; City; See Instructions	Jason & Denise Baker  Contributor address; City; State; Zip Code  15431 I-45 Conroe, TX 77385  Stion / Job title (See Instructions)  Full name of contributor  Contributor address; City; State; Zip Code  PO Box 558 Pinehurst, TX 77362  State   Contributor   Contributor

Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
z filer nami Ryan Gab		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/24	5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$) \$500.00
	26 S. Broken Fern Dr The Woodlands, TX 77380	
Principal occ	supation / Job title (See Instructions)  9 Employer (See Instructions)	tructions)
Date 09/10/24	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	18715 Croftsmill Dr New Caney, TX 77357	
Principal occu	upation / Job title (See Instructions) Employer (See Ins	tructions)
Date 09/13/24	Full name of contributor	_) Amount of contribution (\$) \$1,700.00
	Contributor address; City; State; Zip Code  38 Thornblade Circle The Woodlands, TX 77389	)
Principal occu	upation / Job title (See Instructions) Employer (See Ins	tructions)
Date 09/13/24	Full name of contributor	Amount of contribution (\$) \$5,000.00
	301 Relentless Dr Montgomery, TX 77316	
Principal occu	ipation / Job title (See Instructions) Employer (See Ins	tructions)

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ryan Gab		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/24	5 Full name of contributor	7 Amount of contribution (\$) \$1,700.00
8 Principal occ	supation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 09/16/24 Principal occur	Full name of contributor	Amount of contribution (\$) \$1,700.00
Date 09/16/24 Principal occu	Full name of contributor	Amount of contribution (\$) \$1,000.00
Date 09/19/24	Full name of contributorout-of-state PAC (ID#:)  Barry & Cindy Donoho  Contributor address; City; State; Zip Code  175 Vue Point PI The Woodlands, TX 77380	Amount of contribution (\$) \$1,700.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ions)

If the reque	ested information is not applicable, DO NOT in	clude this page in the	report.
The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Ryan Gabl			3 Filer ID (Ethics Commission Filers)
4 Date 09/20/24	5 Full name of contributor ☐ out-of-state PAC MCLEA PAC Fund	(10#:)	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City;	State; Zip Code	
	PO Box 8793 The Woodlands	, TX 77387	
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	itions)
Date 09/23/24	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$) \$4,250.00
	13411 Pinnacle Pl Houston,	TX 77069	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/23/24	Joseph & Suzanne Sutton  Contributor address; City;  919 Milam St, Ste 2400 Hous	State; Zip Code ton, TX 77002	\$10,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 09/25/24	Full name of contributor	State; Zlp Code	Amount of contribution (\$) \$1,700.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	lons)
	ATTACH ADDITIONAL COPIES O		
	If contributor is out-of-state PAC, please see Instru	cuon guide for additional r	ерогину гединелиенть.

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM Ryan Gab	_	3 Filer ID (Ethics Commission Filers)
Date 09/30/24	5 Full name of contributor □ out-of-state PAC (ID#:	\$850.00
	6 Contributor address; City; State;	Zlp Code
	6 Cluny Ct The Woodlands, TX 77	382
Principal occ	cupation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/01/24	Edwin Jones	\$1,700.00
	Contributor address; City; State;	
	40 Waterway Ct The Woodlands, TX	77380
Principal occu	Ipation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/04/24 Cody & Veronica Lovins		\$1,700.00
	Contributor address; City; State;	į
	14768 English Oak Dr Montgomery,	ΓX 77356
Principal occu	upation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/04/24	Adam & Shannon Acosta	\$850.00
	Contributor address; City; State;	Zip Code
	19214 Piney Way Dr Tomball, TX 77	375
Principal occu	pation / Job title (See Instructions) Emp	loyer (See Instructions)

The Instruction Guide explains how to complete this form.  1 Total pages Stadule AT: 144 2 FILER NAME Ryan Gable 10/08/24 5 Full name of contributor	ir the reque	ested information is not applicable, DO NOT include this page in the	ne report.
Ryan Gable  4 Date 10/08/24	The	e Instruction Guide explains how to complete this form.	
10/08/24   Carmine & Gabriella Falcone   \$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   Toll name of contributor			3 Filer ID (Ethics Commission Filers)
Date   Full name of contributor   out-of-state PAC (ID#:		Carmine & Gabriella Falcone 6 Contributor address; City; State; Zip Code	<del>-</del> /   ```
Joseph Compofelice   \$1,700.00	8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instru	ructions)
Date 10/11/24   Full name of contributor   out-of-state PAC (ID#:	-	Joseph Compofelice  Contributor address; City; State; Zip Code	
Ruth Vernier  Contributor address; City; State; Zip Code 107 W Racing Cloud Ct The Woodlands, TX 77381  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pate 10/14/24  Full name of contributor out-of-state PAC (ID#: \$1,700.00  Amount of contribution (\$)  \$1,700.00  Amount of contribution (\$)  \$1,700.00	Principal occu	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date 10/14/24 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) \$1,700.00  State: Zip Code 28647 Lockridge View Dr Spring, TX 77386	10/11/24	Ruth Vernier  Contributor address; City; State; Zip Code  107 W Racing Cloud Ct The Woodlands, TX 77381	\$1,700.00
10/14/24 Ryan Miller \$1,700.00  Contributor address; City; State; Zip Code 28647 Lockridge View Dr Spring, TX 77386	Principal occur	pation / Job title (See Instructions) Employer (See Instr	uctions)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Ryan Miller  Contributor address; City; State; Zip Code	- I
	Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL CODE OF THE COLUMN TA	

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 14
FILER NAMI Ryan Gab		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/24	5 Full name of contributor  ut-of-state PAC (ID#:	7 Amount of contribution (\$) \$3,400.00
	8527 Majestic Lake Ct Montgomery, TX	77316
Principal occ	cupation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date 10/16/24	Full name of contributor out-of-state PAC (ID#:  Lianne Chang  Contributor address; City; State;	\$1,700.00 ; Zip Code
Principal occu	3802 W Benders landing Blvd Spring, T.  upation / Job title (See Instructions) Emp	X 77386 ployer (See Instructions)
Date 10/20/24	Full name of contributor	\$850.00
	7414 Shepherds Glen Ln Spring,	TX 77379
Principal occu	pation / Job title (See Instructions) Emp	ployer (See Instructions)
Date 10/21/24	Full name of contributor out-of-state PAC (ID#:  Home-PAC Greater Houston Builder  Contributor address; City; State;  9511 W Sam Houston Pkwy N Houston, T.	Zip Code
Principal occu	pation / Job title (See Instructions) Emp	ployer (See Instructions)

Th	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
z filer nami Ryan Gab		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/24	5 Full name of contributor	7 Amount of contribution (\$) \$1,700.00
	6 Contributor address; City; State; Zip Code	
	142 N Shawnee Ridge Circle The Woodlands, TX 77382	
8 Principal occ	cupation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 10/23/24	Full name of contributor	Amount of contribution (\$) \$850.00
Principal occi	40006 Freemont Rd Magnolia, TX 77354  upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 10/23/24	Full name of contributor	Amount of contribution (\$) \$850.00
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	tions)
Date 10/23/24	Full name of contributor 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 occu	upation / Job title (See Instructions) Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	ECDED

If the reque	ested information is not applicable, DO NOT include this pa	age in the report.
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ryan Gab	_	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/24	5 Full name of contributor out-of-state PAC (ID#:	\$850.00
8 Principal occ		(See Instructions)
Date 10/23/24 Principal occu	6 Wild Ginger Ct Spring, TX 7738	\$1,700.00
Date 10/23/24 Principal occu	25825 Aldine Westfield Rd Spring, TX	\$1,700.00
Date 10/28/24	Full name of contributor Gout-of-state PAC (ID#:  Ron & Pamela Glaze  Contributor address; City; State; Zip Class, TX 7783	\$850.00
Principal occu	pation / Job title (See Instructions) Employer (	See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEI If contributor is out-of-state PAC, please see Instruction guide for	

If the reque	ested information is not applicable, DO NOT include this	page in the report.
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ryan Gabl		3 Filer ID (Ethics Commission Filers)
4 Date 10/28/24	5 Full name of contributor out-of-state PAC (ID#:	\$850.00
ŀ	6 Contributor address; City; State; 2 7035 Pleasure Lake Dr Willis, TX 77	Zip Code 7318
8 Principal occu		/er (See Instructions)
Date 10/28/24	Full name of contributor	\$6,800.00
Principal occuj	pation / Job title (See Instructions) Employe	rer (See Instructions)
Date 10/28/24	Full name of contributorout-of-state PAC (ID#:	\$1,700.00
Principal occup	pation / Job title (See Instructions) Employe	er (See Instructions)
Date 10/29/24	Full name of contributor	\$1,700.00
Principal occur	pation / Job title (See Instructions) Employs	er (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH	HENNII FAS NEFDED

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM Ryan Gab		3 Filer ID (Ethics Commission Filers)
Date 10/29/24	5 Full name of contributor	7 Amount of contribution (\$) \$500.00
	6 Contributor address; City; State;	Zlp Code
	3501 Aldine Mail Route Rd Houston, TX	77039
Principal occ	supation / Job title (See Instructions) 9 Empl	loyer (See Instructions)
Date 10/31/24	Full name of contributor out-of-state PAC (ID#:	\$850.00
	Contributor address; City; State;	Zip Code
	2375 Woodland Prairie Ln Conroe, TX	
Principal occu	upation / Job title (See Instructions) Emplo	loyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
11/01/24	Kenneth Mannigal	\$5,100.00
	Contributor address; City; State;	Zip Code
	1 Waterway Ct, Unit 3D Spring, T	X 77380
Principal occu	ipation / Job title (See Instructions) Emplo	loyer (See Instructions)
Date	Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)
11/01/24	Frank Torres	\$1,700.00
	Contributor address; City; State;	Zip Code
	27902 Robinson Park Dr Spring, TX	77386
Principal occu	pation / Job title (See Instructions) Empk	oyer (See Instructions)

if the reque	sted information is not applicable, <b>DO NOT inc</b>	clude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Ryan Gabl		3 Filer ID (Ethics Commission Filers)	
4 Date 11/03/24	5 Full name of contributor ☐ out-of-state PAC Bobby Sellers	(10#:)	7 Amount of contribution (\$) \$425.00
	6 Contributor address; City;	State; Zip Code	
	202 River Wilde Montgomery,	TX 77316	
8 Principal occi	ipation / Job title (See Instructions)	9 Employer (See Instructi	lons)
Date 11/04/24	James Hallers II  Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$1,700.00
Principal occu	Dation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/06/24	Rafael & Marisol Baez  Contributor address; City;  15000 Mansions View Dr Contributor address	State; Zip Code	Amount of contribution (\$) \$425.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
<sub>Date</sub> 11/06/24	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$850.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES Of if contributor is out-of-state PAC, please see Instruc		

If the reque	ested information is not applicable, DO NOT include this page in th	ie report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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#:	7 Amount of contribution (\$) \$2,500.00
	6 Contributor address; Clty; State; Zip Code	
	31102 Spring Lake Blvd Tomball, TX 77375	
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date 11/07/24	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$) \$10,000.00
Oringinal conv	31102 Spring Lake Blvd Tomball, TX 77375	
Principal occup	pation / Job title (See instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occup	Contributor address; City; State; Zip Code pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

## NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

If the requ	rested information is not applicable, <b>DO NOT includ</b>	le this page	in the report.		
T	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	dule A2:	
<sup>2</sup> FILER NAM Ryan Gabl		, ,	3 Filer ID (Ethics C	ommission Filers)	
4 TOTAL O	PF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	600.00	
5 Date 11/04/24	6 Full name of contributor utl-of-state PAC (ID#:  Terry Ashabranner  7 Contributor address; City; State;	8 Amount of Contribution \$ \$600.00	9 In-kind contribution description Glock Pistol - Auction Item		
	1710 FM 1960 Bypass Rd East Humble, TX 77	338	Check if travel outs	i lide of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ıtor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	ise (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description  I I I I I I I I I I I I I I I I I I	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	or (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (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)				
ŀ	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see instruction			g requirements.	

## SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee  Event Expense Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor			Travel in District Travel Out Of Distri	ipment & Related Expense	
Credit Card Payment		The Instruction Guide expl	ains how to d	complete this form.			
1 Total pages Schedule F1: 2 FILER NAME 26 Ryan Gable 3 Filer ID (Ethics Commission of the Commission							
4 Date 07/12/24	5 Payeens	ime					
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code	
\$196.96	24 Wate	rway Ave, Ste 125	The Wo	oodlands, TX 7	7380		
8	(a) Categor	y (See Categories listed at the top of t	nis schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Be	verage Expense		Political Dinne	er Meeting		
	(c)	Check if travel outside of Texas, Comptete	e Schedule T.	Check If Aust	ln, TX, officeholder livi	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
07/15/24	USPS				****		
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code	
\$216.00	10800 G	osling Rd Spring,	TX 7738	31			
	Category	(See Categories listed at the top of this	s schedule)	Description		,	
PURPOSE OF EXPENDITURE	Office O	verhead/Rental Expe	ense	Annual Post C	Office Box Re	ental	
		Check if travel outside of Texas, Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
07/16/24	<del></del>	ISD Livestock Show	N			Act of the Control of	
Amount (\$) \$250.00	Payee ad PO Box	•	7353	City;	State;	Zip Code	
	Category	(See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Contribu	tions/Donations Mad	le by	Donation - Spo	onsor Goat E	Belt Buckle	
		Check if travel outside of Texas. Complete	Schedule T,	Check If Austlr	ı, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
	TTA	ACH ADDITIONAL COPIE	S OF THIS S	SCHEDULE AS NEE	DED		

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				
1 Total pages Schedule F1	· · · · · · · · · · · · · · · · · · ·	The to complete the form.	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name		1			
07/19/24	Corporate Incentives					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$827.82	27329 Spectrum Way Conro	e, TX 77385				
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description				
PURPOSE OF EXPENDITURE	Event Expense	2024 Annual ( Supplies	Campaign Golf Tournament			
	(C) Check if travel outside of Texas. Complete Sci	nedule T. Check if Austi	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
07/25/24	Brad Baily Campaign					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$250.00	38 Tender Violate Place The	Woodlands, TX 7738	81			
	Category (See Categories listed at the top of this sci	nedule) Description				
PURPOSE OF EXPENDITURE	Contributions/Donations Made	by Campaign Co	ntribution			
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OI-	Brad Baily		Woodlands Township Director			
Date	Payee name					
07/30/24	TUFF					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$518.13	6606 FM 1488 Ste 148-686 M	Magnolia, TX 77354				
	Category (See Categories listed at the top of this sch	•				
PURPOSE OF EXPENDITURE	Contributions/Donations Made	by Sponsor 2024	Gala			
	Check if travel outside of Texas. Complete School	aduleT. Check if Austin	n, 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					

### SCHEDULE F1

		EXPENDITU	RE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N Ryan G	AME			3 Filer ID (Ethic	cs Commission Filers)
4 Date 08/01/24	5 Payee na					
6 Amount (\$)	7 Payee ac	<del></del>		City;	State;	Zip Code
\$530.00	10465 V	eteran's Memo	orial Dr Ho	uston, TX 77038	;	
8	(a) Categor	y (See Categories listed at	the top of this schedule)	(b) Description		Standard and Andrew Control and
PURPOSE OF EXPENDITURE	Event Ex	kpense		Fundraiser do	or prize	
	(c)	Check if travel outside of Tax	as. Complete Schedule T.	Check if Aust	lln, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder na	me	Office sought		Office held
Date	Payée na	me				
08/05/24	Tunnel t	o Towers 5K F	Run & Walk			
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$500.00	18818 T	omball Pkwy	Houston, TX	< 77070		
	Category	(See Categories listed at ti	ne top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribu	tions/Donation	s Made by	Donation - Ev	ent Sponsor	
		Check if travel outside of Texe	s, Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ite / Officeholder nan	ne	Office sought		Office held
Date	Payee na	me				
08/06/24	Texas Y	outh Summit				
Amount (\$) \$1,000.00	Payee ad PO Box 8	•	TX 77387	City;	State;	Zlp Code
	Category	(See Categories listed at th	e top of this schedule)	Description	W	
PURPOSE OF EXPENDITURE	Contribut	ions/Donation	s Made by	Donation		
		Check if travel outside of Texa	s. Complete Schedule T.	Check if Austi	n, TX, officeholder living	ı expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder na	me	Office sought		Office held
	ATT	ACH ADDITIONAL	COPIES OF THI	S SCHEDULE AS NEE	EDED	, , , , , , , , , , , , , , , , , , , ,

## SCHEDULE F1

				ano pago m mo re	· poi ti	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Severage Expense Gift/Awards/Memorials Expense Legal Services	orials Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	Ta	The Instruction Guide explain	is now to c	complete this form.		
1 Total pages Schedule F1	Ryan G				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	ime				
08/06/24	Yeti		<del></del>		····	
6 Amount (\$)	7 Payee ad	·		City;	State;	Zip Code
\$294.44	9595 Six	c Pines Dr The Woo	odlands	, TX 77380		
8		y (See Categories listed at the top of this	•	(b) Description		
PURPOSE OF	Gifts/Aw	ards/Memorials Expe	nse	Gift for Suppor	rter	
EXPENDITURE						
:	(c)	Check if travel outside of Texas, Complete Se	chedule T.	Check if Austir	n, TX, officeholder livir	ng expense
9 Complete ONLY if direct		ate / Officeholder name		Office sought	· <del>····································</del>	Office held
expenditure to benefit C/O	H					v
Date	Payee na	me				
08/08/24	Charlie I	Riley Campaign		•		
Amount (\$)	Payee ad			City;	State;	Zip Code
\$250.00	PO Box	558	Pine	ehurst, TX 7736	62	
	Category	(See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Contribu	Contributions/Donations Made by Campaign Contribution				
	<u> </u>	Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austin	n, TX, officeholder livin	Agricanya n
Complete ONLY if direct	L	nte / Officeholder name		Office sought	- 171 officerolder flytt	Office held
expenditure to benefit C/OF		Charlie Riley		Omeo deagn	Monta	omery Co Commissioner Pct 2
		- Chambring				
Date	Рауее па	me				
08/08/24	Wayne N	/lack Campaign				
Amount (\$)	Payee add	,		City;	State;	Zip Code
\$250.00	PO Box 2	2234	Conroe	, TX 77305		
	Category	(See Categories listed at the top of this sc	hedule)	Description		
PURPOSE	Contribut	tions/Donations Made	by	Campaign Con	ntribution	
OF EXPENDITURE				_		
		Check if travel outside of Texas. Complete Sci	nedule T.	Check If Austin.	TX, officeholder living	g expense
Complete ONLY if direct	Candida	te / Officeholder name		Office sought		Office held
expenditure to benefit C/OH		Wayne Mack			Mon	Igomery Co. JP Pct 1
	ATT	ACH ADDITIONAL COPIES (	OF THIS S	SCHEDULE AS NEE	DED	

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 08/08/24 Yeti 6 Amount (\$) 7 Payee address; City; State: Zip Code \$445.99 9595 Six Pines Dr The Woodlands, TX 77380 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made by Sponsor / Elite Lady Lobos Softball **PURPOSE** Auction Item **EXPENDITURE** Check if travel outside of Texas. Complete Schedute T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/14/24 Montgomery County Texas GOP Amount (\$) Payee address: City; State; Zip Code \$1,041.44 PO Box 3174 Conroe, TX 77305 Category (See Categories listed at the top of this schedule) Description PURPOSE Contributions/Donations Made by Donation - Sponsor 2024 Lincoln Reagan OF Dinner EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 08/16/24 Ted Cruz Campaign Amount (\$) Payee address: City: State; Zip Code PO Box 25400 \$1,500.00 Houston, TX 77265 Category (See Categories listed at the top of this schedule) Description PURPOSE Contributions/Donations Made by Campaign Contribution OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

Ted Cruz

United States Senator

### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Rvan Gable 4 Date 5 Payee name 08/16/24 Trump National Committee 6 Amount (\$) 7 Payee address; City; State; Zip Code \$260.25 PO Box 509 Arlington, VA 22216 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Contributions/Donations Made by **PURPOSE** Campaign Contribution OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete QNLY if direct Office held expenditure to benefit C/OH **Donald Trump** United States President Payee name Date 08/16/24 Greater Magnolia Pkwy Chamber of Commerce Amount (\$) Payee address: State: Zip Code \$350.00 PO Box 399 Magnolia, TX 77353 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees Annual Membership OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/18/24 Trulucks Amount (\$) Payee address: City; State: Zip Code \$10,000.00 1900 Hughes Landing Blvd The Woodlands, TX 77380 Category (See Categories listed at the top of this schedule) Description Deposit for Annual "Special Friend's Event Expense **PURPOSE** OF Dinner" Campaign Fundraiser EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 08/18/24 The Woodlands Firefighters Foundation 6 Amount (\$) 7 Payee address; City; State: Zip Code \$500.00 1544 Sawdust Rd # 606 The Woodlands, TX 77380 (a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made by Donation - Sponsor Bands for Badges **PURPOSE** Fundraiser EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 08/21/24 POW Web Amount (\$) Payee address; City; State: Zip Code \$751.16 5335 gate Pkwy Jacksonville, FL 32256 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Campaign Website Renewal OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete **QNLY** if direct expenditure to benefit C/OH Payee name Date 08/28/24 **Alphagraphics** Amount (\$) Pavee address: City; Zip Code State: \$2,855.53 17126 Stuebner Airline Rd Spring, TX 77379 Category (See Categories listed at the top of this schedule) Description Invitations & Mailing for 2024 Annual "Special **PURPOSE** Event Expense OF Friend's Dinner" Campaign Fundraiser EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 09/06/24 **Total Wine & More** 6 Amount (\$) 7 Payee address: City: State: Zip Code \$268.45 1900 Lake Woodlands Dr The Woodlands, TX 77380 (a) Category (See Categories listed at the top of this schedule) (b) Description Я Gifts/Awards/Memorials Expense Gifts for Supporters **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/08/24 Terra Vino Amount (\$) Payee address; City: State: Zip Code \$312.50 2520 Reserach Forest Dr The Woodlands, TX 77381 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense Political Dinner Meeting OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/13/24 ORHS Sports Booster Club Amount (\$) Payee address; City; Zip Code State: \$600.00 27330 Oak Ridge School Rd Conroe, TX 77385 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contributions/Donations Made by Sponsor School Baseball Tournament OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Trevel 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 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 09/13/24 The Woodlands Area Chamber of Commerce 6 Amount (\$) 7 Payee address; State: Zip Code \$250.00 9320 Lakeside Blvd, Ste 200 The Woodlands, TX 77381 (a) Category (See Categories listed at the top of this schedule) (b) Description Я Donation - Sponsor 2025 Taste of the Contributions/Donations made by **PURPOSE** Town Event EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 09/18/24 Knight's Taxidermy Amount (\$) Payee address; City; State; Zip Code \$549.00 Waller, TX 77484 901 Scorggins Ln Category (See Categories listed at the top of this schedule) Description **PURPOSE** Office Overhead/Rental Expense Office Furnishings OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/19/24 Montgomery County Fair Association Amount (\$) Payee address: City; State: Zip Code \$1,000.00 PO Box 869 Conroe, TX 77305 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contributions/Donations Made by Donation - Sponsor Annual Golf Tournament EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 09/19/24 Kailee Mills Foundation 6 Amount (\$) 7 Payee address; City; State: Zip Code \$528.85 25003 Pitkin Rd, Ste C100 Spring, TX 77386 (a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations made by PURPOSE Donation EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name The Woodlands Area Chamber of Commerce 09/19/24 Amount (\$) Payee address; State; Zip Code \$1,000.00 9320 Lakeside Blvd, Ste 200 The Woodlands, TX 77381 Category (See Categories listed at the top of this schedule) Description PURPOSE Contributions/Donations Made by Donation - Sponsor Annual Golf OF Tournament **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date 09/19/24 Pappas BBQ Amount (\$) Payee address; City; State; Zip Code \$229.75 27752 I-45 N Conroe, TX 77385 Category (See Categories fisted at the top of this schedule) Description Cater Food for Staff Luncheon PURPOSE Food/Beverage Expense OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 09/20/24 **Total Wine & More** 6 Amount (\$) 7 Payee address; City; State; Zip Code The Woodlands, TX 77380 \$335.55 1900 Lake Woodlands Dr 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Gifts/Awards/Memorials Expense Gifts for the Staff PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/20/24 Perry's Steakhouse Amount (\$) Payee address; City; State; Zip Code \$299.52 6700 Woodlands Pkwy The Woodlands, TX 77382 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense Employee Luncheon OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Date 09/21/24 Pit Master BBQ Amount (\$) Payee address; City; State: Zip Code The Woodlands, TX 77380 \$290.11 343 Sawdust Rd Category (See Categories listed at the top of this schedule) Description **PURPOSE** Contributions/Donations Made by Provide Security Lunch for 2024 TX Youth Summit EXPENDITURE Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### 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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 09/23/24 Dillards 6 Amount (\$) 7 Payee address; City; State: Zip Code \$220.30 1201 Lake Woodlands Dr The Woodlands, TX 77380 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Office Suppplies **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/27/24 Brett Ligon Campaign Amount (\$) Payee address: City; State; Zip Code Pinehurst, TX 77362 \$535.38 PO Box 558 Category (See Categories listed at the top of this schedule) Description PURPOSE Contributions/Donations Made by Campaign Contribution OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Brett Ligon Montgomery Co. District Attorney Payee name Date 09/27/24 Wesley Doolittle Campaign Amount (\$) Payee address; Clty; State; Zip Code \$500.00 6606 FM 1488, Ste 148-638 Magnolia, TX 77354 Category (See Categories listed at the top of this schedule) Description PURPOSE Contributions/Donations Made by Campaign Contribution EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Office sought

Candidate / Officeholder name

Wesley Doolittle

Office held

Montgomery Co. Sheriff

### 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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: Ryan Gable 4 Date 5 Payee name 10/02/24 RTIC 6 Amount (\$) 7 Payee address: City: State: Zip Code \$741.69 Katy, TX 77449 3900 Peek Rd (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Cups with Campaign Logos Advertising Expense **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 10/04/24 Academy Amount (\$) Payee address; City; State: Zip Code \$184.03 The Woodlands, TX 77380 1360 Lake Woodlands Category (See Categories listed at the top of this schedule) Description Clothing for Campaign & Department PURPOSE Advertising Expense OF Logos EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/06/24 Amazon Amount (\$) Payee address; City; Zip Code State: \$345.38 410 Terry Ave Seattle, WA 98109 Category (See Categories listed at the top of this schedule) Description PURPOSE Gifts/Awards/Memorials Expense Staff Gifts EXPENDITURE Check if travel outside of Texas, Complete Schedule 7. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense 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 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 10/06/24 Glen Loch PTO 6 Amount (\$) 7 Payee address; State: Zip Code \$500.00 27505 Glen Loch Dr The Woodlands, TX 77381 Я (a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made by Donation - Sponsor "Gator-Run" T Shirts **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 10/12/24 HEB Amount (\$) Payee address; City; State; Zip Code \$209.72 3540 Rayford Rd Spring, TX 77386 Category (See Categories listed at the top of this schedule) Description Gifts/Awards/Memorials Expense PURPOSE Gift Cards EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 10/14/24 Graphic Results Amount (\$) Payee address: City: State; Zlp Code \$2,849.14 6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense Supporter Gifts - Annual "Special friends" OF Dinner Fundraiser EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

		EXPE	NDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	i i 3y (	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Eggl Services  Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of Distri	ipment & Related Expense			
		The Instru	ction Guide explain	ns how to c	complete this form.	,		
1 Total pages Schedule F1:	2 FILER NAI Ryan Ga					3 Filer ID (Ethio	s Commission Filers)	
4 Date	5 Payee nam	ne	······································					
10/15/24	Amanda	Gannon						
6 Amount (\$)	7 Payee add	ress;			City;	State;	Zip Code	
\$200.00	8522 Per	cy Ridge	e Dr Mag	nolia, T	X 77354			
8	(a) Category	(See Categorie	s listed at the top of this	schedule)	(b) Description		teritorio en disemble de delle en de del del des en disemble de della disemble en de come de come menero en de	
PURPOSE OF EXPENDITURE	Contributi	ions/Doi	nations <b>Ma</b> de	∌ by	Donation - Se Campaign fun		vnship	
	(c) C	heck if travel out	side of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeho	older name		Office sought		Office held	
Date	Payee nam	ne						
10/15/24	John Rya	ın			•			
Amount (\$)	Payee addi	ress;	· · · · ·		City;	State;	Zip Code	
\$200.00	4007 <b>M</b> oo	ody Dr	Montgomer	y, TX 77	7316			
	Category (8	See Categories	listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Contributi	ons/Dor	nations made	by by	Donation - Security for Township Campaign Fundraiser			
	Cr	heck if travel outs	side of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeho	lder name		Office sought		Office held	
Data	Payee nam					·		
Date	гауес паш	ie				•		
10/16/24	<del> </del>		Promotion	,		·		
Amount (\$) \$1,500.00	Payee addr	-	ole Dr Tom	nball, TX	City; 〈 77375	State;	Zip Code	
	Category (S	See Categories	listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Contribution	ons/Dor	nations Made	by	Donation - Wo Commerce	odlands Cha	mber of	
	Ch	eck if travel outs	ide of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living	ı expense	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeho	lder name	·····	Office sought		Office held	
	ATTA	CHADDIT	IONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

### SCHEDULE F1

		EXPENDITURE CATE	GORIES	OR	3OX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/M	rhead/F cense cpense /ages/C	Reimbursement Rental Expense Contract Labor te this form.	Travel In District Travel Out Of Dis	uipment & Related Expense	
1 Total pages Schedule F1;	2 FILER N Ryan G		3 Filer ID (Eth	nics Commission Filers)				
4 Date 10/16/24	-	Payee name raphic Results						
6 Amount (\$)	7 Payee a	Payee address; City; State; Zip Coo						
\$433.00	6315B F	6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354						
8	1	y (See Categories listed at the top of thi	s schedule)	(b) l	Description			
PURPOSE OF EXPENDITURE	Event E	xpense		Apı Eve		ampaign Lo	ogos for Cook Off	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	, ]	Check If Austi	in, TX, officeholder liv	ring expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		 C	Office sought		Office held	
Date	Payee na	ime		When the state of				
10/16/24	Michael	Atkins						
Amount (\$)	Payee ac	Idress;	<del> </del>		City;	State;	Zip Code	
\$1,500.00	31119 B	llue Ridge Park Ln	Spring,	TX 7	77386			
	Category	(See Categories listed at the top of this	schedule)		Description			
PURPOSE OF EXPENDITURE	Loan rep	payment/Reimbursme	ent	Rei Iten		nt for Camp	aign Auction	
		Check if travel outside of Texas, Complete S	Schedule T.	]	Check if Austi	n, TX, officeholder liv	ing expense	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		0	ffice sought	The second secon	Office held	
Date	Payee na	ıme						
10/18/24	Academ	<del></del>		•	· . · · · · · · · · · · · · · · · · · ·			
Amount (\$) \$297.63	Payee ad 1360 Lal	,	The Wo	odla	city; unds, TX 77	State; 7380	Zip Code	
	Category	(See Categories listed at the top of this s	chedule)	C	escription		·	
PURPOSE OF EXPENDITURE	Event Ex	rpense		Sup	plies for St	taff Shoot C	ompetition	
		Check if travel outside of Texas. Complete S	chedule T.		Check if Austin	n, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		С	Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHE	DULE AS NEE	DED		

## SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	
1 Total pages Schedule F1	·		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/24	5 Payee name TRIS		J
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$677.20	24 Waterway Ave, Ste 125 T	he Woodlands, TX 7	7380
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Political Dinne	er Event
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/24	Graphic Results		
Amount (\$)	Payee address;	City;	State; Zip Code
\$866.00	6315B FM 1488 Rd, Ste 227	Magnolia, TX 7735	4
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Event Expense	Gifts for Annu Supporters	al "Special Friends" Dinner
	Check if travel outside of Taxas, Complete Scho	edule T. Check If Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/28/24	Sticker Genius		
Amount (\$)	Payee address;	City;	State; Zip Code
\$218.85	244 Minnesota Dr Troy, MI	48083	
	Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Advertising Expense	Departmental	Decals
;	Check if travel outside of Texas. Complete School	dule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED

## SCHEDULE F1

					<del></del>	
	EXF	PENDITURE CATE	GORIES I	FOR BOX 8(a)	· · · · · · · · · · · · · · · · · · ·	
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	y Gift/Award al Committee Legal Serv	erage Expense Is/Memorials Expense	Office Ove Polling Exp Printing Ex Sataries/W	kpense Vages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Ryan Gable				3 Filer ID (Eth	ics Commission Filers)
4 Date 10/29/24	5 Payee name Kuntry Katfish					
6 Amount (\$) \$237.42	7 Payee address; 5901 W Davis \$	St Conroe,	TX 773	City; 304	State;	Zip Code
8	(a) Category (See Categ	pories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	B-4	Supplies for	Department F	ish Fry	
	(C) Check if trave	l outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office I	eholder name		Office sought		Office held
Date	Payee name					
10/30/24	Junior League	of the Woodlar	nds			
Amount (\$)	Payee address;			City;	State;	Zip Code
\$536.00	8686 New Trail	s Dr, Ste 118	The	Woodlands, T	X 77381	
PURPOSE OF EXPENDITURE	Category (See Catego Contributions/D	ries listed at the top of this s onations Made	oonsor Annua	onsor Annual Holiday		
	Check if travel	outside of Texas, Complete S	chedule T.	Check if Aus	stin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought	, (and the state of the state o	Office held
Date	Payee name					\$
11/03/24	Tommy Baham	as		·	**************************************	
Amount (\$) \$320.42	Payee address; 9595 Six Pines	Dr The Wo	odlands	city; s, TX 77380	State;	Zip Code
	Category (See Categor	ies listed at the top of this so	chedule)	Description	<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>
PURPOSE OF EXPENDITURE	Gifts/Awards/Me	emorials Exper	nse	Gifts for Supp	orters	
	Check if travel	outside of Texas. Complete Sc	hedule T.	Chack if Aus	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought		Office held
	ATTACHADE	DITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politici Credit Card Payment	Fees Oi Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Ostar Ografi	The Instruction Guide explains he	ow to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
11/04/24	Total Wine & More					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$604.00	1900 Lake Woodlands Dr The	e Woodlands, TX 77	7380			
8	(a) Category (See Categories listed at the top of this scheen	dule) (b) Description				
PURPOSE	Event Expense	Door Prizes to	or Annual Campaign			
OF EXPENDITURE	·	Fundraiser	1 0			
	(c) Check if travel outside of Texas. Complete Schedu					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11/04/24	Larry Dean					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$1,000.00	12606 Sinks Canyon Ln Humb	ole, TX 77346				
	Category (See Categories listed at the top of this schedu	le) Description				
PURPOSE	Event Expense	Laser Designe	ed Handgun for Auction			
OF EXPENDITURE	•		<b>U</b>			
	Check if travel outside of Texas. Complete Schedul	In The Charlest August	and the state of t			
Canadata ONIV & disert	Candidate / Officeholder name		n, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		Office sought	Office held			
	P	, , , , , , , , , , , , , , , , , , , ,	700/2004			
Date	Payee name					
11/05/24	Trulucks					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$24,099.46	1900 Hughes Landing Blvd Th	e Woodlands, TX 7	77380			
	Category (See Categories listed at the top of this schedu	ie) Description				
PURPOSE	Event Expense	Annual "Speci	al Friends" Dinner			
OF EXPENDITURE	-		ndraiser Event			
	Check it travel outside of Texas. Complete Scheduli	eT. Check if Austir	n, 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						

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees ( Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:		tow to complete this form.	9 Files ID (Files Ossaille Files)			
Total pages ochedule Ft.	Ryan Gable		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
11/05/24	Black Walnut					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$1,500.00	9000 New Trails Dr The Woo	odlands, TX 77381				
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description				
PURPOSE OF EXPENDITURE	Contributions/Donations Made b	7 1	onsor the Woodlands ction Watch Party			
	(C) Check if travel outside of Texas. Complete Scher	Jule T. Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11/07/24	Pappasito's					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$338.64	10005 FM 1960 Rd Humble,	TX 77338				
-	Category (See Categories listed at the top of this sched	dule) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Political Lunch	neon Meeting			
	Check if travel outside of Texas, Complete Sched	iule T. Check if Austin	stin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH						
D-4-	Payer					
Date	Payee name					
11/09/24	The Auslander					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$269.28	323 E Main Fredericksburg, T)	< 78624				
	Category (See Categories listed at the top of this sched	ule) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Luncheon with	Supporters			
	Check if travel outside of Texas. Complete Sched	uleT. 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 NEE	DED			

#### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 11/12/24 Amazon 6 Amount (\$) 7 Payee address; City; State: Zip Code \$289.58 Seattle, WA 98109 410 Terry Ave (a) Category (See Categories listed at the top of this schedule) R (b) Description PURPOSE Office Overhead/Rental Expense Office Furnishings OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Pavee name Date 11/12/24 YETI Amount (\$) Payee address; City; State; Zip Code \$3,314.03 7601 Southwest Parkway Austin, TX 78735 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Gifts/Awards/Memorials Expense Christmas Gifts for the Staff EXPENDITURE Check if travel outside of Texas, Comptete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 11/13/24 Compadres Texas cafe Amount (\$) Payee address; City: State; Zip Code \$226.76 26797 Hanna Road Conroe, TX 77385 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense Sponsor Veteran's Luncheon OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement coverhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total agana Sahadula Eti			2 51-4 52 (515-4 4 - 1 - 1 - 515-4				
1 Total pages Schedule F1	Ryan Gable		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
11/14/24	Academy						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
\$790.19	1360 Lake Woodlands Dr The \	360 Lake Woodlands Dr The Woodlands, TX 77380					
8	(a) Category (See Categories listed at the top of this schedule	(b) Description					
PURPOSE	Event Expense	Door Prizes to	or Employee Gathering				
OF EXPENDITURE			zp.oyoo daog				
	(c) Check if travel outside of Texas, Complete Schedule T	(C) Chack if traval cultilide of Tayor Complete Schoolule T					
6 6			in, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
11/15/24	Lupe Tortilla						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$330.90	19437 I-45 South Shenandoah,	TX 77385					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE	Food/Beverage Expense	Political Dinne	er Meetina				
OF EXPENDITURE	,						
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
11/18/24	Walmart						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$272.17	2901 Riley Fuzzel Rd Spring, TX	77386					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Department G	ym Accessories				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULF AS NEE	-DFD				
		· · · · · · · · · · · · · · · · · · ·	<del></del>				

#### 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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rvan Gable 4 Date 5 Payee name 11/29/24 Pappasito's 6 Amount (\$) 7 Payee address; City; State; Zip Code \$208.71 18101 I-45 South Conroe, TX 77385 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Food/Beverage Expense Political Meeting OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 11/30/24 Sawyer Park Amount (\$) Payee address; City; State; Zip Code \$376.33 314 Pruitt Rd **Spring, TX 77380** Category (See Categories listed at the top of this schedule) Description PURPOSE Sponsor Employee & Supporter Gathering Event Expense OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date 12/06/24 Chase Card Services Amount (\$) Pavee address: City; State; Zip Code \$4,177.79 PO Box 94014 Palatine, IL 60094-4014 Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Credit Card Payment

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Pay Credit Card Charges

Office sought

Check if Austin, TX, officeholder living expense

Office held

### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	nse Is Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Relm rhead/Renta pense pense lages/Contra	bursement al Expense act Labor	Travel In Distri Travel Out Of I	Equipme ct District	Expense ent & Related Expense not listed above)
1 Total pages Schedule F1:	2 FILER N Ryan G						3 Filer ID (I	Ethics C	ommission Filers)
4 Date 12/08/24	6 Payee na Costco	arre							
6 Amount (\$)	7 Payee ac	ldress;				City;	State	);	Zip Code
\$364.96	8185 SH	85 SH 242 The Woodlands, TX 77385							
8	(a) Categor	y (See Categories listed	at the top of this s	chedule)	(b) Des	cription			
PURPOSE	Event E	xpense			Office	Christn	nas Party S	Suppl	ies
OF EXPENDITURE					ļ		•		
	(c)	Check if travel outside of T	exas. Complete Sc	hedule T.	<u> </u>	Check if Aust	iln, TX, officeholder	livina ex	roense
9 Complete ONLY if direct	Candid	ate / Officeholder n	ame		Offic	e sought			ffice held
expenditure to benefit C/Oł			NATE OF THE PROPERTY OF THE PR		Oillo	o oodgiit			mod mora
Date	Payee na	me							
12/10/24	The Mor	ntgomery Cou	unty Food	Bank					
Amount (\$)	Payee ad		y . 000	,		City;	State	;	Zip Code
\$500.00	1 Food i	For Life Way	Conro	e, TX 77	7385				
	Category	(See Categories listed a	t the top of this so	hedule)	Des	cription	***************************************		-Managada Masagadha Aras - al
PURPOSE	Contribu	tions/Donatio	ns Made	by	Donat	ion			
OF EXPENDITURE				·					
		Check if travel outside of T	avec Complete Sal			Charle is Asset	in, TX, officeholder		
	Condide	ate / Officeholder n	······································	redule 1.	Offin		III, 1A, omcenoider		·
Complete ONLY if direct expenditure to benefit C/OH		ate / Onicerloige/ [[	ame		Onice	e sought		U	fice held
Date	Payee na	me							
12/13/24	Adobe								
Amount (\$)	Payee ad	dress;				City;	State	;	Zip Code
\$257.27	345 Park	Ave San	Jose, CA	95110					
	Category	(See Categories listed a	t the top of this sci	nedule)	Desc	ription			
PURPOSE OF EXPENDITURE	Office O	verhead/Rent	tal Expen	se	Annua	l Softwa	are Renew	al	
		Check if travel outside of Te	xas. Complete Sch	edule T.		Check if Austi	n, TX, officeholder	living ex	pense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder r	name	•	Offic	e sought		O	ffice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Travel Out Of District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ryan Gable 4 Date 5 Payee name 12/20/24 Total Wine & More 6 Amount (\$) 7 Payee address; City: State: Zip Code \$363.67 The Woodlands, TX 77380 1900 Lake Woodlands Dr (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Holiday Gifts for Employees/Supporters Gifts/Awards/Memorials Expense **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 12/22/24 Chase Card Services Amount (\$) Payee address; City; State: Zip Code \$5,857.50 PO Box 94014 Palatine, IL 60094-4014 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Credit Card Payment Pay Credit Card Charges OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/01/25 Austin Simmons Amount (\$) Payee address: City; Zip Code State; \$1,000.00 198 S Cochrans Green The Woodlands, TX 77381 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense Swearing In ceremony Celebration EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder tiving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
AdvertIsIng Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
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; 26400 KuykendahlRd The V	сііу; Voodlands, ТХ 77375	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Office Overhead/Rental Expen	. 1	prage Space Monthly Rental		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held		
Date	Payee name				
01/08/25	Top Florist				
Amount (\$) \$324.00	Payee address; 25119 Grogans Mill Rd The	e Woodlands, TX 773	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci Gifts/Awards/Memorials Expen	·   '	vers		
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/13/25	Square Up.com				
Amount (\$) \$1,376.18	Payee address; 1455 Market Street, Ste 600	City; ) San Fransisco, CA	State; Zip Code 4 94103		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sof	·   ·	ocessing Fees		
	Check if travel outside of Texas, Complete Sch	edule T Check if Austin	n, 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 O	OF THIS SCHEDULE AS NEE	DED		

			···		SCHEDULE F4	
If the requested inforr	nation is not applicab	le, DO NOT in	clude this	page in the report		
	EXPI	ENDITURE CAT	regories	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Awards	rage Expense s/Memorials Expense ices	Office O Polling E Printing	Expense Wages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 TOTAL PAGES	2 FILER NAME	inplete this form.	· · · · · · · · · · · · · · · · · · ·	USE A NEW PAGE FOR	EACH CREDIT CARD ISSUER	
schedule F4: 6	Ryan Gable		······································		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$ 0	
5 CREDIT CARD ISSUER	Name of financial instituti Chase	ion				
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Iss	uer Paid	
	\$ 353.91	11/20	· · · · · · · · · · · · · · · · · · ·	12/06/24		
7 PAYEE	(a) Payee name Amazon		(b) Payee add 410 To	•	eattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories ilst Office Overhead			(b) Description Office Equipme	nt	
Political Non-Political		(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Candidate / Officeholder n				Office Held	
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officerolder in	ame	Oii	ice sought	Office Held	
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit Card Issu	uer Paid	
	s 220.00	11/20	/24	12/06/24		
PAYEE	(a) Payee name Pit Master BB	Q	(b) Payee add	•	ity, State, Zip Code ring, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Food for Depai				nent Thanksgiving Luncheon	
Political Non-Political						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought	Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Issu	ıer Paid	
	s 1,212.76	11/22	/24	12/06/24		
PAYEE	(a) Payee name		(b) Payee add	lress; Ci	ty, State, Zip Code	
	Star Cinema	a Grill	1495 La	ake Plaza Dr	Spring, TX 77389	
PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Event Expense	ed at the top of this sched	ule)	(b) Description Staff Party		
Political Non-Political	[7]	ide of Texas, Complete	Schadula T	r	nation TV afficients I down their accurates	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder na	· · · · · · · · · · · · · · · · · · ·		ce Sought	Office Held	
	ATTACH ADDITI	IONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

If the requested inform	KES MADE B mation is not applicab				SCHEDULE <b>F4</b> ort.
	EXP	ENDITURE CA	regories	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poti	e By Gift/Award	rage Expense s/Memorials Expense does	Office O Polling E Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) DR EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	<sup>2</sup> FILER NAME Ryan Gable				3 FILER ID (Ethics Commission Filers
4 TOTAL OF UNITEMIZED EXI	PENDITURES CHARGED TO A	CREDIT CARD			\$ 0
5 CREDIT CARD ISSUER	Name of financial institution Chase			<u> </u>	
6 PAYMENT	(a) Amount Charged	(b) Date Expendite	ıre Charged	(c) Date(s) Credit Card	Is <b>s</b> uer Paid
	\$ 299.60 ■	11/25	/24	12/06/24	
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City, State, Zip Code
	Laderach		1201 Lake	Woodlands Dr	The Woodlands, TX 77380
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sche	dule)	(b) Description	
Political	Gifts/Awards/Memorials Expense   Employee Gifts				ts
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin,				ustin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card	ssuer Paid
	\$ 244.11	11/27	/24	12/06/24	
PAYEE	(a) Payee name		(b) Payee add	lress;	City, State, Zip Code
	Total Wine & More		1900 Lake	Woodlands Dr	The Woodlands, TX 77380
PURPOSE OF EXPENDITURE Political	(a) Category (see Categories listed at the top of this schedule)  Gifts/Awards/Memorials Expense  (b) Description  Holiday Gifts				
Non-Political	(c) Check if travel outs	ide of Texas. Complete	Schedule T.	Check if /	Austin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu		(c) Date(s) Credit Card I	ssuer Paid
	s 519.23	12/01	/24 🖪	12/06/24	
PAYEE	(a) Payee name		(b) Payee add	lress;	City, State, Zip Code
	Grand Oaks H.S Soccer	Booster Club	4800 Ril	ey Fuzzel Rd	Spring, TX 77386
PURPOSE OF	(a) Category (See Categories liste	ed at the top of this sched	ule)	(b) Description	
EXPENDITURE  Political	Contributions/Do	nations Mad	le by	Donation	
Political Non-Political	(c) Check if travel outsi	ide of Texas. Complete	Schedule T.	Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Offi	ce Sought	Office Held
			<u> </u>		
	ATTACH ADDITI	ONAL COPIES	OF THIS	SCHEDULE AS NE	EDED

	mation is not applicab				SCHEDULE <b>F4</b>
	EXP	ENDITURE CA	TEGORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli	Event Expe Fees Food/Bevel e By Gift/Awards	onse rage Expense s/Memorials Expense ices	Loan Re Office O Poiling E Printing	payment/Reimbursement vorhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 TOTAL PAGES	2 FILER NAME			OUD A HELL LANDE LOVE	3 FILER ID (Ethics Commission Filers)
SCHEDULE F4:	Ryan Gable				(
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			\$ <b>O</b>
5 CREDIT CARD ISSUER	Name of financial institution Chase	on			<del></del>
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Issu	er Paid
	\$ 923.68	12/03	/24	12/06/24	
7 PAYEE	(a) Payee name		(b) Payee ade	dress; Cit	ty, State, Zip Code
	Pappasito's		18101 l	-45 South Con	roe, TX 77385
8 PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Host the Annual Departn			nent Training Advisory Board Meeting	
Non-Political	(c) Check if travel outs	ide of Texas. Complet	e Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	Candidate / Officeholder name Office Sought			Office Held
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged 12/04/24		(c) Date(s) Credit Card Issue 12/06/24	er Paid	
PAYEE	(a) Payee name HEB		(b) Payee add 9595 Six	•	y, State, Zip Code podlands, TX 77380
PURPOSE OF EXPENDITURE  Political	(a) Category (see Categories listed at the top of this schedule)  Contributions/Donations Made by  (b) Description  Donation - Gift Cards			s for Angel Reach Organization	
Non-Political	(c) Check if travel outsi	ide of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder no	ame	Offi	ce Sought	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Issue	er Paid
	\$ 2,595.58	12/06	/24	12/06/24	
PAYEE	(a) Payee name		(b) Payee add	lress; Cit	y, State, Zip Code
	The Rotary Club of the	Woodlands	PO Box	7353 The Wood	lands, TX 77387
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made by  Donation - Spons				sor the Night of Stars Gala
Non-Political	(c) Check if travel outside	de of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na		······································	ce Sought	Office Held
	ATTACH ADDITI	ONAL COPIES	OF THIS	SCHEDULE AS NEED	DED

If the requested inform	nation is not applicab	•			report.	SCHEDULE <b>F4</b>
	EXP	ENDITURE CAT	TEGORIES	FOR BOX 10(	a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit The Instruction	Event Expo Fees Food/Beve e By Gift/Award	erage Expense ds/Memorials Expense vices	Loan Re Office O Polling S Printing Salaries	epayment/Reimbursen Overhead/Renfal Expe Expense Expense s/Wages/Contract Lab	ment ense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) ACH CREDIT CARD ISSUER
1 TOTAL PAGES	2 FILER NAME	mpione a		OOE n tee.		3 FILER ID (Ethics Commission Filers)
SCHEDULE F4:	Ryan Gable		·			3 12-615 In familiar desired
4 TOTAL OF UNITEMIZED EXP	'ENDITURES CHARGED TO A	CREDIT CARD				\$ <b>O</b>
5 CREDIT CARD ISSUER	Name of financial instituti Chase	Name of financial institution Chase				1
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit	Card Issue	r Paid
	\$ 2,500.00	12/11	/24	12/2	2/24	
7 PAYEE	(a) Payee name Children's Safe Harbo		(b) Payee add	dress; ddfellow St	city Con	, State, Zip Code Nroe, TX 77301
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made by  (b) Description  Donation - Spons			sor 2025 Gala		
Non-Political	(c) Check if travel outs	side of Texas, Complete	e Schedule T.	Che	eck if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder n	ıame	Off	fice Sought		Office Held
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Is			Card Issue	r Paid	
	\$ 294.69	12/14	/24	12/22/2	24	
PAYEE	(a) Payee name Pappasito's		(b) Payee add	<del></del>	Conre	oe, TX 77385
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Political Dinner N				nner M	fleeting
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	Chr	eck if Austin,	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	~	(c) Date(s) Credit (	Card Issuer	r Paid
	s 210.22	12/17	/24	12/22	/24	
PAYEE	(a) Payee name Bath & Body W	/orks	(b) Payee add	·	City,	, State, Zip Code odlands, TX 77380
PURPOSE OF EXPENDITURE Political	(a) Category (see Categories liste Gifts/Awards/Me	ted at the top of this sched		(b) Description Clerical Ch	· · · · · · · · · · · · · · · · · · ·	
Non-Political	(c) Check if travel outsi	ide of Texas, Complete	Schedule T.	Па	heck if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Offi	ice Sought	**************************************	Office Held
	ATTACH ADDITI	IONAL COPIES	OF THIS !	SCHEDULE AS	S NEEDI	ED

If the requested inform	mation is not applicable	, DO NOT in	clude this	page in the	e report.	SCHEDULE F4	•
	EXPEN	NDITURE CAT	EGORIES	FOR BOX 10	)(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit		ge Expense Nemorials Expense es	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract L	opense Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above) EACH CREDIT CARD ISSUER	
1 TOTAL PAGES	2 FILER NAME	wow and the	<del></del>	00 / T.	1021011	1	۱۵۳۵۱
SCHEDULE F4:	Ryan Gable					3 FILER ID (Ethics Commission Fi	ersy
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A CR	EDIT CARD				\$ 0	
5 CREDIT CARD ISSUER	Name of financial institution Chase	l	21112 7000			1	
6 PAYMENT	(a) Amount Charged (I	b) Date Expenditu	re Charged	(c) Date(s) Cred	lit Card Issue	er Pald	
	\$ 257.01	12/18/	/24	12/	22/24		
7 PAYEE	(a) Payee name		(b) Payee add	iress;	Cit	y, State, Zlp Code	
	Jason's Deli		1340 Lake	Woodlands	Dr The	Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed Event Expense	at the top of this sched		(b) Description Host MUI	) Meeti	ing Luncheon	
Non-Political	(C) Check if travel outside	of Texas. Complete	Schedule T.	c	heck if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder nam	Candidate / Officeholder name Office Sought				Office Held	
PAYMENT	(a) Amount Charged (b \$ 920.13	o) Date Expenditur 01/03/		(c) Date(s) Cred	it Card Issue	er Pald	
PAYEE	(a) Payee name Thomas Markle		(b) Payee add 9595 Six	•	The Wo	y, State, ZIp Code odlands, TX 77380	
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top of this schedule)  Gifts/Awards/Memorials Expense  (b) Description  Gift for a Support				ter		
Non-Political	(c) Check If travel outside	of Texas. Complete	Schedule T.		heck if Austin	n, TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nam	ie	Offic	ce Sought		Office Held	
PAYMENT	(a) Amount Charged (b \$ 4,410.32	o) Date Expenditur 01/06/	- 1	(c) Date(s) Credi	it Card Issue	ır Paid	
PAYEE	(a) Payee name		(b) Payee add	ress;	City	y, State, Zip Code	
	AAA Riley Fuzzel St	orage	3201 Rile	ey Fuzzel	Rd S	pring, TX 77386	
PURPOSE OF EXPENDITURE  Political	(a) Category (see Categories listed a Office Overhead/R			(b) Description Campaigr	າ Storaເ	ge Space Annual Rent	
Non-Political	(c) Check if travel outside	of Texas. Complete	Schedule T.		Check if Aust	tin, TX, officeholder living expense	
Complete <u>ONLY</u> If direct xpenditure to benefit C/OH	Candidate / Officeholder nam	е	Offic	ce Sought		Office Held	
	ATTACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE /	AS NEED	PED	

#### 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 Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor The instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** Ryan Gable 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution **5 CREDIT CARD** ISSUER Chase (a) Amount Charged (b) Date Expenditure Charged 6 PAYMENT (c) Date(s) Credit Card Issuer Paid 3,090.00 01/09/25 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code Interfaith of the Woodlands 4242 Interfaith Way The Woodlands, TX 77381 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Contributions/Donations Made By Donation - Sponsor 2025 Gala Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name Office Sought Office Held expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid PAYEE (a) Payee name (b) Payee address; City, Zip Code State. **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE Political** Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office Sought Office Held expenditure to benefit C/OH (a) Amount Charged (c) Date(s) Credit Card Issuer Paid **PAYMENT** (b) Date Expenditure Charged PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY If direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED