

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 55

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ryan

NICKNAME

LAST

SUFFIX

Gable

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 130966 Spring, TX 77393

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

478-9485

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Eric

NICKNAME

LAST

SUFFIX

Runyon

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7414 Shepherds Glen Ln Spring, TX 77379

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832)

764-3247

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

07

15

25

THROUGH

Month

Day

Year

01

15

26

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Montgomery Co Constable Pct 3

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Ryan Gable

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

105,075.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

22,606.96

4. TOTAL POLITICAL EXPENDITURES

\$

120,149.50

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

529,501.56

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

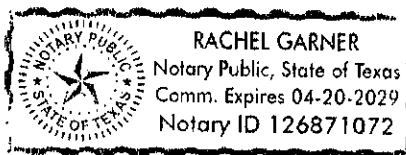
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

R. Gable

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Ryan Gable this the 13 day of January,
20 26, to certify which, witness my hand and seal of office.

Rachel Garner

Rachel Garner

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____,
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____,
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Ryan Gable

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 105,075.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 97,542.54
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 48,362.70
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	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/25	5 Full name of contributor out-of-state PAC (ID#: _____) Lisa Beard 6 Contributor address; City; State; Zip Code 15 Hildene The Woodlands, TX 77382	7 Amount of contribution (\$) \$850.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/21/25	Full name of contributor out-of-state PAC (ID#: _____) Mike Atkins Contributor address; City; State; Zip Code 31119 Blue Ridge Park Ln Spring, TX 77386	Amount of contribution (\$) \$425.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/25	Full name of contributor out-of-state PAC (ID#: _____) Bill & Colleen Ellison Contributor address; City; State; Zip Code 2161 Summit Mist Dr Conroe, TX 77304	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/25	Full name of contributor out-of-state PAC (ID#: _____) Raymond & Erin Durdin Contributor address; City; State; Zip Code 6007 Bermuda Dunes Dr Houston, TX 77069	Amount of contribution (\$) \$7500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

\$1700.00

9 Employer (See Instructions)

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

Contributor address; City; State; Zip Code

Employer (See Instructions)

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

Contributor address; City; State; Zip Code

Employer (See Instructions)

Full name of contributor	out-of-state PAC ID#:	
--------------------------	-----------------------	--

Contributor address; City; State; Zip Code

Employer (See Instructions)

Revised 1/1/2025

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/25	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor Rocky Del Papa</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between;"><div>6 Contributor address; 6 Cluny Ct</div><div>City; The Woodlands, TX</div><div>State; 77382</div><div>Zip Code</div></div>	7 Amount of contribution (\$) \$850.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/28/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Jeff & Robben Cunningham</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; 1935 Cattle Dr</div><div>City; Magnolia, TX</div><div>State; 77354</div><div>Zip Code</div></div>	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Les Konikowski</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; 142 Remington Rd</div><div>City; Huntsville, TX</div><div>State; 77340</div><div>Zip Code</div></div>	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Mike Atkins</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between;"><div>Contributor address; 31119 Blue Ridge Park Ln</div><div>City; Spring, TX</div><div>State; 77386</div><div>Zip Code</div></div>	Amount of contribution (\$) \$425.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/25	5 Full name of contributor out-of-state PAC (ID#: _____) James & Leigh Ann Carman 6 Contributor address; City; State; Zip Code 23 Gilded Pond Pl The Woodlands, TX 77381	7 Amount of contribution (\$) \$1700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/02/25	Full name of contributor out-of-state PAC (ID#: _____) Robert & Kimberly Marling Contributor address; City; State; Zip Code 301 Relentless Dr Montgomery, TX 77316	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/25	Full name of contributor out-of-state PAC (ID#: _____) Kyle Brown Contributor address; City; State; Zip Code 38 Thornblade Circle Spring, TX 77389	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/02/25	Full name of contributor out-of-state PAC (ID#: _____) Brett Jensen Contributor address; City; State; Zip Code 14 Hammock Dunes Pl The Woodlands, TX 77389	Amount of contribution (\$) \$5000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 09/04/25	5 Full name of contributor out-of-state PAC (ID#: Cody & Veronica Lovins 6 Contributor address; City; State; Zip Code 14768 English Oak Dr Montgomery, TX 77356	7 Amount of contribution (\$) \$1700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/07/25	Full name of contributor out-of-state PAC (ID#: Denise & Jason Baker Contributor address; City; State; Zip Code 15431 I-45 Conroe, TX 77385	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/09/25	Full name of contributor out-of-state PAC (ID#: Leonard & Haluin Buzz Contributor address; City; State; Zip Code 6115 E Balsam Fir Cir Spring, TX 77386	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/25	Full name of contributor out-of-state PAC (ID#: Vicki Richmond Contributor address; City; State; Zip Code 59 North Royal Fern Dr The Woodlands, TX 77380	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 09/19/25	5 Full name of contributor out-of-state PAC (ID#: Amy Milstead 6 Contributor address; City; State; Zip Code 1415 Spring Hills Dr Spring, TX 77386	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/19/25	Full name of contributor out-of-state PAC (ID#: Jayme & Chris Owens Contributor address; City; State; Zip Code 215 S Spotted Fern Dr Montgomery, TX 77316	Amount of contribution (\$) \$3400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/25	Full name of contributor out-of-state PAC (ID#: Adam & Shannon Acosta Contributor address; City; State; Zip Code 19214 Piney Way Dr Tomball, TX 77354	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/25	Full name of contributor out-of-state PAC (ID#: Edwin E Jones Contributor address; City; State; Zip Code 40 Waterway Ct The Woodlands, TX 77380	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

Revised 1/1/2025

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 09/26/25	5 Full name of contributor out-of-state PAC (ID#: George Lindahl III 6 Contributor address; City; State; Zip Code 14 Honeycomb Ridge Pl The Woodlands, TX 77380	7 Amount of contribution (\$) \$1700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/25	Full name of contributor out-of-state PAC (ID#: James & Becky Sumner Contributor address; City; State; Zip Code 40006 Fremont Rd Magnolia, TX 77354	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/25	Full name of contributor out-of-state PAC (ID#: Matt Gray Contributor address; City; State; Zip Code PO Box 1469 Porter, TX 77365	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/25	Full name of contributor out-of-state PAC (ID#: Rick Brass Contributor address; City; State; Zip Code 7035 Pleasure Lake Dr Willis, TX 77318	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/06/25	5 Full name of contributor out-of-state PAC (ID#: Ruth L. Vernier 6 Contributor address; City; State; Zip Code 107 W Racing Cloud Ct The Woodlands, TX 77381	7 Amount of contribution (\$) \$1700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/25	Full name of contributor out-of-state PAC (ID#: Lance Malmgren Contributor address; City; State; Zip Code 15 Wild Ginger Ct The Woodlands, TX 77380	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/25	Full name of contributor out-of-state PAC (ID#: Omar & Alesha Maalouf Contributor address; City; State; Zip Code 3902 Movado Ct Spring, TX 77386	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/25	Full name of contributor out-of-state PAC (ID#: Bret & Angela Strong Contributor address; City; State; Zip Code 3 Birchbrook Ct Spring, TX 77380	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Ryan Gable

3 Filer ID (Ethics Commission Filers)**4** Date

10/08/25

5 Full name of contributor

out-of-state PAC (ID#: _____)

Lianne Chang

7 Amount of contribution (\$)

\$1700.00

6 Contributor address;

City;

State;

Zip Code

3802 W Benders Landing Blvd Spring, TX 77386

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/09/25

Full name of contributor

out-of-state PAC (ID#: _____)

Brian Norton

Amount of contribution (\$)

\$850.00

Contributor address;

City;

State;

Zip Code

6326 Bright Bloom Ln Spring, TX 77379

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/25

Full name of contributor

out-of-state PAC (ID#: _____)

Bobby Sellers

Amount of contribution (\$)

\$850.00

Contributor address;

City;

State;

Zip Code

11889 Whirlaway Willis, TX 77318

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/25

Full name of contributor

out-of-state PAC (ID#: _____)

Jeff & Gini Gable

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

995 Chaney's Crossing Bertram, TX 78605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/25	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor Joe Castro</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>6 Contributor address; 31519 Boulder Cliff Ln</div><div>City; Spring, TX</div><div>State; TX</div><div>Zip Code 77386</div></div>	7 Amount of contribution (\$) \$850.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Kyle & Megan White</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address; 7 Switchbud Place # 192 The Woodlands, TX</div><div>City; TX</div><div>State; TX</div><div>Zip Code 77380</div></div>	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor John G Vasquez</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address; 8114 Winding Oak Ln</div><div>City; Spring, TX</div><div>State; TX</div><div>Zip Code 77379</div></div>	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Everson Family Revocable Trust</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address; 43 N Royal Fern Dr</div><div>City; The Woodlands, TX</div><div>State; TX</div><div>Zip Code 77380</div></div>	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/25	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor Carmine & Gabriella Falcone</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>6 Contributor address; 38 Leeward Cove Dr The Woodlands, TX 77380</div><div>City; State; Zip Code</div></div></div>	7 Amount of contribution (\$) \$1700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/21/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Dane Cantwell</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>Contributor address; 142 N Shawnee Ridge Cir The Woodlands, TX 77382</div><div>City; State; Zip Code</div></div></div>	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Emily Williams</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>Contributor address; 76 La Jolla Cir Montgomery, TX 77356</div><div>City; State; Zip Code</div></div></div>	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Farouk Shami</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="border-top: 1px dotted black; margin-top: 5px;"><div style="display: flex; justify-content: space-between;"><div>Contributor address; 66 Windward Cove Spring, TX 77380</div><div>City; State; Zip Code</div></div></div>	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/25	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor Alison Yee</div><div>out-of-state PAC (ID#:</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>6 Contributor address; 19 Destiny Cove</div><div>City; The Woodlands, TX</div><div>State; 77381</div><div>Zip Code</div></div>	7 Amount of contribution (\$) \$850.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Eric & Charlotte Runyon</div><div>out-of-state PAC (ID#:</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address; 7414 Shepherds Glen Ln</div><div>City; Spring, TX</div><div>State; 77379</div><div>Zip Code</div></div>	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Brad & Audrey Stapp</div><div>out-of-state PAC (ID#:</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address; 8527 Majestic Lake Ct</div><div>City; Montgomery, TX</div><div>State; 77316</div><div>Zip Code</div></div>	Amount of contribution (\$) \$3400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/25	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Sammy W. Roberts</div><div>out-of-state PAC (ID#:</div></div> <div style="border-top: 1px dotted black; display: flex; justify-content: space-between;"><div>Contributor address; 1714 Johnson St</div><div>City; Houston, TX</div><div>State; 77007</div><div>Zip Code</div></div>	Amount of contribution (\$) \$1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/23/25	5 Full name of contributor out-of-state PAC (ID#: _____) Frank & Jonnie Torres 6 Contributor address; City; State; Zip Code 27902 Robinson Park Dr Spring, TX 77386	7 Amount of contribution (\$) \$1700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/26/25	Full name of contributor out-of-state PAC (ID#: _____) Ryan Miller Contributor address; City; State; Zip Code 28647 Lockridge View Dr Spring, TX 77386	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/25	Full name of contributor out-of-state PAC (ID#: _____) Unified Fire Fighters of the Woodlands Contributor address; City; State; Zip Code PO Box 130388 The Woodlands, TX 77393	Amount of contribution (\$) \$1700.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/25	Full name of contributor out-of-state PAC (ID#: _____) Bill Huer Contributor address; City; State; Zip Code 5806 Cresent Springs Ct Spring, TX 77379	Amount of contribution (\$) \$2550.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/25	5 Full name of contributor out-of-state PAC (ID#: Pamela & Ronald Glaze 6 Contributor address; City; State; Zip Code 448 B Morgan Rd Bedias, TX 77831	7 Amount of contribution (\$) \$425.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/29/25	Full name of contributor out-of-state PAC (ID#: Chris Hoffman Contributor address; City; State; Zip Code 15366 Arrowhead Loop W Willis, TX 77378	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/25	Full name of contributor out-of-state PAC (ID#: Ken Washington Contributor address; City; State; Zip Code 13710 Lake Livingston Dr Houston, TX 77044	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/03/25	Full name of contributor out-of-state PAC (ID#: James & Becky Sumner Contributor address; City; State; Zip Code 40006 Freemont Rd Magnolia, TX 77354	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 11/04/25	5 Full name of contributor out-of-state PAC (ID#: _____) Houston Apartment Association 6 Contributor address; City; State; Zip Code 4810 Westway Park Blvd Houston, TX 77041	7 Amount of contribution (\$) \$850.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/25	Full name of contributor out-of-state PAC (ID#: _____) Aven McBride Contributor address; City; State; Zip Code 11602 Huffsmith Kuykendahl Rd Tomball, TX 77375	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/04/25	Full name of contributor out-of-state PAC (ID#: _____) Victor Guerrero Contributor address; City; State; Zip Code 7 Celeste Ct Tomball, TX 77375	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/25	Full name of contributor out-of-state PAC (ID#: _____) Carmine & Gabriella Falcone Contributor address; City; State; Zip Code 38 Leeward Cove Dr The Woodlands, TX 77381	Amount of contribution (\$) \$1500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 07/10/25		5 Payee name Northwest Pawn			
6 Amount (\$) \$847.60		7 Payee address; City; State; Zip Code 18123 Kuykendahl Rd Spring, TX 77379			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description Gift to Supporter		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 07/15/25		Payee name Alphagraphics			
Amount (\$) \$735.11		Payee address; City; State; Zip Code 17126 Stuebner Airline Rd Spring, TX 77379			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Golf Tournament Letters & Mailing		
	Check if travel outside 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 name Office sought Office held					
Date 07/17/25		Payee name ORHS Sports Booster Baseball			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 27330 Oak Ridge School Rd Conroe, TX 77385			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Sponsor High School Baseball Fundraiser		
	Check if travel outside 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 name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 07/18/25		5 Payee name Brittany Gable-Hale Campaign			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code PO Box 7066 Spring, TX 77387			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Campaign Contribution		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 07/24/25		Payee name Sleep In Heavenly Peace			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 318 North Main St Conroe, TX 77301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Donation		
	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					
Date 07/29/25		Payee name The Olive Oil			
Amount (\$) \$257.24		Payee address; City; State; Zip Code 373 Sawdust Rd Spring, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Political Meeting		
	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					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 08/05/25		5 Payee name Cindy Heiser Campaign			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 87 Olmstead Row The Woodlands, TX 77380			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Campaign Contribution		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Cindy Heiser		Office sought	Office held Township Dir.
Date 08/06/25		Payee name MCRP			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 18001 HWY 105 W, Ste 101 Montgomery, TX 77356			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Sponsor Annual Golf Tournament		
	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		Candidate / Officeholder name		Office sought	Office held
Date 08/06/25		Payee name TWHS CPC			
Amount (\$) \$500.00		Payee address; City; State; Zip Code PO Box 132982 The Woodlands, TX 77393			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Sponsor Woodlands H.S. Cheer		
	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		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 08/06/25		5 Payee name Montgomery County First Responders Foundation			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 1544 Sawdust Rd #606 The Woodlands, TX 77380			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Sponsor Annual Fundraiser		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/06/25		Payee name Total Wine & More			
Amount (\$) \$398.34		Payee address; City; State; Zip Code 1900 Lake Woodlands Dr The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description Gifts for Supporters		
	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 Candidate / Officeholder name Office sought Office held					
Date 08/07/25		Payee name Chase Card Services			
Amount (\$) \$3090.00		Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment		Description Pay Credit Card Charges		
	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 Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 08/07/25		5 Payee name The Woodlands Republican Women			
6 Amount (\$) \$585.00		7 Payee address; City; State; Zip Code PO Box 7294 The Woodlands, TX 77387			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Donation		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/16/25		Payee name The Woodlands Marriott Acqua			
Amount (\$) \$581.58		Payee address; City; State; Zip Code 1601 Lake Robbins Dr The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Chamber Gala Pregathering w/Supporters		
	Check if travel outside 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 name Office sought Office held					
Date 08/19/25		Payee name JC Penny			
Amount (\$) \$451.38		Payee address; City; State; Zip Code 1201 Lake Woodlands Dr The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Clothing for Dept & Campaign Logos		
	Check if travel outside 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 name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 08/19/25		5 Payee name Terra vino			
6 Amount (\$) \$237.03		7 Payee address; City; State; Zip Code 2520 Research Forest Dr The Woodlands, TX 77381			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Political Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/23/25		Payee name The Woodlands Marriott			
Amount (\$) \$620.05		Payee address; City; State; Zip Code 1601 Lake Robbins Dr The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Sponsor Interfaith Gala Event		
	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 Candidate / Officeholder name Office sought Office held					
Date 08/23/25		Payee name Interfaith of the Woodlands			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 4242 Interfaith Way Spring, TX 77381			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Donation		
	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 Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Accounting/Banking

Consulting Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 08/23/25	5 Payee name Interfaith of the Woodlands	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 4242 Interfaith Way Spring, TX 77381	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Donation
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/25/25	Payee name Chase Card Services	
Amount (\$) \$4357.39	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Pay Credit Card Charges
	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	Candidate / Officeholder name	Office sought Office held
Date 08/25/25	Payee name Best Buy	
Amount (\$) \$658.14	Payee address; City; State; Zip Code 1550 Lake Woodlands Dr The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Office Equipment
	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	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 08/25/25		5 Payee name Morgan Luttrell Campaign			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code PO Box 1245 Magnolia, TX 77353			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Campaign Contribution		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Morgan Luttrell		Office sought Office held 8th Congressional	
Date 08/28/25		Payee name Terra Vino			
Amount (\$) \$428.59		Payee address; City; State; Zip Code 2520 Research Forest Dr The Woodlands, TX 77381			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Political Dinner Meeting		
	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		Candidate / Officeholder name		Office sought Office held	
Date 09/03/25		Payee name Graphic Results			
Amount (\$) \$763.16		Payee address; City; State; Zip Code 6315B FM 1488, Ste 227 Magnolia, TX 77354			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Campaign Signage		
	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		Candidate / Officeholder name Brittany Gable-Hale		Office sought Office held JP Pct 3	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 09/03/25		5 Payee name Alphagraphics			
6 Amount (\$) \$366.98		7 Payee address; City; State; Zip Code 17126 Stuebner Airline Rd Spring, TX 77379			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Push Cards & Flyers		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Brittany Gable-Hale		Office sought JP Pct 3	
Date 09/05/25		Payee name Trulucks			
Amount (\$) \$228.21		Payee address; City; State; Zip Code 1900 Hughes Landing Blvd The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Political Gathering		
	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		Candidate / Officeholder name		Office sought	
Date 09/06/25		Payee name Cavender's			
Amount (\$) \$350.56		Payee address; City; State; Zip Code 2557 I-45 N Conroe, TX 77304			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Shirts for Department & Campaign Logos		
	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		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 09/08/25		5 Payee name Terra Vino			
6 Amount (\$) \$281.68		7 Payee address; City; State; Zip Code 2520 Research Forest Dr The Woodlands, TX 77381			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Political Dinner Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 09/09/25		Payee name Kelly Szush			
Amount (\$) \$731.25		Payee address; City; State; Zip Code 4210 Pikard Way Ct Spring, TX 77386			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Sign / Pushcard Graphics		
	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					
Date 09/10/25		Payee name Trulucks			
Amount (\$) \$436.59		Payee address; City; State; Zip Code 1900 Hughes Landing Blvd The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Political Dinner Meeting		
	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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 09/11/25		5 Payee name MOSAICS			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 33114 Forest West Street Magnolia, TX 77354			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Sponsor Annual Gala		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 09/11/25		Payee name Southwest Montgomery County Chamber			
Amount (\$) \$350.00		Payee address; City; State; Zip Code 18423 FM 1488, Suite C Magnolia, TX 77355			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Annual Membership Dues		
	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 Candidate / Officeholder name Office sought Office held					
Date 09/13/25		Payee name Terra Vino			
Amount (\$) \$257.87		Payee address; City; State; Zip Code 2520 Research Forest Dr The Woodlands, TX 77381			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Political Dinner Meeting		
	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 Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 09/16/25	5 Payee name Cilantro's Mexican Grill	
6 Amount (\$) \$343.66	7 Payee address; City; State; Zip Code 314 Sawdust Rd Spring, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Sponsor Campaign Fundraiser
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Brittany Gable-Hale JP Pct 3	
Date 09/16/25	Payee name Cilantro's Mexican Grill	
Amount (\$) \$1717.38	Payee address; City; State; Zip Code 314 Sawdust Rd Spring, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Sponsor Campaign Fundraiser
	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	Candidate / Officeholder name Office sought Office held Brittany Gable-Hale JP Pct 3	
Date 09/20/25	Payee name Wayme Mack Campaign	
Amount (\$) \$1000.00	Payee address; City; State; Zip Code PO Box 2234 Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Campaign Contribution
	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	Candidate / Officeholder name Office sought Office held Wayne Mack JP Pct 1	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 09/30/25	5 Payee name Charlie Riley Campaign	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 558 Pinehurst, TX 77362	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	
	(b) Description Campaign Contribution	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Charlie Riley Commish Pct 2	
Date 10/01/25	Payee name Larry Dean	
Amount (\$) \$800.00	Payee address; City; State; Zip Code 12606 Sinks Canyon Ln Humble, TX 77346	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	
	Description Laser Work for Gifts for Fundraiser	
	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	Candidate / Officeholder name Office sought Office held	
Date 10/03/25	Payee name Tommy Bahamas	
Amount (\$) \$344.97	Payee address; City; State; Zip Code 9595 Six Pines The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
	Description Political Dinner Meeting	
	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	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 10/13/25		5 Payee name Chase Card Services			
6 Amount (\$) \$10200.34		7 Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Pay Credit Card Charges	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 10/13/25		Payee name Rick Brass			
Amount (\$) \$1041.33		Payee address; City; State; Zip Code 7035 Pleasure Lake Dr Willis, TX 77318			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description Reimburse for Laser Work for a Gift	
		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		Candidate / Officeholder name Office sought Office held			
Date 10/14/25		Payee name The Woodlands Chamber of Commerce			
Amount (\$) \$800.00		Payee address; City; State; Zip Code 9320 Lakeside Blvd # 200 The Woodlands, TX 77381			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Donation	
		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		Candidate / Officeholder name Office sought Office held			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 10/15/25		5 Payee name The Woodlands Republican Women			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code PO Box 4294 The Woodlands, TX 77387			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Sponsor Annual Fundraiser	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 10/15/25		Payee name HCMC			
Amount (\$) \$2500.00		Payee address; City; State; Zip Code 27119 W Balsam Fir Circle Spring, TX 77386			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Donation	
		Check if travel outside 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 name Office sought Office held			
Date 10/16/25		Payee name Judge Lincoln Goodwin Campaign			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 8765 Spring Cypress Rd, Ste L, Box 172 Spring, TX 77379			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Campaign Contribution	
		Check if travel outside 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 name Office sought Office held Lincoln Goodwin JP Pct 4 Harris Co.			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 10/22/25		5 Payee name Ashley Corn			
6 Amount (\$) \$575.00		7 Payee address; City; State; Zip Code 28701 Denn Rd Montgomery, TX 77356			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Donation to Junior League The Woodlands		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/22/25		Payee name Glenloch Elementary School PTO			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 27505 Glenloch Dr The Woodlands, TX 77381			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Sponsor Annual Gator Run		
	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 Candidate / Officeholder name Office sought Office held					
Date 10/22/25		Payee name Jacob Folkens			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 59 Yewleaf Rd The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Cater & Cook for Dept. Office Lunch		
	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 Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 10/23/25	5 Payee name Matt Gray Campaign	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 1469 Porter, TX 77365	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Campaign Contribution
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Matt Gray	Office sought Commish Pct 4
Date 10/24/25	Payee name Uni Sushi	
Amount (\$) \$229.98	Payee address; City; State; Zip Code 9595 Six Pines The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Political Dinner Meeting
	Check if travel outside 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 name	Office sought
Date 10/28/25	Payee name Turtlebox	
Amount (\$) \$1493.85	Payee address; City; State; Zip Code 11020 Katy Fwy, Suite 202 Houston, TX 77043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Employee Gifts
	Check if travel outside 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 name	Office sought

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/25		5 Payee name Brett Ligon Campaign			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code PO Box 558 Pinehurst, TX 77362			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Campaign Contribution		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Brett Ligon		Office sought Senator District 4	Office held
Date 10/30/25		Payee name Apple			
Amount (\$) \$2704.09		Payee address; City; State; Zip Code One Apple Way Cupertino, CA 95014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office Equipment		
	Check if travel outside 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 name		Office sought	Office held
Date 11/03/25		Payee name Trulucks			
Amount (\$) \$4501.78		Payee address; City; State; Zip Code 1900 Hughes Landing Blvd The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Host Special Friends Dinner Fundraiser		
	Check if travel outside 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 name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 11/05/25	5 Payee name Justin Bratton	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 3311 Legends Creek Spring, TX 77386	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Pay for Security/Mighty Oaks Foundation
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 11/05/25	Payee name Brian Norton	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 6326 Bright Bloom Ln Spring, TX 77379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Pay for Security/Mighty Oaks Foundation
	Check if travel outside 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 name Office sought Office held	
Date 11/05/25	Payee name Crate & Barrel	
Amount (\$) \$326.32	Payee address; City; State; Zip Code 1250 Techny Rd Northbrook, IL 60062	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Gift for Supporter
	Check if travel outside 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 name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 11/06/25		5 Payee name Montgomery County Eagle Forum			
6 Amount (\$) \$250.00		7 Payee address; City; State; Zip Code PO Box 9671 Spring, TX 77387			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Donation		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/07/25		Payee name Chase Card Services			
Amount (\$) \$23562.90		Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment		Description Pay Credit Card Charges		
	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		Candidate / Officeholder name		Office sought	Office held
Date 11/08/25		Payee name Sixty Vines			
Amount (\$) \$298.34		Payee address; City; State; Zip Code 9595 Six Pines The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Political Meeting		
	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		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 11/13/25	5 Payee name David Eason Campaign	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 2326 Conroe, TX 77305	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Campaign Contribution
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name David Eason	Office sought Office held Constable Pct 2
Date 11/14/25	Payee name Macy's	
Amount (\$) \$238.15	Payee address; City; State; Zip Code 1201 Lake Woodlands Dr The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Staff Gift
	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	Candidate / Officeholder name	Office sought Office held
Date 11/17/25	Payee name Tavolo	
Amount (\$) \$1919.88	Payee address; City; State; Zip Code 130 N Main St Grapevine, TX 76051	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description Staff Christmas Gifts
	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	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/25	5 Payee name Midway USA	
6 Amount (\$) \$597.83	7 Payee address; City; State; Zip Code 10100 W Hwy 40 Columbia, MO 65202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	
	(b) Description Departmental Equipment	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 11/20/25	Payee name ESAD Arms	
Amount (\$) \$1540.86	Payee address; City; State; Zip Code 25701 I 45 North, Ste B The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	
	Description Departmental Equipment	
	Check if travel outside 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 name Office sought Office held	
Date 11/24/25	Payee name Mike Holley Campaign	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6315B FM 1488 Rd, PMB 270 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	
	Description Campaign Contribution	
	Check if travel outside 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 name Office sought Office held Mike Holley District Attorney	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 11/26/25		5 Payee name Tommy Bahamas			
6 Amount (\$) \$379.00		7 Payee address; City; State; Zip Code 9595 Six Pines The Woodlands, TX 77380			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description Employee Christmas Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/28/25		Payee name Home Depot			
Amount (\$) \$316.56		Payee address; City; State; Zip Code 19103 I-45 North Conroe, TX 77385			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Office Supplies		
	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 Candidate / Officeholder name Office sought Office held					
Date 12/08/25		Payee name Bath & Body Works			
Amount (\$) \$245.95		Payee address; City; State; Zip Code 9595 Six Pines The Woodlands, TX 77380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description Employee Christmas Gifts		
	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 Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)																																																																							
4 Date 12/09/25		5 Payee name Montgomery County Food Bank																																																																									
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 1 Food For Life Way Conroe, TX 77385																																																																									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Donation																																																																								
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense																																																																										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held																																																																			
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 12/16/25	5 Payee name HEB	
6 Amount (\$) \$386.20	7 Payee address; City; State; Zip Code 9595 Six Pines The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Departmental Awards & Lunch Celebration
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/23/25	Payee name Jomo K Washington	
Amount (\$) \$238.13	Payee address; City; State; Zip Code 13710 Lake Livingston Dr Houston, TX 77044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Payment/Reimbursement Exp	Description Reimbursement Bikes & Badges Purchase
	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 Candidate / Officeholder name Office sought Office held		
Date 01/05/26	Payee name Chase Card Services	
Amount (\$) \$2401.65	Payee address; City; State; Zip Code PO Box 94014 Palatine, IL 60094-4014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card Payment	Description Pay Credit Card Charges
	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 Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)	
4 Date 01/06/26		5 Payee name The Republic Grille			
6 Amount (\$) \$275.16		7 Payee address; City; State; Zip Code 3486 Discovery Creek Blvd Spring, TX 77386			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Political Dinner Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/07/26		Payee name TWHS Powerlifting Booster Club			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 6101 Research Forest Dr The Woodlands, TX 77381			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Sponsor Powerlifting Club		
	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 Candidate / Officeholder name Office sought Office held					
Date 01/07/26		Payee name GOHS Golf Booster Club			
Amount (\$) \$500.00		Payee address; City; State; Zip Code 4800 Riley Fuzzel Rd Spring, TX 77386			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		Description Sponsor Golf Club		
	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 Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 01/10/26	5 Payee name Pappa's BBQ	
6 Amount (\$) \$277.23	7 Payee address; City; State; Zip Code 27752 I-45 North Conroe, TX 77385	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations made by	(b) Description Lunch for Campaign Block Walkers
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Brittany Gable Hale JP Pct 3	
Date 01/11/25	Payee name Terra Vino	
Amount (\$) \$297.90	Payee address; City; State; Zip Code 2520 research Forest Dr The Woodlands, TX 77381	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	Description Political Luncheon Meeting
	Check if travel outside 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 name Office sought Office held Brittany Gable Hale JP Pct 3	
Date 0/12/26	Payee name Squareup.com	
Amount (\$) \$1,757.66	Payee address; City; State; Zip Code 1455 Market Street, Ste 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card Processing Fees
	Check if travel outside 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 name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**

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

EXPENDITURE CATEGORIES FOR BOX 10(a)Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9		2 FILER NAME Ryan Gable		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 48,362.70	
5 CREDIT CARD ISSUER		Name of financial institution Chase Credit Card Services			
6 PAYMENT		(a) Amount Charged \$ 3090.00	(b) Date Expenditure Charged 07/29/25	(c) Date(s) Credit Card Issuer Paid 08/07/25	
7 PAYEE		(a) Payee name Interfaith of the Woodlands		(b) Payee address; City, State, Zip Code 4242 Interfaith Way The Woodlands, TX 77381	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Sponsor "The Walk 2025" Gala	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$3516.20	(b) Date Expenditure Charged 08/21/25	(c) Date(s) Credit Card Issuer Paid 08/25/25	
PAYEE		(a) Payee name Alphagraphics		(b) Payee address; City, State, Zip Code 17126 Stuebner Airline Spring, TX 77379	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fundraiser Invitations & Mailing	
		(c) 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		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$ 841.19	(b) Date Expenditure Charged 08/21/25	(c) Date(s) Credit Card Issuer Paid 08/25/25	
PAYEE		(a) Payee name Apricity Foundation		(b) Payee address; City, State, Zip Code 2257 N Loop 336 #140 Conroe, TX 77304	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Sponsor 2025 Gala	
		(c) 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		Candidate / Officeholder name		Office Sought Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9		2 FILER NAME Ryan Gable		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 48,362.70	
5 CREDIT CARD ISSUER		Name of financial institution Chase Credit Card Services			
6 PAYMENT		(a) Amount Charged \$ 917.96	(b) Date Expenditure Charged 09/26/25	(c) Date(s) Credit Card Issuer Paid 10/13/25	
7 PAYEE		(a) Payee name Apple		(b) Payee address; City, State, Zip Code 1201 Lake Woodlands The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Equipment	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$ 166.23	(b) Date Expenditure Charged 09/26/25	(c) Date(s) Credit Card Issuer Paid 10/13/25	
PAYEE		(a) Payee name Trulucks		(b) Payee address; City, State, Zip Code 1900 Hughes Landing The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Political Meeting	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) 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		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$ 189.39	(b) Date Expenditure Charged 09/27/25	(c) Date(s) Credit Card Issuer Paid 10/13/25	
PAYEE		(a) Payee name Terra Vino		(b) Payee address; City, State, Zip Code 2520 Research Forest Dr Woodlands, TX 77381	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Employee Dinner	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) 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		Candidate / Officeholder name		Office Sought Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Ryan Gable		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 48,362.70
5 CREDIT CARD ISSUER	Name of financial institution Chase Credit Card Services		
6 PAYMENT	(a) Amount Charged \$ 212.43	(b) Date Expenditure Charged 09/28/25	(c) Date(s) Credit Card Issuer Paid 10/13/25
7 PAYEE	(a) Payee name Walmart	(b) Payee address; City, State, Zip Code 2901 Riley Fuzzel Rd Spring, TX 77386	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$ 1791.08	(b) Date Expenditure Charged 10/01/25	(c) Date(s) Credit Card Issuer Paid 10/13/25
PAYEE	(a) Payee name Sportsman's Outlet	(b) Payee address; City, State, Zip Code 1710 FM 1960 Bypass E Humble, TX 77338	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Auction Items for Campaign Fundraiser
	(c) 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	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$ 4503.20	(b) Date Expenditure Charged 10/01/25	(c) Date(s) Credit Card Issuer Paid 10/13/25
PAYEE	(a) Payee name Graphic Results	(b) Payee address; City, State, Zip Code 6315B FM 1488 #227 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Supporter Gifts for Campaign Fundraiser
	(c) 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	Candidate / Officeholder name Office Sought Office Held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9		2 FILER NAME Ryan Gable		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 48,362.70	
5 CREDIT CARD ISSUER		Name of financial institution Chase Credit Card Services			
6 PAYMENT		(a) Amount Charged \$ 1150.00	(b) Date Expenditure Charged 10/02/25	(c) Date(s) Credit Card Issuer Paid 10/13/25	
7 PAYEE		(a) Payee name The Woodlands Chamber		(b) Payee address; City, State, Zip Code 9320 Lakeside Blvd #200 Woodlands, TX 77381	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Sponsor Annual Golf Tournament	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
		Brittany Gable-Hale		JP Pct 3	
PAYMENT		(a) Amount Charged \$ 1270.05	(b) Date Expenditure Charged 10/06/25	(c) Date(s) Credit Card Issuer Paid 10/13/25	
PAYEE		(a) Payee name Alphagraphics		(b) Payee address; City, State, Zip Code 17126 Stuebner Airline Rd Spring, TX 77379	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by		(b) Description Door Hangers for Brittany Gable-Hale	
		(c) 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		Candidate / Officeholder name Brittany Gable-Hale		Office Sought Office Held JP Pct 3	
PAYMENT		(a) Amount Charged \$ 562.90	(b) Date Expenditure Charged 10/31/25	(c) Date(s) Credit Card Issuer Paid 11/07/25	
PAYEE		(a) Payee name Graphic Results		(b) Payee address; City, State, Zip Code 6315B FM 1488 #227 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Supporter Gifts for Campaign Fundraiser	
		(c) 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		Candidate / Officeholder name		Office Sought Office Held	

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EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Ryan Gable	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 48,362.70
5 CREDIT CARD ISSUER	Name of financial institution Chase Credit Card Services	
6 PAYMENT	(a) Amount Charged \$ 23000.00	(b) Date Expenditure Charged 11/03/25
		(c) Date(s) Credit Card Issuer Paid 11/07/25
7 PAYEE	(a) Payee name Trulucks	(b) Payee address; City, State, Zip Code 1900 Hughes Landing The Woodlands, TX 77380
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Host Annual Campaign Dinner event	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 576.58	(b) Date Expenditure Charged 11/11/25
		(c) Date(s) Credit Card Issuer Paid 11/24/25
PAYEE	(a) Payee name Kirby's Steakhouse	(b) Payee address; City, State, Zip Code 1111 Timberloch Pl The Woodlands, TX 77380
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Host Elected Constable Training Dinner	
	(c) 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	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 345.51	(b) Date Expenditure Charged 11/14/25
		(c) Date(s) Credit Card Issuer Paid 11/24/25
PAYEE	(a) Payee name Pappasito's	(b) Payee address; City, State, Zip Code 18101 I-45 S Conroe, TX 77385
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Political Dinner Meeting	
	(c) 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	Candidate / Officeholder name Office Sought Office Held	

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EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Ryan Gable	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 48,362.70
5 CREDIT CARD ISSUER	Name of financial institution Chase Credit Card Services	
6 PAYMENT	(a) Amount Charged \$ 373.02	(b) Date Expenditure Charged 11/28/25 (c) Date(s) Credit Card Issuer Paid 12/15/25
7 PAYEE	(a) Payee name Total Wine & More	(b) Payee address; City, State, Zip Code 1900 Lake Woodlands Dr Woodlands, TX 77380
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	
	(b) Description Employee/Supporter Gifts	
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 182.94	(b) Date Expenditure Charged 11/28/25 (c) Date(s) Credit Card Issuer Paid 12/15/25
PAYEE	(a) Payee name Pappasito's	(b) Payee address; City, State, Zip Code 18101 I-45 S Conroe, TX 77385
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
	(b) Description Political meeting	
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 211.58	(b) Date Expenditure Charged 11/29/25 (c) Date(s) Credit Card Issuer Paid 12/15/25
PAYEE	(a) Payee name The Republic Grille	(b) Payee address; City, State, Zip Code 3486 Discovery Creek Blvd Spring, TX 77386
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
	(b) Description Campaign Lunch Meeting	
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name Office Sought Office Held	

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EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Ryan Gable	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 48,362.70
5 CREDIT CARD ISSUER	Name of financial institution Chase Credit Card Services	
6 PAYMENT	(a) Amount Charged \$ 95.00	(b) Date Expenditure Charged 12/01/25
	(c) Date(s) Credit Card Issuer Paid 12/15/25	
7 PAYEE	(a) Payee name Chase Credit Card Services	(b) Payee address; City, State, Zip Code PO Box 94014 Palatine, IL 60094-4014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Annual Membership Fee	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$513.97	(b) Date Expenditure Charged 12/01/25
	(c) Date(s) Credit Card Issuer Paid 12/15/25	
PAYEE	(a) Payee name Town Square Publications	(b) Payee address; City, State, Zip Code PO Box 280 Arlington Heights, IL 60006
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Advertise in Chamber Publication	
	(c) 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	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 851.92	(b) Date Expenditure Charged 12/02/25
	(c) Date(s) Credit Card Issuer Paid 12/15/25	
PAYEE	(a) Payee name Pappasito's	(b) Payee address; City, State, Zip Code 18101 I-45 S Conroe, TX 77385
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Host Annual Training Advisory Meeting	
	(c) 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	Candidate / Officeholder name Office Sought Office Held	

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EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Ryan Gable	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 48,362.70
5 CREDIT CARD ISSUER	Name of financial institution Chase Credit Card Services	
6 PAYMENT	(a) Amount Charged \$ 107.54	(b) Date Expenditure Charged 12/02/25
	(c) Date(s) Credit Card Issuer Paid 12/15/25	
7 PAYEE	(a) Payee name Pappasito's	(b) Payee address; City, State, Zip Code 18101 I-45 S Conroe, TX 77385
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Host Annual Training Advisory Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 943.80	(b) Date Expenditure Charged 12/05/25
	(c) Date(s) Credit Card Issuer Paid 12/15/25	
PAYEE	(a) Payee name Sportsman's Outlet	(b) Payee address; City, State, Zip Code 1710 FM 1960 Bypass E Humble, TX 77338
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Gift for Campaign Manager	
	(c) 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	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 505.95	(b) Date Expenditure Charged 12/10/25
	(c) Date(s) Credit Card Issuer Paid 12/15/25	
PAYEE	(a) Payee name Tractor Supply Company	(b) Payee address; City, State, Zip Code 1407 I-45 North Conroe, TX 77304
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description T-Posts for Campaign Signage	
	(c) 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	Candidate / Officeholder name Office Sought Office Held Brittany Gable-Hale JP Pct 3	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Ryan Gable	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 48,362.70
5 CREDIT CARD ISSUER	Name of financial institution Chase Credit Card Services	
6 PAYMENT	(a) Amount Charged \$ 425.00	(b) Date Expenditure Charged 12/26/25 (c) Date(s) Credit Card Issuer Paid 01/05/26
7 PAYEE	(a) Payee name Pappas Steakhouse	(b) Payee address; City, State, Zip Code 5839 Westheimer Rd Houston, TX 77057
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Political Dinner Event (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 1976.65	(b) Date Expenditure Charged 12/29/25 (c) Date(s) Credit Card Issuer Paid 01/05/26
PAYEE	(a) Payee name Graphic Results	(b) Payee address; City, State, Zip Code 6315B FM 1488 #227 Magnolia, TX 77354
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by (b) Description Campaign Signs (c) 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	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) 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	Candidate / Officeholder name Office Sought Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED