

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 Ryan			MI	OFFICE USE ONLY Date Received	
	NICKNAME LAST Gable			SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 130966 Spring, TX 77393					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 478-9485	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Eric			MI	Date Hand-delivered or Postmarked Receipt # JAN 13 2026 Date Processed 55 pages - JP Date Imaged	
	NICKNAME LAST Runyon			SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 7414 Shepherds Glen Ln Spring, TX 77379			STATE	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 764-3247	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	
10 PERIOD COVERED	Month 07	Day 15	Year 25	Month 01	Day 15	Year 26
11 ELECTION	ELECTION DATE Month / Day / Year / / 	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Montgomery Co Constable Pct 3			13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

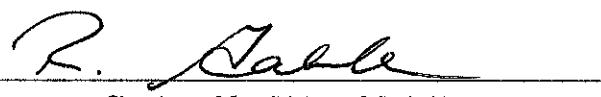
GO TO PAGE 2

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) \$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 105,075.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 22,606.96
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 120,149.50
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 529,501.56
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

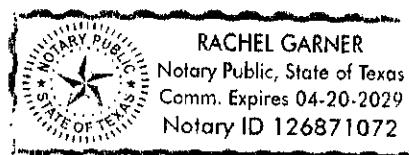
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(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 Signature of officer administering oath

Rachel Garner Printed name of officer administering oath

Notary Public Title of officer administering oath

QR

(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 _____.

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 Lisa Beard	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$850.00
6 Contributor address; 15 Hildene The Woodlands, TX 77382		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/21/25		Full name of contributor Mike Atkins	out-of-state PAC (ID#:)
		Contributor address; 31119 Blue Ridge Park Ln	City; State; Zip Code Spring, TX 77386
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/25		Full name of contributor Bill & Colleen Ellison	out-of-state PAC (ID#:)
		Contributor address; 2161 Summit Mist Dr	City; State; Zip Code Conroe, TX 77304
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/22/25		Full name of contributor Raymond & Erin Durdin	out-of-state PAC (ID#:)
		Contributor address; 6007 Bermuda Dunes Dr	City; State; Zip Code Houston, TX 77069
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 08/22/25	5 Full name of contributor Anthony E Massoud	out-of-state PAC (ID#: 6 Contributor address; 6515 Kodes Clay Ct Spring, TX 77379	7 Amount of contribution (\$) \$1700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/23/25	Full name of contributor Priscilla Carrera	out-of-state PAC (ID#: Contributor address; 39 Tioga Place Tomball, TX 77375	Amount of contribution (\$) \$850.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/25/25	Full name of contributor Robert & Lindsey Kasprzak	out-of-state PAC (ID#: Contributor address; 27 Grand Regency Circle The Woodlands, TX 77382	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/25	Full name of contributor Kyle Bird	out-of-state PAC (ID#: Contributor address; 13102 East Point Park Louisville, KY 40223	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 08/27/25	5 Full name of contributor Rocky Del Papa	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$850.00
	6 Contributor address: 6 Cluny Ct	City; State; Zip Code The Woodlands, TX 77382	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/28/25	Full name of contributor Jeff & Robben Cunningham	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1700.00
	Contributor address: 1935 Cattle Dr	City; State; Zip Code Magnolia, TX 77354	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/28/25	Full name of contributor Les Konikowski	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1700.00
	Contributor address: 142 Remington Rd	City; State; Zip Code Huntsville, TX 77340	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/29/25	Full name of contributor Mike Atkins	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$425.00
	Contributor address: 31119 Blue Ridge Park Ln	City; State; Zip Code Spring, TX 77386	
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 James & Leigh Ann Carman 6 Contributor address; City; State; Zip Code 23 Gilded Pond PI 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 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 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 Brett Jensen Contributor address; City; State; Zip Code 14 Hammock Dunes PI 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.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME Ryan Gable</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 09/04/25</p>	<p>5 Full name of contributor Cody & Veronica Lovins</p>	<p>out-of-state PAC (ID#:)</p>	<p>7 Amount of contribution (\$) \$1700.00</p>
<p>6 Contributor address; 14768 English Oak Dr</p>		<p>City; State; Zip Code Montgomery, TX 77356</p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 09/07/25</p>	<p>Full name of contributor Denise & Jason Baker</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$1700.00</p>
<p>Contributor address; 15431 I-45</p>		<p>City; State; Zip Code Conroe, TX 77385</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 09/09/25</p>	<p>Full name of contributor Leonard & Haluin Buzz</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$1700.00</p>
<p>Contributor address; 6115 E Balsam Fir Cir</p>		<p>City; State; Zip Code Spring, TX 77386</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 09/19/25</p>	<p>Full name of contributor Vicki Richmond</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$1700.00</p>
<p>Contributor address; 59 North Royal Fern Dr</p>		<p>City; State; Zip Code The Woodlands, TX 77380</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 09/19/25	5 Full name of contributor Amy Milstead	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$1000.00
	6 Contributor address: 1415 Spring Hills Dr	City; State; Zip Code Spring, TX 77386	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/19/25	Full name of contributor Jayme & Chris Owens	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$3400.00
	Contributor address: 215 S Spotted Fern Dr	City; State; Zip Code Montgomery, TX 77316	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/25	Full name of contributor Adam & Shannon Acosta	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$850.00
	Contributor address: 19214 Piney Way Dr	City; State; Zip Code Tomball, TX 77354	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/25	Full name of contributor Edwin E Jones	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1700.00
	Contributor address: 40 Waterway Ct	City; State; Zip Code The Woodlands, TX 77380	
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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1:
<p>2 FILER NAME Ryan Gable</p>			3 Filer ID (Ethics Commission Filers)
4 Date 09/25/25	5 Full name of contributor Jim Hallers	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$1700.00
6 Contributor address: 33322 Windcrest Estates Blvd Magnolia, TX 77354		City: State: Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/26/25	Full name of contributor Greg & Ann Harpster	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$850.00
Contributor address: 22 Pleasure Cove Dr The Woodlands, TX 77381		City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/25	Full name of contributor Alison Yee	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$850.00
Contributor address: 19 Destiny Cove The Woodlands, TX 77381		City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/25	Full name of contributor Larry & Kristin Mason	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1700.00
Contributor address: 31 Mason Pond Pl The Woodlands, TX 77381		City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 George Lindahl III	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$1700.00	
	6 Contributor address; 14 Honeycomb Ridge Pl	City; State; Zip Code The Woodlands, TX 77380		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 10/01/25	Full name of contributor James & Becky Sumner	out-of-state PAC (ID#:)	Amount of contribution (\$) \$850.00	
	Contributor address; 40006 Fremont Rd	City; State; Zip Code Magnolia, TX 77354		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/01/25	Full name of contributor Matt Gray	out-of-state PAC (ID#:)	Amount of contribution (\$) \$850.00	
	Contributor address; PO Box 1469	City; State; Zip Code Porter, TX 77365		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 10/01/25	Full name of contributor Rick Brass	out-of-state PAC (ID#:)	Amount of contribution (\$) \$850.00	
	Contributor address; 7035 Pleasure Lake Dr	City; State; Zip Code Willis, TX 77318		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p>				

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 Ruth L. Vernier	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$1700.00
6 Contributor address; 107 W Racing Cloud Ct		City; State; Zip Code The Woodlands, TX 77381	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/06/25	Full name of contributor Lance Malmgren	out-of-state PAC (ID#:)	Amount of contribution (\$) \$1700.00
	Contributor address; 15 Wild Ginger Ct	City; State; Zip Code The Woodlands, TX 77380	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/25	Full name of contributor Omar & Alesha Maalouf	out-of-state PAC (ID#:)	Amount of contribution (\$) \$1700.00
	Contributor address; 3902 Movado Ct	City; State; Zip Code Spring, TX 77386	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/25	Full name of contributor Bret & Angela Strong	out-of-state PAC (ID#:)	Amount of contribution (\$) \$1700.00
	Contributor address; 3 Birchbrook Ct	City; State; Zip Code Spring, TX 77380	
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

10/08/25

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

Lianne Chang

.....

6 Contributor address; City; State; Zip Code

3802 W Benders Landing Blvd Spring, TX 77386

7 Amount of contribution (\$)

\$1700.00

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

.....

Contributor address; City; State; Zip Code

6326 Bright Bloom Ln Spring, TX 77379

Amount of contribution (\$)

\$850.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/25

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

Bobby Sellers

.....

Contributor address; City; State; Zip Code

11889 Whirlaway Willis, TX 77318

Amount of contribution (\$)

\$850.00

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

.....

Contributor address; City; State; Zip Code

995 Chaney's Crossing Bertram, TX 78605

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME Ryan Gable</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 10/15/25</p>	<p>5 Full name of contributor Joe Castro</p>	<p>out-of-state PAC (ID#:)</p>	<p>7 Amount of contribution (\$) \$850.00</p>
<p>6 Contributor address; 31519 Boulder Cliff Ln</p>		<p>City; State; Zip Code Spring, TX 77386</p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 10/17/25</p>	<p>Full name of contributor Kyle & Megan White</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$1700.00</p>
<p>Contributor address; 7 Switchbud Place # 192</p>		<p>City; State; Zip Code The Woodlands, TX 77380</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/20/25</p>	<p>Full name of contributor John G Vasquez</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$850.00</p>
<p>Contributor address; 8114 Winding Oak Ln</p>		<p>City; State; Zip Code Spring, TX 77379</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/20/25</p>	<p>Full name of contributor Everson Family Revocable Trust</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$850.00</p>
<p>Contributor address; 43 N Royal Fern Dr</p>		<p>City; State; Zip Code The Woodlands, TX 77380</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 10/20/25	5 Full name of contributor Carmine & Gabriella Falcone	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$1700.00
6 Contributor address; 38 Leeward Cove Dr The Woodlands, TX 77380		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/21/25	Full name of contributor Dane Cantwell	out-of-state PAC (ID#:)	Amount of contribution (\$) \$850.00
Contributor address; 142 N Shawnee Ridge Cir The Woodlands, TX 77382		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/25	Full name of contributor Emily Williams	out-of-state PAC (ID#:)	Amount of contribution (\$) \$300.00
Contributor address; 76 La Jolla Cir Montgomery, TX 77356		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/25	Full name of contributor Farouk Shami	out-of-state PAC (ID#:)	Amount of contribution (\$) \$1700.00
Contributor address; 66 Windward Cove Spring, TX 77380		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME Ryan Gable</p>			<p>3 Filer ID (Ethics Commission Filer)</p>
<p>4 Date 10/23/25</p>	<p>5 Full name of contributor Frank & Jonnie Torres</p>	<p>out-of-state PAC (ID#:)</p>	<p>7 Amount of contribution (\$) \$1700.00</p>
<p>6 Contributor address; 27902 Robinson Park Dr</p>		<p>City; State; Zip Code Spring, TX 77386</p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 10/26/25</p>	<p>Full name of contributor Ryan Miller</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$850.00</p>
<p>Contributor address; 28647 Lockridge View Dr</p>		<p>City; State; Zip Code Spring, TX 77386</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/27/25</p>	<p>Full name of contributor Unified Fire Fighters of the Woodlands</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$1700.00</p>
<p>Contributor address; PO Box 130388</p>		<p>City; State; Zip Code The Woodlands, TX 77393</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/28/25</p>	<p>Full name of contributor Bill Huer</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$2550.00</p>
<p>Contributor address; 5806 Crescent Springs Ct</p>		<p>City; State; Zip Code Spring, TX 77379</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 10/29/25	5 Full name of contributor Pamela & Ronald Glaze	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$425.00
6 Contributor address; 448 B Morgan Rd Bedias, TX 77831		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/29/25	Full name of contributor Chris Hoffman	out-of-state PAC (ID#:)	Amount of contribution (\$) \$850.00
Contributor address; 15366 Arrowhead Loop W Willis, TX 77378		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/31/25	Full name of contributor Ken Washington	out-of-state PAC (ID#:)	Amount of contribution (\$) \$850.00
Contributor address; 13710 Lake Livingston Dr Houston, TX 77044		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/03/25	Full name of contributor James & Becky Sumner	out-of-state PAC (ID#:)	Amount of contribution (\$) \$150.00
Contributor address; 40006 Freemont Rd Magnolia, TX 77354		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			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 Houston Apartment Association	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$850.00
	6 Contributor address; 4810 Westway Park Blvd	City; State; Zip Code Houston, TX 77041	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/04/25	Full name of contributor Aven McBride	out-of-state PAC (ID#:)	Amount of contribution (\$) \$10,000.00
	Contributor address; 11602 Huffsmith Kuykendahl Rd	City; State; Zip Code Tomball, TX 77375	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04/25	Full name of contributor Victor Guerrero	out-of-state PAC (ID#:)	Amount of contribution (\$) \$850.00
	Contributor address; 7 Celeste Ct	City; State; Zip Code Tomball, TX 77375	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/08/25	Full name of contributor Carmine & Gabriella Falcone	out-of-state PAC (ID#:)	Amount of contribution (\$) \$1500.00
	Contributor address; 38 Leeward Cove Dr	City; State; Zip Code The Woodlands, TX 77381	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; 18123 Kuykendahl Rd Spring, TX 77379	City;	State;	Zip Code
---------------------------	--	-------	--------	----------

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; 17126 Stuebner Airline Rd Spring, TX 77379	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

 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; 27330 Oak Ridge School Rd Conroe, TX 77385	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 07/18/25	5 Payee name Brittany Gable-Hale Campaign		
6 Amount (\$) \$500.00	7 Payee address; PO Box 7066 Spring, TX 77387	City; State; Zip Code	
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 Brittany Gable-Hale	Office sought JP Pct 3	Office held
Date 07/24/25	Payee name Sleep In Heavenly Peace		
Amount (\$) \$500.00	Payee address; 318 North Main St Conroe, TX 77301	City;	State; Zip Code
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 07/29/25	Payee name The Olive Oil		
Amount (\$) \$257.24	Payee address; 373 Sawdust Rd Spring, TX 77380	City;	State; Zip Code
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 <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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 08/05/25	5 Payee name Cindy Heiser Campaign	
6 Amount (\$) \$500.00	7 Payee address; 87 Olmstead Row The Woodlands, TX 77380	City; State; Zip Code
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 Cindy Heiser	Office sought Office held Township Dir.
Date 08/06/25	Payee name MCRP	
Amount (\$) \$500.00	Payee address; 18001 HWY 105 W, Ste 101 Montgomery, TX 77356	City; State; Zip Code
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 <u>ONLY</u> 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; PO Box 132982 The Woodlands, TX 77393	City; State; Zip Code
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 <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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 08/06/25	5 Payee name Montgomery County First Responders Foundation		
6 Amount (\$) \$500.00	7 Payee address; 1544 Sawdust Rd #606 The Woodlands, TX 77380	City; State; Zip Code	
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; 1900 Lake Woodlands Dr The Woodlands, TX 77380	City;	State; Zip Code
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; PO Box 94014 Palatine, IL 60094-4014	City;	State; Zip Code
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 08/07/25	5 Payee name The Woodlands Republican Women	
6 Amount (\$) \$585.00	7 Payee address; PO Box 7294 The Woodlands, TX 77387	City; State; Zip Code
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 08/16/25	Payee name The Woodlands Marriott Acqua	
Amount (\$) \$581.58	Payee address; 1601 Lake Robbins Dr The Woodlands, TX 77380	City; State; Zip Code
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 ONLY 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; 1201 Lake Woodlands Dr The Woodlands, TX 77380	City; State; Zip Code
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filer)	
4 Date 08/19/25	5 Payee name Terra vino		
6 Amount (\$) \$237.03	7 Payee address; 2520 Research Forest Dr	City; 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; 1601 Lake Robbins Dr	City; The Woodlands, TX 77380	State; Zip Code
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; 4242 Interfaith Way	City; Spring, TX 77381	State; Zip Code
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 08/23/25	5 Payee name Interfaith of the Woodlands		
6 Amount (\$) \$250.00	7 Payee address; 4242 Interfaith Way Spring, TX 77381	City; State; Zip Code	
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 08/25/25	Payee name Chase Card Services		
Amount (\$) \$4357.39	Payee address; PO Box 94014	City; Palatine, IL 60094-4014	State; Zip Code
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 <u>ONLY</u> 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; 1550 Lake Woodlands Dr The Woodlands, TX 77380	City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 08/25/25	5 Payee name Morgan Luttrell Campaign	
6 Amount (\$) \$500.00	7 Payee address; PO Box 1245 Magnolia, TX 77353	City; State; Zip Code
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 Morgan Luttrell	Office sought Office held 8th Congressional
Date 08/28/25	Payee name Terra Vino	
Amount (\$) \$428.59	Payee address; 2520 Research Forest Dr The Woodlands, TX 77381	City; State; Zip Code
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 Office held
Date 09/03/25	Payee name Graphic Results	
Amount (\$) \$763.16	Payee address; 6315B FM 1488, Ste 227 Magnolia, TX 77354	City; State; Zip Code
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brittany Gable-Hale	Office sought Office held JP Pct 3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 09/03/25	5 Payee name Alphagraphics		
6 Amount (\$) \$366.98	7 Payee address; 17126 Stuebner Airline Rd	City; Spring, TX 77379 State; Zip Code	
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	Office held
Date 09/05/25	Payee name Trulucks		
Amount (\$) \$228.21	Payee address; 1900 Hughes Landing Blvd	City; The Woodlands, TX 77380	State; Zip Code
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	Office held
Date 09/06/25	Payee name Cavender's		
Amount (\$) \$350.56	Payee address; 2557 I-45 N	City; Conroe, TX 77304	State; Zip Code
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	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/25	5 Payee name Terra Vino		
6 Amount (\$) \$281.68	7 Payee address; 2520 Research Forest Dr	City; The Woodlands, TX 77381	State; Zip Code
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 Brittany Gable-Hale		Office sought JP Pct 3
Date 09/09/25	Payee name Kelly Szush		
Amount (\$) \$731.25	Payee address; 4210 Pikard Way Ct	City; Spring, TX 77386	State; Zip Code
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	Candidate / Officeholder name Brittany Gable-Hale		Office sought JP Pct 3
Date 09/10/25	Payee name Trulucks		
Amount (\$) \$436.59	Payee address; 1900 Hughes Landing Blvd	City; The Woodlands, TX 77380	State; Zip Code
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 09/11/25	5 Payee name MOSAICS		
6 Amount (\$) \$500.00	7 Payee address; 33114 Forest West Street Magnolia, TX 77354	City; State; Zip Code	
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 <u>ONLY</u> 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; 18423 FM 1488, Suite C Magnolia, TX 77355	City; State; Zip Code	
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 <u>ONLY</u> 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; 2520 Research Forest Dr The Woodlands, TX 77381	City; State; Zip Code	
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	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 09/16/25	5 Payee name Cilantro's Mexican Grill	
6 Amount (\$) \$343.66	7 Payee address; 314 Sawdust Rd Spring, TX 77380	City; State; Zip Code
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brittany Gable-Hale	Office sought Office held
Date 09/16/25	Payee name Cilantro's Mexican Grill	
Amount (\$) \$1717.38	Payee address; 314 Sawdust Rd Spring, TX 77380	City; State; Zip Code
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Brittany Gable-Hale	Office sought Office held
Date 09/20/25	Payee name Wayne Mack Campaign	
Amount (\$) \$1000.00	Payee address; PO Box 2234 Conroe, TX 77305	City; State; Zip Code
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 Wayne Mack	Office sought Office held
		JP Pct 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 09/30/25	5 Payee name Charlie Riley Campaign		
6 Amount (\$) \$500.00	7 Payee address; PO Box 558 Pinehurst, TX 77362	City; State; Zip Code	
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 Charlie Riley	Candidate / Officeholder name	Office sought	Office held Commish Pct 2
Date 10/01/25	Payee name Larry Dean		
Amount (\$) \$800.00	Payee address; 12606 Sinks Canyon Ln Humble, TX 77346	City;	State; Zip Code
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Commish Pct 2
Date 10/03/25	Payee name Tommy Bahamas		
Amount (\$) \$344.97	Payee address; 9595 Six Pines The Woodlands, TX 77380	City;	State; Zip Code
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	Office held Commish Pct 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Fliers)	
4 Date 10/13/25	5 Payee name Chase Card Services		
6 Amount (\$) \$10200.34	7 Payee address; PO Box 94014	City; 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 <u>ONLY</u> 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; 7035 Pleasure Lake Dr	City; Willis, TX 77318	State; Zip Code
 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 <u>ONLY</u> 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; 9320 Lakeside Blvd # 200	City; The Woodlands, TX 77381	State; Zip Code
 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 10/15/25	5 Payee name The Woodlands Republican Women		
6 Amount (\$) \$500.00	7 Payee address; PO Box 4294 The Woodlands, TX 77387	City; State; Zip Code	
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; 27119 W Balsam Fir Circle Spring, TX 77386	City; 	State;
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; 8765 Spring Cypress Rd, Ste L, Box 172	City; 	State;
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 Lincoln Goodwin	Office sought 	Office held JP Pct 4 Harris Co.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 10/22/25	5 Payee name Ashley Corn		
6 Amount (\$) \$575.00	7 Payee address; 28701 Denn Rd Montgomery, TX 77356	City; State; Zip Code	
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 <u>ONLY</u> 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; 27505 Glenloch Dr The Woodlands, TX 77381	City; State; Zip Code	
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 <u>ONLY</u> 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; 59 Yewleaf Rd The Woodlands, TX 77380	City; State; Zip Code	
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 <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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 10/23/25	5 Payee name Matt Gray Campaign		
6 Amount (\$) \$500.00	7 Payee address; PO Box 1469 Porter, TX 77365	City; State; Zip Code	
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	Office held Commish Pct 4
Date 10/24/25	Payee name Uni Sushi		
Amount (\$) \$229.98	Payee address; 9595 Six Pines The Woodlands, TX 77380	City;	State; Zip Code
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	Office held
Date 10/28/25	Payee name Turtlebox		
Amount (\$) \$1493.85	Payee address; 11020 Katy Fwy, Suite 202 Houston, TX 77043	City;	State; Zip Code
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	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/25	5 Payee name Brett Ligon Campaign		
6 Amount (\$) \$500.00	7 Payee address; PO Box 558 Pinehurst, TX 77362	City; State; Zip Code	
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; One Apple Way Cupertino, CA 95014	City; State; Zip Code	
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; 1900 Hughes Landing Blvd The Woodlands, TX 77380	City; State; Zip Code	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 11/05/25	5 Payee name Justin Bratton		
6 Amount (\$) \$300.00	7 Payee address; 3311 Legends Creek	City; State; Zip Code 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; 6326 Bright Bloom Ln	City; State; Zip Code 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; 1250 Techny Rd	City; State; Zip Code 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 11/06/25	5 Payee name Montgomery County Eagle Forum		
6 Amount (\$) \$250.00	7 Payee address; PO Box 9671 Spring, TX 77387	City; State; Zip Code	
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; PO Box 94014 Palatine, IL 60094-4014	City;	State; Zip Code
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; 9595 Six Pines The Woodlands, TX 77380	City;	State; Zip Code
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
----------------------------	----------------------------	---------------------------------------

4 Date 11/13/25	5 Payee name David Eason Campaign
--------------------	--------------------------------------

6 Amount (\$) \$500.00	7 Payee address; PO Box 2326 Conroe, TX 77305	City;	State;	Zip Code
---------------------------	--	-------	--------	----------

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; 1201 Lake Woodlands Dr The Woodlands, TX 77380	City;	State;	Zip Code

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; 130 N Main St Grapevine, TX 76051	City;	State;	Zip Code

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 11/20/25	5 Payee name Midway USA	
6 Amount (\$) \$597.83	7 Payee address; 10100 W Hwy 40 Columbia, MO 65202	City; State; Zip Code
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; 25701 145 North, Ste B The Woodlands, TX 77380	City; State; Zip Code
P 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; 6315B FM 1488 Rd, PMB 270 Magnolia, TX 77354	City; State; Zip Code
P 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
----------------------------	-----------------------------------	---------------------------------------

4 Date 11/26/25	5 Payee name Tommy Bahamas
---------------------------	--------------------------------------

6 Amount (\$) \$379.00	7 Payee address; 9595 Six Pines The Woodlands, TX 77380	City;	State;	Zip Code
----------------------------------	---	-------	--------	----------

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; 19103 I-45 North Conroe, TX 77385	City;	State;	Zip Code
--------------------------------	--	-------	--------	----------

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; 9595 Six Pines The Woodlands, TX 77380	City;	State;	Zip Code
--------------------------------	---	-------	--------	----------

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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 12/09/25	5 Payee name Montgomery County Food Bank	
6 Amount (\$) \$500.00	7 Payee address; 1 Food For Life Way Conroe, TX 77385	City; State; Zip Code
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 12/12/25	Payee name Adobe	
Amount (\$) \$257.27	Payee address; 345 Park Avenue San Jose, CA 95110	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Software Renewal
	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 12/15/25	Payee name Chase Card Services	
Amount (\$) \$3828.33	Payee address; PO Box 94014 Palatine, IL 60094-4014	City; State; Zip Code
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 <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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)	
4 Date 12/16/25	5 Payee name HEB		
6 Amount (\$) \$386.20	7 Payee address; 9595 Six Pines The Woodlands, TX 77380	City; State; Zip Code	
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 Jomo K Washington	Office sought Office held
Date 12/23/25	Payee name Jomo K Washington		
Amount (\$) \$238.13	Payee address; 13710 Lake Livingston Dr Houston, TX 77044	City; State; Zip Code	
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 Chase Card Services	Office sought Office held
Date 01/05/26	Payee name Chase Card Services		
Amount (\$) \$2401.65	Payee address; PO Box 94014 Palatine, IL 60094-4014	City; State; Zip Code	
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 Chase Card Services	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 01/06/26	5 Payee name The Republic Grille	
6 Amount (\$) \$275.16	7 Payee address; 3486 Discovery Creek Blvd Spring, TX 77386	City; State; Zip Code
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 <u>ONLY</u> 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; 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 <u>ONLY</u> 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; 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 <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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ryan Gable	3 Filer ID (Ethics Commission Filers)
4 Date 01/10/26	5 Payee name Pappa's BBQ	
6 Amount (\$) \$277.23	7 Payee address; 27752 I-45 North Conroe, TX 77385	City; State; Zip Code
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 Brittany Gable Hale	Office sought Office held JP Pct 3
Date 01/11/25	Payee name Terra Vino	
Amount (\$) \$297.90	Payee address; 2520 research Forest Dr The Woodlands, TX 77381	City; State; Zip Code
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 Brittany Gable Hale	Office sought Office held JP Pct 3
Date 0/12/26	Payee name Squareup.com	
Amount (\$) \$1,757.66	Payee address; 1455 Market Street, Ste 600 San Francisco, CA 94103	City; State; Zip Code
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 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; 4242 Interfaith Way	City, State, Zip Code 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; 17126 Stuebner Airline	City, State, Zip Code 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; 2257 N Loop 336 #140	City, State, Zip Code 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 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; 1201 Lake Woodlands	City, State, Zip Code 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; 1900 Hughes Landing	City, State, Zip Code 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; 2520 Research Forest Dr	City, State, Zip Code 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 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; 2901 Riley Fuzzel Rd	City, State, Zip Code Spring, TX 77386	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office Supplies		
<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 \$ 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; 1710 FM 1960 Bypass E	City, State, Zip Code Humble, TX 77338	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Auction Items for Campaign Fundraiser		
<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 \$ 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; 6315B FM 1488 #227	City, State, Zip Code Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Supporter Gifts for Campaign Fundraiser		
<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 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	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Sponsor Annual Golf Tournament	
<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 <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought		Office Held
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	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by	(b) Description Door Hangers for Brittany Gable-Hale	
<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 <u>ONLY</u> 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	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Supporter Gifts for Campaign Fundraiser	
<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 <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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 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; 1900 Hughes Landing	City, State, Zip Code The Woodlands, TX 77380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Host Annual Campaign Dinner event	
<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 \$ 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; 1111 Timberloch PI	City, State, Zip Code The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Host Elected Constable Training 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
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; 18101 I-45 S	City, State, Zip Code Conroe, TX 77385	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Political Dinner 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 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; 1900 Lake Woodlands Dr	City, State, Zip Code 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/Supporter Gifts	
<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 \$ 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; 18101 I-45 S	City, State, Zip Code Conroe, TX 77385	
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 \$ 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; 3486 Discovery Creek Blvd	City, State, Zip Code Spring, TX 77386	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Campaign Lunch 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 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; PO Box 94014	City, State, Zip Code Palatine, IL 60094-4014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Annual Membership Fee
<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 <u>ONLY</u> 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; PO Box 280	City, State, Zip Code Arlington Heights, IL 60006
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Advertise in Chamber Publication
<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 <u>ONLY</u> 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; 18101 I-45 S	City, State, Zip Code Conroe, TX 77385
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Host Annual Training Advisory 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 <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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 9	2 FILER NAME Ryan Gable			3 FILER ID (Ethics Commission Fliers)
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; 18101 I-45 S	City, State, Zip Code Conroe, TX 77385	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Host 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; 1710 FM 1960 Bypass E	City, State, Zip Code 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) Gifts/Awards/Memorials Expense		(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; 1407 I-45 North	City, State, Zip Code 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 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 Brittany Gable-Hale		Office Sought JP Pct 3	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 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; 5839 Westheimer Rd	City, State, Zip Code 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; 6315B FM 1488 #227	City, State, Zip Code 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 Brittany Gable-Hale		Office Sought JP Pct 3	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