FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 110 MS/MRS/MR FIRST CANDIDATE / MI OFFICE USE ONLY OFFICEHOLDER Matthew COUNTY ELECTIONS NAME SUFFIX NICKNAME LAST Gray ZIP CODE CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: **OFFICEHOLDER** 22936 Brazos Dr. MAILING **ADDRESS** Change of Address Porter, TX 77365 Date Imaged CAMPAIGN MS / MRS / MR FIRST М **TREASURER** M٨ Ec.c NAME NICKNAME LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE **TREASURER ADDRESS** William 15501 China Grove LA 77378 (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** CAMPAIGN TREASURER PHONE 5613 832 746 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded modified July 15 8th day before election reporting limit PERIOD Month Day Year Month Day Year COVERED **THROUGH** 01/01/2024 06/30/2024 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Month Day Primary Runoff Other General Special 11 OFFICE 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) County Commissioner District Precinct 4 Montgomery

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 of 110					
13 C / OH NAME	Gray, Matthew	14	Filer ID						
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM 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.								
Additional Pages	COMMITTEE TYPE X GENERAL	COMMITTEE NAME TSVC, Inc. Political Action Committee (Terracon PAC)							
	SPECIFIC	COMMITTEE ADDRESS 10841 S Ridgeview Road							
		Olathe, KS 66061							
		COMMITTEE CAMPAIGN TREASURER NAME Vrana, Donald							
		COMMITTEE CAMPAIGN TREASURER ADDRESS 10841 S Ridgeview Road							
		Olathe, KS 66061							
16 CONTRIBUTION TOTALS	EDGES, LOANS, ONICALLY)	\$ 0.00							
		\$ 156,370.84							
EXPENDITURE TOTALS		\$ 0.00							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 56,495.29					
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST RIOD	DAY OF THE	\$ 374,638.68					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
	KRISTIE McCONNI NOTARY PUBLIC, STATE OF T Notary ID #134591' Expires October 05, 2	Mother	ormation required to b	be reported by me					
	Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said of office. Sworn to and subscribed before me, by the said of office.								
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath								

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 110 **18 FILER NAME** 19 Filer ID Gray, Matthew 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \mathbf{x} 156,370.84 \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 56,495.29 X\$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/18 Rpt: 4/110 FILER NAME Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/30/2024 Allen Boone Humphries Robinson LLP \$2,500.00 Contributor address; City; State; Zip Code 3200 Southwest Freeway **Suite 2600** Houston, TX 77027 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#; 06/27/2024 Anderson, Andrew \$1,000.00 Contributor address; City; State; Zip Code 18 Cowboy Way Richmond, TX 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/20/2024 Balderas, Brittany \$800.00 Contributor address; City; State; Zip Code 21725 Holly Leaf Porter, TX 77365 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 Balmos, David \$5,000.00 Contributor address; City; State; Zip Code 13623 Waverly Crest Ct Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineering WSB Engineering Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 Barnhart, Peter and Debra \$5,000.00 Contributor address; City; State; Zip Code 14002 Blanco Falls Lane Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) Land Mgt. Caldwell

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, Sch: 2/18 Rpt: 5/110 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/23/2024 Bleyl, John \$2,500.00 Contributor address; City; State; Zip Code 5 Timber Wood Ln Conroe, TX 77384 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineering **Bleyl Engineering** Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 04/30/2024 Brannen, Elizabeth \$500.00 Contributor address; City; State; Zip Code 19505 N Comal River Dr Cypress, TX 77433 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2024 Burgher, Jack \$2,400.00 Contributor address; City; State; Zip Code 9213 Terwilliger Way Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions) Land Mgt **BCS Investment** Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2024 \$2,600.00 Cambio, Kaaren Contributor address; City; State; Zip Code 1849 Kingwood Dr Kingwood, TX 77339 Principal occupation / Job title (See Instructions) Employer (See Instructions) Staff Member Dan Crenshaw Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2024 Cannon, Jeffery \$2,000.00 Contributor address; City; State; Zip Code 4315 Whickham Dr Fulshear, TX 77441 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineering LJA Engineering

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/18 Rpt: 6/110 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 06/27/2024 Carpenter, Matthew \$150.00 Contributor address; City; State; Zip Code 7215 Stonebridge Creek Ln Humble, TX 77398 8 Principal occupation / Job title (See Instructions) 9 Employer (See instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 04/16/2024 Cobb Fendley PAC \$2,500.00 Contributor address; City; State; Zip Code 4424 W Sam Houston Pkwy N Suite 600 Houston, TX 77041 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 05/31/2024 Cotter, Lara \$4,000.00 Contributor address; City; State; Zip Code 200 Dickens Landing Drive Livingston, TX 77351 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineering LJA Engineering Date Full name of contributor Amount of Contribution (\$) ut-of-state PAC (ID#: 04/29/2024 DEC PAC \$2,500.00 Contributor address; City; State; Zip Code 1 Greenway Plaza Ste 225 Houston, TX 77046 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 06/27/2024 **DEC PAC** \$150,00 Contributor address; City; State; Zip Code 1 Greenway Plaza Ste 225 Houston, TX 77046 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/18 Rpt: 7/110 2 FILER NAME Filer ID Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#; 05/02/2024 \$75.00 Dean, John Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, TX 77042 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/21/2024 Diaz, Imelda \$1,000.00 Contributor address; City; State; Zip Code 6510 Hawthorne Falls Ln Houston, TX 77049 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#;_ Amount of Contribution (\$) 04/26/2024 EHRA Engineering PAC \$5,000.00 Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, TX 77042 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/22/2024 Eastwood, David \$500.00 Contributor address; City; State; Zip Code 17407 Highway 59 N Humble, TX 77396 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 Ellaham, Rana \$500.00 Contributor address; City; State; Zip Code 23230 Sumners Creek Ct Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/18 Rpt: 8/110 2 FILER NAME 3 Filer ID Gray, Matthew Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 Ellis, Patricia \$2,500.00 Contributor address; City; State; Zip Code 445 County Road 2301 Cleveland, TX 77327 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Excavation R&T Ellis Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#: 04/29/2024 Fraga, Carlos \$146.47 Contributor address; City; State; Zip Code 2010 Harbor Breeze Lane Katy, TX 77493 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$2,500.00 Fraga, Carlos Contributor address; City; State; Zip Code 2010 Harbor Breeze Lane Katy, TX 77493 Principal occupation / Job title (See Instructions) Employer (See Instructions) Design & Planning **META Planning** Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 04/29/2024 Franco, Ginelie \$150.00 Contributor address; City; State; Zip Code 10319 Broadstairs St Houston, TX 77013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of Contribution (\$) 04/29/2024 Free, Gina \$146.47 Contributor address; City; State; Zip Code 2511 Briarmead Dr Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/18 Rpt: 9/110 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/16/2024 \$250.00 Gable, Ryan Contributor address; City; State; Zip Code PO Box 130966 Spring, TX 77393 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/01/2024 Gehringer, Mark \$500.00 Contributor address; City; State; Zip Code 5714 Ashley Spring Ct Katy, TX 77494 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 Giti Zarinkelk Living Trust \$500.00 Contributor address; City; State; Zip Code 18 Berry Blossom Dr Spring, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date Amount of Contribution (\$) out-of-state PAC (ID#: 04/23/2024 Griffin, B.D. \$300.00 Contributor address; City; State; Zip Code 140 Wade Pointe Dr Montgomery, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,500.00 04/30/2024 Halff Associates - State PAC Contributor address; City; State; Zip Code 1201 N Bowser Road Richardson, TX 75081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/18 Rpt: 10/110 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 Hamilton, David \$4,800.00 Contributor address; City; State; Zip Code 12315 Woodthorpe Ln Houston, TX 77024 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Sales Engineer Binkley & Barfield Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 Hamilton, David \$500.00 Contributor address; City; State; Zip Code 12315 Woodthorpe Ln Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales Engineer Binkley & Barfield Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/30/2024 Hamilton, David \$300.00 Contributor address; City; State; Zip Code 12315 Woodthorpe Ln Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales Engineer Binkley & Barfield Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 04/30/2024 \$300.00 Hayden, Kenneth Contributor address; City; State; Zip Code PO Box 529 Splendora, TX 77372 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 Heisch, Rodney \$1,000.00 Contributor address; City; State; Zip Code 981 Euclid St Houston, TX 77009 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/18 Rpt: 11/110 2 FILER NAME Filer ID Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 05/23/2024 Home-PAC Greater Houston Builders Association \$2,000.00 Contributor address; City; State; Zip Code 9511 W Sam Houston Parkway N Houston, TX 77064 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Full name of contributor Amount of Contribution (\$) 04/29/2024 IDS Engineering Group PAC \$100.00 Contributor address; City; State; Zip Code 13430 Northwest Frwy Suite 700 Houston, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/16/2024 **IDS Engineering Group PAC** \$2,500.00 Contributor address; City; State; Zip Code 13430 Northwest Freeway Suite 700 Houston, TX 77040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 05/23/2024 \$450,00 JHARP Land Management LLC Contributor address; City; State; Zip Code PO Box 1669 Porter, TX 77365 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 04/30/2024 JHARP Land Management LLC \$1,200.00 Contributor address; City; State; Zip Code PO Box 1669 Porter, TX 77365 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, Sch: 9/18 Rpt: 12/110 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 05/06/2024 \$2,300.00 John, Telfryn Contributor address; City; State; Zip Code 15430 Woodland Orchard Lane Cypress, TX 77433 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Geoscience Geoscience Eng & Testing Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 John, Telfryn and Elizabeth \$5,000.00 Contributor address; City; State; Zip Code 15430 Woodland Orchard Lane Cypress, TX 77433 Principal occupation / Job title (See Instructions) Employer (See Instructions) Geoscience Eng & Testing Geoscience Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 04/16/2024 Johnson, Gabriel \$2,000.00 Contributor address; City; State; Zip Code 9407 Reston Grove Ln Houston, TX 77095 Principal occupation / Job title (See Instructions) Employer (See Instructions) Individual Individual Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 04/23/2024 \$1,500.00 Kasprazak, Robert and Lindsey Contributor address; City; State; Zip Code 310 N Lake Ave Suite 900 Pasadena, CA 91101 Principal occupation / Job title (See Instructions) Employer (See Instructions) Individual Individual Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/31/2024 \$4,000.00 Kelly, Jason Contributor address; City; State; Zip Code 29734 Egret View Ln Richmond, TX 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineering LJA Engineering

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/18 Rpt: 13/110 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 Kotlan, Anthea \$500.00 Contributor address; City; State; Zip Code 8 Lake Forest Dr Conroe, TX 77384 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$150.00 05/21/2024 Kurzy, Michael Contributor address; City; State; Zip Code 42 W Artist Grove PI The Woodlands, TX 77382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 04/01/2024 Kurzy, Michael \$600.00 Contributor address; City; State; Zip Code 42 W Artist Grove PI The Woodlands, TX 77382 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 04/16/2024 \$2,500.00 Kwan, Paul Contributor address; City; State; Zip Code 13423 Amber Queen Lane Houston, TX 77041 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Landtech** Survey Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/23/2024 Linebarger Goggan Blair & Sampson LLP \$2,500.00 Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/18 Rpt: 14/110 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 04/23/2024 \$2,500.00 Martin, Mark 6 Contributor address; City; State; Zip Code PO Box 10 Porter, TX 77365 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Land Mgt. Martin Real Estate Full name of contributor Amount of Contribution (\$) Date ut-of-state PAC (ID#; 04/30/2024 McCampbell, Cindy \$6,500.00 Contributor address; City; State; Zip Code 3 Waterway Court #4 The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 03/22/2024 McDonough, Ranney \$5,000.00 Contributor address; City; State; Zip Code 3 Pin Oak Estates Dr Bellaire, TX 77401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineering Mcdonogh Engineering Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$0.89 04/26/2024 Murry, Angela Contributor address; City; State; Zip Code 16655 Millridge Lane Houston, TX 77095 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/23/2024 \$1,100.00 Obrian, Wendy and Erik Contributor address; City; State; Zip Code 1209 Alegria Rd #2 Austin, TX 78757 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Individual Individual

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/18 Rpt: 15/110 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 04/19/2024 Pape-Dawson Engineers PAC \$2,500,00 6 Contributor address; City; State; Zip Code 2000 NW Loop 410 San Antonio, TX 78213 8 Principal occupation / Job title (See Instructions) 9 Employer (See instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/11/2024 Price, Tyler \$1,500.00 Contributor address; City; State; Zip Code 26117 Enzos Way Montgomery, TX 77316 Principal occupation / Job title (See Instructions) Employer (See Instructions) Pipe Ameritex Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/16/2024 Principal Services LTD \$2,500.00 Contributor address; City; State; Zip Code 27080 Mandell Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 05/13/2024 \$1,500.00 Public Progress Committee, Inc. Contributor address; City; State; Zip Code 405 Howard St San Francisco, CA 94105 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 Quiddity PAC \$1,500.00 Contributor address; City; State; Zip Code 6330 West Loop S Ste 150 Bellaire, TX 77401 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/18 Rpt: 16/110 2 FILER NAME Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/18/2024 Raba-Kistner PAC, Inc. \$1,000.00 Contributor address; City; State; Zip Code PO Box 690287 San Antonio, TX 78269 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/18/2024 Raba-Kistner PAC, Inc. \$900.00 Contributor address; City; State; Zip Code PO Box 690287 San Antonio, TX 78269 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 04/30/2024 Reddish, Harold \$500.00 Contributor address; City; State; Zip Code 1302 Cedar Terrace Court Sugarland, TX 77474 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#; Amount of Contribution (\$) 04/30/2024 Rock, Clifford and Jolene \$1,300.00 Contributor address; City; State; Zip Code 1826 Widdicomb Ct Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Individual Individual Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$5,000.00 04/16/2024 Roshanfekr, Ali Contributor address; City; State; Zip Code 14218 Woodnok Dr Houston, TX 77077 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineer Cascade Civil Services

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form, Sch: 14/18 Rpt: 17/110 FILER NAME Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 \$1,500.00 Sass, Walter Contributor address; City; State; Zip Code 2707 Autumn Lake Dr Katy, TX 77450 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Engineer Weisser Eng. Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/16/2024 Schwartz, Page & Harding, LLP \$1,500.00 Contributor address; City; State; Zip Code 1300 Post Oak Blvd **Suite 2400** Houston, TX 77056 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/30/2024 Siercks, Megan \$500.00 Contributor address; City; State; Zip Code 9702 Willowbridge Park Blvd Houston, TX 77064 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 05/22/2024 Singh, Priti \$977.01 Contributor address; City; State; Zip Code 28 Whitworth Way Sugar Land, TX 77479 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/29/2024 Smejkal, James \$150.00 Contributor address; City; State; Zip Code 10777 Westheimer Rd Suite 1200 Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/18 Rpt: 18/110 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 04/30/2024 Sosa, Jesus \$1,500.00 6 Contributor address; City; State; Zip Code 8422 Folkstone Lane Houston, TX 77075 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Environmental Vaport Point Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 04/04/2024 St John, Martha and Derek \$5,000.00 Contributor address; City; State; Zip Code 14542 Bramblewood Dr Houston, TX 77079 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineering Gauge Engineering Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 05/23/2024 St Real Estate Group LLC \$2,500.00 Contributor address; City; State; Zip Code PO Box 130843 Spring, TX 77393 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/30/2024 \$25.00 Sunderman, Fred Contributor address; City; State; Zip Code 3546 Fuller Bluff Spring, TX 77386 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 05/13/2024 \$2,500.00 Sunderwala, Jay Contributor address; City; State; Zip Code 16602 Arbor Oak Leaf Ct Cypress, TX 77433 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineering Ninyo & Moore

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/18 Rpt: 19/110 2 FILER NAME Filer ID Gray, Matthew 4 Date 5 Full name of contributor X out-of-state PAC (ID#: C00457853 7 Amount of Contribution (\$) 04/01/2024 TSVC, Inc Political Action Committee \$1,500.00 Contributor address; City; State; Zip Code 10841 S Ridgeview Road Olathe, KS 66061 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 04/23/2024 Texcom Realty Inc \$2,500.00 Contributor address; City; State; Zip Code 22812 FM 1314 Rd Porter, TX 77365 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/23/2024 The Blair Lac Firm, PC \$2,500,00 Contributor address; City; State; Zip Code 7 Grogans Park Drive Building 3 The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 03/22/2024 Trepac/Texas Association of Realtors Political Action Committee \$5,000.00 Contributor address; City; State; Zip Code PO Box 2246 Austin, TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/27/2024 Unterreiner, Jonathan \$1,600.00 Contributor address; City; State; Zip Code 21994 Whitetail Crossing New Caney, TX 77357 Principal occupation / Job title (See Instructions) Employer (See Instructions) Engineering **Elevation Land Solutions**

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 17/18 Rpt: 20/110 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#; 7 Amount of Contribution (\$) 06/20/2024 \$150.00 Virgadamo, Trey 6 Contributor address; City; State; Zip Code 111333 45\$ **Building T** Conroe, TX 77302 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/16/2024 Vogler, Jeffrey and Raylyn \$1,500.00 Contributor address; City; State; Zip Code 17607 Fragrant Rose Ct Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) **VSE** Engineering out-of-state PAC (ID#; Date Full name of contributor Amount of Contribution (\$) 04/16/2024 Von Scmidt, Charles and Amy \$100.00 Contributor address; City; State; Zip Code 3001. Old Israel Rd Livingston, TX 77351 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 04/23/2024 Westwood Political Action Committee \$2,500.00 Contributor address; City; State; Zip Code 2805 Dallas Parkway Suite 150 Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 05/06/2024 Whitney & Associates \$1,200.00 Contributor address; City; State; Zip Code 2040 N Loop 336 W Ste 305 Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/18 Rpt: 21/110 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ 04/16/2024 Whitney & Associates \$2,500.00 Contributor address; City; State; Zip Code 2040 N Loop 336 W Ste 305 Conroe, TX 77304 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of Contribution (\$) 05/06/2024 \$2,500.00 Williams Jr., Robert Contributor address; City; State; Zip Code PO Box 2496 Porter, TX 77365 Principal occupation / Job title (See Instructions) Employer (See Instructions) Land Mgt Texcom

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expe Gill/Awards/Memoria Legal Services The Instruction (ls Expense	Office Overl Polling Expe Printing Exp Salaries/Wa	nea ense ens iges	se s/Contract Labor		Transp Travel Travel	oortation Equipment & Re in District Out of District R (enter a category not lis	lated Expense
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Relmbursement

Solicitation/Fundralsing Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - al Comr	Fees Food/Beverage Expense Glit/Awards/Memorials Expense nittee Legal Services	Polling Exp Printing Ex	pens (pens		Transportation Equipment & Related E Travel In District Travel Out of District OTHER (enter a category not listed ab	
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Food/Beverage Expense Polling Expense Glit/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)			
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Printing Expense Salarles/Wages/Contract Labor Glft/Awards/Memorials Expense Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 5/89 Rpt: 26/110 Gray, Matthew Date Payee name 06/20/2024 Blend Cigar Bar 6 Amount (\$) Payee address; City; State; Zip Code \$341.43 1701 Lake Robbins Dr. The Woodlands, TX 77380 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business dinner** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/05/2024 Brandon Steinman Campaign Amount (\$) Payee address; City; State; Zip Code \$500.00 210 W Davis St Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/08/2024 **Brave Books** Amount (\$) Payee address; City; State; Zip Code \$389.53 1307 Arizona El Paso, TX 79902 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **QF** Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Library Sponsor

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1.

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/89 Rpt: 27/110 Gray, Matthew 4 Date Payee name 05/30/2024 **Brookshire Brothers** 6 Amount (\$) Payee address; State; Zip Code \$6.82 20185 US-59 #69 New Caney, TX 77357 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/26/2024 **Buffalo Wild Wings** Amount (\$) Payee address; State; Zip Code \$34.90 21372 US-59 Suite 100 New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/15/2024 CAVA Payee address; Amount (\$) State; Zip Code \$35.24 4505 Kingwood Dr Suite 100 Kingwood, TX 77345 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BO

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 7/89 Rpt: 28/110 Gray, Matthew Date Payee name 01/08/2024 CFS Flowers and Gifts 6 Amount (\$) Payee address; City; State; Zip Code \$103.97 22015 Reservoir Street Needham, MA 02494 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Condolence flowers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 Chichurris South American Grill Amount (\$) Payee address; City: State; Zip Code \$72.49 1660 W Lake Houston Parkway Kingwood, TX 77339 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/16/2024 Chick-fil-A Amount (\$) Payee address; City; State; Zip Code \$93.63 11877 Grand Parkway New Caney, TX 77357 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salarles/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 8/89 Rpt: 29/110 Gray, Matthew 4 Date Pavee name 02/26/2024 Chick-fil-A 6 Amount (\$) Payee address; City: State; Zip Code \$65.61 11877 Grand Parkway New Caney, TX 77357 PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2024 Chick-fil-A Amount (\$) Payee address; City; State; Zip Code \$1,071.68 11877 Grand Parkway New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Event meals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 05/06/2024 Chick-fil-A Amount (\$) Payee address; City: State; Zip Code \$159.13 11877 Grand Parkway New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Credit Card Payment	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Printli Salari	_	se s/Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)	
4. Tatal marca Cabadula E4	lo evennar		explains now it	Compi	ete tras ioria.	1.	City ID
1 Total pages Schedule F1	1					3	Filer ID
Sch: 9/89 Rpt: 30/110						L	
4 Date	5 Payee name	:					
06/21/2024	Chick-fil-A						
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code			
\$48.48	11877 Gra	nd Parkway					
	New Cane	y, TX 77357					
8 PURPOSE	(a) Category (s	see Categories listed at the to	o of this pohedula)	(b)	Description		
OF		rage Expense	p or triis scriedule)	\		outsi	de of Texas. Complete Schedule T.
EXPENDITURE		gpp		ĺ	—		officeholder living expense
	i				Staff meeting	j	
				_			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office	sought			Office held
expenditure to belieff of							
Date	Payee name	}					
06/18/2024	Condolenc	es.com					
Amount (\$)	Payee addre	ess; City;	State; Zip	Code			
\$154.78	2326 Wash	ington Blvd.					
	Ogden, UT	84401					
PURPOSE	(a) Category (s	ee Categories listed at the to	of this schedule)	(b)	Description		
OF EXPENDITURE		s/Memorials Expens			Check if travel	outsio	de of Texas, Complete Schedule T,
LAFLINDITORL				ı	—	ı, TX,	officeholder living expense
					Staff flowers		
	<u> </u>	,					
Complete <u>ONLY</u> if direct expenditure to benefit C/C		iceholder name	Office	sought			Office held
Date .	Payee name						
05/15/2024	Crumbl						
Amount (\$)	Payee addre	• • • • • • • • • • • • • • • • • • • •	State; Zip	Code			
\$44.83	12073 Grai	nd Parkway					
	Suite 300						
	New Caney	, TX 77357					
PURPOSE	(a) Category (s	ee Categories listed at the top	of this schedule)	(b)	Description		
OF EXPENDITURE		age Expense					de of Texas, Complete Schedule T.
LAFENDITORE							officeholder living expense
					Staff meeting	ţ	
Owner, Other P.	0		~~	<u> </u>			Off July
Complete <u>ONLY</u> if direct expenditure to benefit C/C		iceholder name	Office s	ought			Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Load Represent/Delimburg common Solicitation/European Solicitation/European Solicitation/European												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment												
,	The Instruction Guide explains how to complete this form.											
1 Total pages Schedule F1: Sch: 10/89 Rpt:												
4 Date	Gray, Matthew											
04/03/2024	5 Payee name Dan Crenshaw Victory											
6 Amount (\$)	7 Payee address; City; State; Zip Code											
\$1,000.00	1849 Kingwood Dr											
	Ste 100											
	Kingwood, TX 77339											
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Dan Crenshaw campaign											
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H											
Date	Payee name											
05/08/2024	05/08/2024 Dean, John											
Amount (\$) \$900.00												
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Golf Tournament Beverages											
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H											
Date	Payee name											
01/26/2024	Dennys											
Amount (\$) \$55.75												
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder ilving expense Staff meeting											
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 11/89 Rpt: Gray, Matthew Date Payee name 05/03/2024 Double Good Popcorn 6 Amount (\$) Payee address; State; Zip Code \$138.19 233 S Wacker Dr **Suite 4400** Chicago, IL 60606 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. FUNDRAISER CONTRIBUTION **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraiser Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/28/2024 **Dublin Hound Cigars** Amount (\$) Payee address; State; Zip Code \$29.77 22704 TX-494 Loop Suite-A Kingwood, TX 77339 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T, OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense Business supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/24/2024 **Dublin Hound Cigars** Amount (\$) Payee address; State; Zip Code \$44.65 22704 TX-494 Loop Suite-A Kingwood, TX 77339 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **OFFICE SUPPLIES EXPENDITURE** Check if Austin, TX, officeholder living expense **Business supplies** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Relmbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Food/Beverage Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salarles/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 12/89 Rpt: Gray, Matthew 4 Date Payee name 04/25/2024 **Dutch Bros. Coffee** 6 Amount (\$) Payee address; City: State; Zip Code \$6,23 17818 W Lake Houston Parkway Humble, TX 77346 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/06/2024 **Dutch Bros. Coffee** Amount (\$) Payee address; City; State; Zip Code \$12.02 17818 W Lake Houston Parkway Humble, TX 77346 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 05/22/2024 **Dutch Bros. Coffee** State; Zip Code Amount (\$) Payee address; City: \$6.23 17818 W Lake Houston Parkway Humble, TX 77346 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Relmbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Polling Expen Printing Expe		Transportation Equipment & Related Expe Travel in District Travel Out of District OTHER (enter a category not listed above	
	Credit Card Payment		The Instruction Guide explain:	s how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAM	Ē			3 Filer ID	
	Sch: 13/89 Rpt:	Gray, Matt	hew				
4	Date	5 Payee name	9				
	05/23/2024	Dutch Bros	s, Coffee				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Code			
	\$5,23	17818 W L	ake Houston Parkway				
		Humble, T	X 77346				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this so	chedule) (b) Description		
	OF EXPENDITURE		rage Expense		<u> </u>	outside of Texas, Complete Schedule T.	
		1		İ	Check if Austin, Staff beverag	TX, officeholder living expense	
ĺ					Stair beverag	C	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sough	· · · · · · · · · · · · · · · · · · ·	Office held	
ľ	expenditure to benefit C/O		nocholder flattic	Omoc Sough	•	Onico riola	
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İ	06/06/2024	Payee name Dutch Bros					
⊢	Amount (\$)	Payee addre		e; Zip Code			
	\$12.96	1 '	ake Houston Parkway	e, zip code			
	Ψ12.50	11010 W L	and Houston's arrivay				
		Humble, T	x 773/6				
┝	PURPOSE			[as	\ Bassalation		
	OF		see Calegories listed at the top of this so rage Expense	chedule) (D.	Description Check if travel of	outside of Texas, Complete Schedule T.	
	EXPENDITURE	l God/Beve	rage Expense		<u> </u>	TX, officeholder living expense	
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	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sought	t	Office held	
	experientare to beneat G/O						
	Date	Payee name	!				
	06/17/2024	Dutch Bros	. Coffee				
	Amount (\$)	Payee addre	ess; City; State	e; Zíp Code			
	\$5.25	17818 W L	ake Houston Parkway				
		Humble, T	K 77346				
	PURPOSE	(a) Category (s	see Categories listed at the top of this so	hedule) (b)	Description		
	OF EXPENDITURE		rage Expense			outside of Texas. Complete Schedule T.	
					Staff beverag	TX, officeholder living expense	
					Juli severay	•	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held	
	expenditure to benefit C/OI		TOTALING HOUSE	omoo sough	•	CHIOC HOLD	
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SCHEDULE F1

CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Travel in District
Travel Out of District Polling Expense Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 14/89 Rpt: Gray, Matthew 4 Date Payee name 06/17/2024 Dutch Bros. Coffee 6 Amount (\$) Payee address; City; State; Zip Code \$12.02 17818 W Lake Houston Parkway Humble, TX 77346 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description QF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/03/2024 **EMC Rotary** Amount (\$) Payee address; City; State: Zip Code \$400.00 PO Box 29 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **MEMBERSHIP EXPENDITURE** Check if Austin, TX, officeholder living expense Rotary Membership Overhead Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 02/13/2024 **EMCSA** Amount (\$) Payee address; City: State; Zip Code \$350.00 21845 Leonard New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Sponsorship Complete QNLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 8 Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explains i	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total names Cabadula E11				F210
l ₁	Total pages Schedule F1: Sch: 15/89 Rpt:	Gray, Matthew		3	Filer ID
H					
4		5 Payee name			
L	02/12/2024	EMCSA			
6	Amount (\$) \$1,500.00	7 Payee address; City; State; 21845 Leonard New Caney, TX 77357	Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this scho	edule) (b)		lde of Texas. Complete Schedule T. , officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Office sought		Office held
Г	Date	Payee name			
l	04/22/2024	East Montgomery County Buyers Grou	р		
	Amount (\$) \$4,100.00	Payee address; City; State; PO Box 181 Splendora, TX 77372	Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Event Expense	edule) (b)	l.aml	ide of Texas, Complete Schedule T. officeholder living expense gress show
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		office sought		Office held
	Date	Payee name			
	02/01/2024	East Montgomery County Fair Associat	tion		
	Amount (\$) \$250.00	Payee address; City; State; 21679 McCleskey Rd	Zip Code		
		New Caney, TX 77357			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Event Expense	(b)	<u></u>	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought		Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co	Glft/Awards/Memorials Expense ommittee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains he	ow to complete this form.	
1 Total pages Schedule F1: 2 Sch: 16/89 Rpt:	FILER NAME Gray, Matthew		3 Filer ID
4 Date 5	Payee name		
01/22/2024	East Montgomery County Fair Association	on	
6 Amount (\$) 7	Payee address; City; State;	Zip Code	
\$310.50	21679 McCleskey Rd		
	New Caney, TX 77357	T. C.	
8 PURPOSE (a OF	Category (See Categories listed at the top of this sched		
EXPENDITURE	Event Expense	<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense
		Sponsor	FA, Ontorrotaes living expense
		2,000,000	
9 Complete ONLY if direct	Candidate/Officeholder name Off	fice sought	Office held
expenditure to benefit C/OH	Candidate/Officeriolder flame	nce sought	Office field
Date	Payee name		· · ·
06/17/2024	El Bosque Mexican Restaurant		
Amount (\$)	Payee address; City; State;	Zip Code	
\$45.12	19073 Interstate 45	•	
	#135		
	Shenandoah, TX 77385		
PURPOSE (a	Category (See Categories listed at the top of this sched		
EXPENDITURE	Food/Beverage Expense	I 1I	utside of Texas, Complete Schedule T. TX, officeholder living expense
		Business lund	
		Dusiness idne	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OH	Candidate/Officeriodel Harrie	ice sought	Office field
Date	Payee name		
05/17/2024	Exxon		
Amount (\$)	Payee address; City; State;	Zip Code	· · · · · · · · · · · · · · · · · · ·
\$10.46	3271 US-90	Zip Code	
Ψ.Ι.Ο.ΤΟ	3271 03-30		
	Waelder, TX 78959		
PURPOSE (a)	Category (See Categories listed at the top of this sched	ule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	, <u>–</u>	utside of Texas, Complete Schedule T.
		. —	TX, officeholder living expense
		Staff beverage	e
0 14 011111111	0 11/1 10/11 1 1	-	00 111
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Off	ice sought	Office held
experience to borront orott			

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this			se s/Contract Labor	Travel in Di Travel Out (OTHER (en		bove)
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4	Date	5 Payee name	3						
	02/12/2024	Five Guys							
6	Amount (\$) \$50,44	Ste 100	ess; City; nd Parkway E y, TX 77357	State; 2	Zip Code				
8	PURPOSE OF EXPENDITURE		See Categories listed at the t rage Expense	op of this schedu	_(le) (b)		outside of Texas. , TX, officeholder	Complete Schedule T. living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Offi	ce sought		Offic	e held	·
	Date	Payee name			•				
	01/16/2024	Five Guys							
	Amount (\$)	Payee addre	ess; City;	State; 2	Zip Code				·
	\$10.00	11971 Gra	nd Parkway E						
		Ste 100							
		New Cane	y, TX 77357						
	PURPOSE OF EXPENDITURE		iee Categories listed at the t rage Expense	op of this schedu	(b)		outside of Texas, , TX, officeholder	Complete Schedule T. living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Offic	ce sought		Office	e held	
	Date	Payee name		·					
	01/16/2024	Freddys Ta	co Shack						
	Amount (\$) \$30.87	Payee addre 23736 US- Suite 103 Porter, TX	59	State; Z	Zip Code				
	PURPOSE OF EXPENDITURE		ee Categories listed at the tr rage Expense	op of this schedu	(b)	_	, TX, officeholder	Complete Schedule T. living expense	
	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Offic	ce sought		Office	e held	,
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SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services	Polling Expen Printing Exper Salaries/Wage	nse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
Ļ		La muma	The Instruction Guide explain	is now to comp	iete tnis torm.		_
1	Total pages Schedule F1:	ľ				3 Filer ID	
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4	Date	5 Payee n					
L	03/11/2024	Freddy	s Taco Shack				
6	Amount (\$)	7 Payee a		te; Zip Code		•	
	\$30.00	23736	JS-59				
		Suite 1	03				
		Porter,	TX 77365				
8	PURPOSE	(a) Categor	(See Categories listed at the top of this s	chedule) (b)	Description		
	OF EXPENDITURE	Food/B	everage Expense		ш	outside of Texas, Complete Schedule T.	
					Staff breakfas	, TX, officeholder living expense	
i		i			Guil Broakia		
9	Complete ONLY If direct	Candidate	e/Officeholder name	Office sought		Office held	_
	expenditure to benefit C/O		, omosticidor ficanto	Omoo oodgin	•	Omos nota	
┝	Date	Payee n	ame				=
	06/03/2024	•	Taco Shack				
Г	Amount (\$)	Payee a	ddress; City; Stat	te; Zip Code			
	\$12.67	23736 เ	JS-59				
		Suite 10	03				
		Porter,	TX 77365				
	PURPOSE	(a) Category	/ (See Categories listed at the top of this s	chedule) (b)	Description		_
	OF EXPENDITURE		everage Expense	.		outside of Texas, Complete Schedule T.	
					Check if Austin, Staff breakfas	TX, officeholder living expense	
					Stall Dieaklas	51	
	Complete ONLY if direct	Candidate	/Officeholder name	Office sought		Office held	_
	expenditure to benefit C/OI			3			
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	06/05/2024	_	Taco Shack				
	Amount (\$)	Payee a	ddress; City; Stat	e; Zip Code			
	\$9.57	23736 l	JS-59				
		Suite 10	03				
		Porter,	TX 77365				
	PURPOSE	(a) Category	(See Categories listed at the top of this s	chedule) (b)	Description		_
	OF EXPENDITURE		everage Expense		Check if travel of	outside of Texas. Complete Schedule T.	
	LAFLINDITORL			j		TX, officeholder living expense	
					Staff breakfas	SL	
	Complete ONLY if direct	Candidata	/Officeholder name	Office sought		Office held	_
	expenditure to benefit C/O		romodiujudi halife	Onice Sought		Onice rigid	

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorlals Expense Legal Services Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 19/89 Rpt: Gray, Matthew 4 Date Payee name 06/17/2024 Freddys Taco Shack 6 Amount (\$) Payee address; State: Zip Code City; \$6.38 23736 US-59 Suite 103 Porter, TX 77365 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/17/2024 Freddys Taco Shack Amount (\$) Payee address; City; State; Zip Code \$12.67 23736 US-59 Suite 103 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff breakfast Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/17/2024 Freebirds Amount (\$) Payee address; City; State; Zip Code \$16.05 9490 FM 1960 Ste 100 Humble, TX 77338 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business Lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Constitute Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment		The Instruction Guide explains how to comple			e Travel Out of District (Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	
	Sch: 20/89 Rpt:	(Gray, Matth	ew							
4	Date	5 F	Рауее пате								
	05/16/2024	F	reebirds								
6	Amount (\$)	7 F	ayee addres	s; City;	State;	Zip Co	ode				
	\$15.59	9	490 FM 19	60							
		9	Ste 100								
		⊦	lumble, TX	77338							
8	PURPOSE	(a) C	Category (Se	e Categories listed at t	the top of this scho	edule)	(b)	Description		· · · · · · · · · · · · · · · · · · ·	
	OF EXPENDITURE			age Expense						le of Texas. Complete Schedule T.	
								Business lund		officeholder living expense	
								Dusiness lund	UI I		
9	Complete ONLY if direct	Ca	undidate/Offic	eholder name	0	office sou	ıaht	· · · · · · · · · · · · · · · · · · ·		Office held	
	expenditure to benefit C/O		,	onoidor name						Olivo Hold	
	Date		ayee name								
	02/05/2024		rom You Fi								
	Amount (\$)		ayee addres		State;	Zip Co	ode				
	\$99.55	1.	.43 Mill Roc	k Rd E							
		C	Old Saybroo	k, CT 06475							
	PURPOSE OF			e Categories listed at t		edule)	(b)	Description			
	EXPENDITURE	G	Gift/Awards/	Memorials Exp	ense					le of Texas, Complete Schedule T. officeholder living expense	
								Condolence f			
	Complete <u>ONLY</u> if direct		ndidate/Offic	eholder name	0	ffice sou	ıght			Office held	
	expenditure to benefit C/OF	1								•	
	Date	Р	ayee name								
	06/25/2024	G	olf Ball Lau	ınchers of Texa	as						
	Amount (\$)	P	ayee addres	s; City;	State;	Zip Co	ode	,			
	\$1,008.00	1	7103 Coac	hmaker Dr.							
		F	riendswood	I, TX 77355							
	PURPOSE	(a) C	ategory (See	Categories listed at ti	he top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		vent Expen					l <u></u> -I		e of Texas, Complete Schedule T.	
								∟ Cneck π Austin, Fundraiser	i IX, C	officeholder living expense	
	Complete ONLY if direct	Car	ndidate/Offic	eholder name	0	ffice sou	L laht			Office held	
	expenditure to benefit C/OF				Ü						
								· · · · · · · · · · · · · · · · · · ·			

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 21/89 Rpt: Gray, Matthew 4 Date Payee name 04/12/2024 Greater East Montgomery County Chamber of Commerce 6 Amount (\$) Payee address; State; Zip Code City: \$45.00 21575 Hwy 59 N Suite 100 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. MEMBERSHIP **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Overhead Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 04/12/2024 Greater East Montgomery County Chamber of Commerce State; Zip Code Amount (\$) Payee address; City; \$120.00 21575 Hwy 59 N Suite 100 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. **MEMBERSHIP EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Overhead Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/24/2024 Greater East Montgomery County Chamber of Commerce Amount (\$) Payee address; City; State: Zip Code \$500.00 21575 Hwy 59 N Suite 100 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Charity sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Printing Expense Salarles/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 22/89 Rpt: Gray, Matthew 4 Date Payee name 01/08/2024 Greater East Montgomery County Chamber of Commerce 6 Amount (\$) Payee address; State: Zip Code City; 21575 Hwy 59 N \$60.00 Suite 100 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF MEMBERSHIP Check if travel outside of Texas, Complete Schedule T, **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership Overhead Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/02/2024 Gringo's Mexican Kitchen Amount (\$) Payee address; State; Zip Code \$91.98 21576 US-59 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/05/2024 Gringo's Mexican Kitchen Amount (\$) Payee address; City; State; Zip Code \$70.02 21576 US-59 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch**

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 23/89 Rpt: Gray, Matthew 4 Date Pavee name 01/10/2024 Gringo's Mexican Kitchen 6 Amount (\$) Payee address; City: State; Zip Code \$79.56 21576 US-59 New Caney, TX 77357 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description 0F Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2024 Gringo's Mexican Kitchen Amount (\$) Payee address; City: State; Zip Code \$98.58 21576 US-59 New Caney, TX 77357 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 03/29/2024 Gringo's Mexican Kitchen Amount (\$) Payee address; City; State; Zip Code \$60.58 21576 US-59 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Renta) Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Printing Expense Salarles/Wages/Contract Labor Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 24/89 Rpt: Gray, Matthew 4 Date Payee name 05/10/2024 Gringo's Mexican Kitchen 6 Amount (\$) Payee address; City: State; Zip Code \$20.78 21576 US-59 New Caney, TX 77357 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/22/2024 Gringo's Mexican Kitchen Amount (\$) Payee address; City, State; Zip Code \$104.97 21576 US-59 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 04/25/2024 **HEB** City; Amount (\$) Payee address; State; Zip Code \$21.69 19529 Northpark Dr Kingwood, TX 77339 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 25/89 Rpt: Gray, Matthew 4 Date Payee name 01/22/2024 **Happy Donuts** 6 Amount (\$) Payee address; City: State; Zip Code \$208.60 20875 FM 1485 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 **Happy Donuts** Amount (\$) Payee address; City; State; Zip Code \$131.52 20875 FM 1485 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/02/2024 Highland Pines Golf Club Amount (\$) Payee address; City; State; Zip Code \$6,235.20 6700 Highlands Pines Drive Porter, TX 77365 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Charity Golf Tournament** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Fe Fo - Gi	en Expense es od/Beverage Expense ft/Awards/Mémorials Expense gal Services	Office Overhea Polling Expens Printing Expen		Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed ab	
	Credit Card Payment	Ti	ne Instruction Guide explains	how to compl	ete this form.		
1	Total pages Schedule F1:				·	3 Filer ID	
	Sch: 26/89 Rpt:	Gray, Matthey	V				
4	Date	5 Payee name					
_	04/29/2024	Highland Pine					
6	Amount (\$) \$151.54		ds Pines Drive	; Zip Code			
L		Porter, TX 773			·		
8	PURPOSE OF EXPENDITURE	(a) Category (see of Event Expens	Categories listed at the top of this sch	ledule) (b)		outside of Texas. Complete Schedule T. TX, officeholder living expense Fournament	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name (Office sought		Office held	
	Date	Payee name			· .		
	06/17/2024	Highlands Spo	orts Bar & Grill				
	Amount (\$)	Payee address;	• •	; Zip Code			
	\$52.20	6700 Highland	ls Pines Drive				
		Porter, TX 773	365				
	PURPOSE OF EXPENDITURE	(a) Category (See C Food/Beverag	categories listed at the top of this sch e Expense	edule) (b)	<u></u>	outside of Texas, Complete Schedule T, TX, officeholder living expense event	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officel	nolder name C	Office sought		Office held	
	Date	Payee name					
	03/20/2024	Hobby Lobby					
	Amount (\$) \$306.54	Payee address; 22124 Market	=	Zip Code			
		New Caney, T	X 77357				
	PURPOSE OF EXPENDITURE	(a) Category (See C OFFICE SUPF	ategories listed at the top of this sch PLIES	edule) (b)		outside of Texas. Complete Schedule T. TX, officeholder living expense IS and SnackS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officel	nolder name C	Office sought		Office held	

SCHEDULE F1

Advertising Expense
Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Glft/Awards/Memorials Expense Poining Expe Legal Services Salaries/Wag The Instruction Guide explains how to comp			xpens Vages	e /Contract Labor	Travel Out of District OTHER (enter a category not listed abov	e)
1	Total pages Schedule F1:	2 FILER NAME					, , , , , ,	3 Filer ID	
	Sch: 27/89 Rpt:	Gray, Matthe	ew						
4	Date	5 Payee name							
	01/25/2024	Hofbrau Stea	aks						
6	Amount (\$)	7 Payee addres	s; City;	State;	Zip Co	de			
	\$33.95	24890 FM 13	314						
		Porter, TX 7	7365						
8	PURPOSE	(a) Category (See	Categories listed at the t	top of this sche	dule)	(b)	Description		
	OF EXPENDITURE	Food/Bevera		,	ĺ		I	outside of Texas. Complete Schedule T.	
ľ	CALCINDITORIC							TX, officeholder living expense	
							Business dinr	ner	
L						ļ		E-mark.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic I	eholder name	Of	ffice sou	ght	,	Office held	
_	Date	Payee name					· · · · · · · · · · · · · · · · · · ·		
	03/25/2024	Hofbrau Stea	aks						
_	Amount (\$)	Payee address	s; City;	State:	Zip Co	de			
	\$113.95	24890 FM 13	-	O.M.O.	Carp 00				
	φπποισο	2.4000 1 101 20	224						
		Porter, TX 77	7365						,
	PURPOSE	(a) Category (See	Categories listed at the t	top of this sched	dule)	(b)	Description		
	OF EXPENDITURE	Food/Bevera	ige Expense				ш	outside of Texas. Complete Schedule T.	
							L Check if Austin, Business dinr	TX, officeholder living expense	
							Dusiness unii	[
	OI-I- OMINATED	0			· · ·			Order held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	enolder name	Of	ffice sou	gnt		Office held	
	Date	Payee name						•	
	04/03/2024	Hofbrau Stea	aks						
	Amount (\$)	Payee address	s; City;	State;	Zip Co	de			
	\$83.80	24890 FM 13	314						
		Porter, TX 77	7365						
	PURPOSE	(a) Category (See	Categories listed at the t	on of this sched	(alub	(b)	Description	· · · · · · · · · · · · · · · · · · ·	
	OF	Food/Bevera		op or triio ourice	autoy			utside of Texas, Complete Schedule T.	
	EXPENDITURE						Check if Austin,	TX, officeholder living expense	
							Business dinr	ner	
	Complete ONLY if direct	Candidate/Office	eholder name	Of	fice sou	ght		Office held	
	expenditure to benefit C/OF	1		•					

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 28/89 Rpt: Gray, Matthew 4 Date Payee name 04/16/2024 Hofbrau Steaks 6 Amount (\$) State; Zip Code Payee address; City; \$98.97 24890 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business dinner Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/29/2024 Hofbrau Steaks Amount (\$) Payee address; State; Zip Code \$61.51 24890 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business dinner** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/29/2024 Hofbrau Steaks Payee address; State; Zip Code Amount (\$) City; \$30.56 24890 FM 1314 Porter, TX 77365 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business dinner** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	<u>, , , , , , , , , , , , , , , , , , , </u>	ns how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID
Sch: 29/89 Rpt:	Gray, Matthew		
4 Date	5 Payee name		
05/10/2024	Hofbrau Steaks		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
\$49.61	24890 FM 1314		
	Porter, TX 77365		
8 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense		outside of Texas, Complete Schedule T,
EXPENDITORE		 	, TX, officeholder living expense '
		Business din	ner
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
06/04/2024	Hofbrau Steaks		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
\$35.56	24890 FM 1314		
	Porter, TX 77365		
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	Check if travel	outside of Texas, Complete Schedule T.
EXPLINITION		, <u>–</u>	, TX, officeholder living expense
		Business din	ner
Consulate ONLY if allower	Open in late (Office Includes	05	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
,			
Date	Payee name		
06/18/2024	Hofbrau Steaks		
Amount (\$)		te; Zip Code	
\$66.95	24890 FM 1314		
	Porter, TX 77365		
PURPOSE	(a) Category (see Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T.
LA LIBITORE			, TX, officeholder living expense
		Business din	Her
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
,			

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 30/89 Rpt: Gray, Matthew 4 Date Payee name

06/21/2024	Hofbrau Steaks
6 Amount (\$) \$37.86	7 Payee address; City; State; Zip Code 24890 FM 1314
	Porter, TX 77365
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business dinner
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/26/2024	Payee name Hofbrau Steaks
Amount (\$) \$44.64	Payee address; City; State; Zip Code 24890 FM 1314
	Porter, TX 77365
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/25/2024	Hooters
Amount (\$) \$52.39	Payee address; City; State; Zip Code 20150 US-59
DISDOGE	Humble, TX 77338
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gilt/Awards/Memorials Expense

(a) Category (See Categories listed at the top of this schedule)

Food/Beverage Expense

Candidate/Officeholder name

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

(b) Description

Food

Check if travel outside of Texas, Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out of District

Printing Expense Salarles/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 31/89 Rpt: Gray, Matthew 4 Date Payee name 02/29/2024 Humphreys 6 Amount (\$) Payee address; City; State; Zip Code \$69.08 1930 Sam Houston Ave Huntsville, TX 77340 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2024 Jack in the Box Amount (\$) Payee address; State; Zip Code \$7.32 4720 Spring Cypress Road Cypress, TX 77379

Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ıght	Office held
Date	Payee name			
01/31/2024	Killens Steakhouse			
Amount (\$) \$1,416.03	Payee address; City; 1700 Research Forest Dr Shenandoah, TX 77381	State; Zip Co	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	o of this schedule)		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business dinner

Complete ONLY if direct

expenditure to benefit C/OH

PURPOSE

OF

EXPENDITURE

Office sought

SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Constining Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 32/89 Rpt:	Gray, Matthew	
4	Date	5 Payee name	
	02/23/2024	Kroger Marketplace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.27	22030 Market Place Drive	!
	I		ļ
		New Caney, TX 77357	
8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	OFFICE SUPPLIES Check if travel outside of Texas, Complete Schedule T.	ļ
		Check if Austin, TX, officeholder living expense Office supplies and snacks	į
	!	Office supplies and stracks	I
بِ	Complete CNII V if discar	Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	03/12/2024	Kroger Marketplace	ļ
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.98	22030 Market Place Drive	1
		New Caney, TX 77357	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	OFFICE SUPPLIES Check if travel outside of Texas, Complete Schedule T.	
		Check If Austin, TX, officeholder living expense Office supplies and snacks	
		Office supplies and stracks	
_	Commission ONII V if dispose	Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
<u> </u>			
	Date	Payee name	
	05/06/2024	Kroger Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	22030 Market Place Drive	
		New Caney, TX 77357	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	OFFICE SUPPLIES Check if travel outside of Texas, Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Office supplies and snacks	
		Office supplies and stracks	
_	C. I. Chung it dies at		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	onportation of the first co		

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 33/89 Rpt: Gray, Matthew 4 Date Payee name 06/13/2024 Kroger Marketplace 6 Amount (\$) Payee address; City; State; Zip Code \$68.62 22030 Market Place Drive New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF OFFICE SUPPLIES Check if travel outside of Texas, Complete Schedule T, **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies and snacks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/06/2024 La Casita Mexican Restaurant Amount (\$) Payee address; City; State; Zip Code \$847.46 23355 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/13/2024 La Casita Mexican Restaurant Amount (\$) Payee address; City: State: Zip Code \$137.95 23355 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Consulting Expense
Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District
Travel Out of District Polling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 34/89 Rpt: Gray, Matthew 4 Date Payee name 03/20/2024 La Casita Mexican Restaurant 6 Amount (\$) State; Zip Code Payee address; City: \$200.00 23355 FM 1314 Porter, TX 77365 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/25/2024 La Casita Mexican Restaurant Amount (\$) Payee address; State; Zip Code City; \$173.11 23355 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/26/2024 La Casita Mexican Restaurant Payee address; State: Zip Code Amount (\$) City: \$405.77 23355 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business dinner Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Γ	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics		Fee Foo Glit	ent Expense es od/Beverage Expe t/Awards/Memorial gal Services	nse Is Expense	Office Ove Polling Exp Printing Ex	rhea cense pens			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment		Th	e Instruction C	Suide explains	how to cor	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME		,				3	Filer ID	
l	Sch: 35/89 Rpt:		Gray, Matthew	<i>I</i>							
4	Date	5	Payee name								
	05/07/2024		La Casita Mex	ican Restau	rant					_	
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				
l	\$81.05		23355 FM 131	.4							
l		l									
l		Porter, TX 77365									
8	PURPOSE	(a)	Category (See C	ategories sted at	the top of this sch	edule)	(b)	Description			
l	OF EXPENDITURE		Food/Beverage	e Expense				<u> </u>		ide of Texas, Complete Schedule T.	
1								Business lun		officeholder living expense	
						ļ		Dualifeaa luff	ÇII.		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeh	older name		Office sou	aht			Office held	_
ľ	expenditure to benefit C/OI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9	ı			
F	Date	1	Payee name	·····							=
l	05/29/2024		La Casita Mex	ican Restau	rant						
┝	Amount (\$)	H	Payee address;	City;		Zip Co	de				_
	\$115.29 23355 FM 1314										
l	7										
			Porter, TX 773	865							
┝	PURPOSE	(a)	Category (See C		d - to		(h)	Description			-
l	OF	(4)	Food/Beverage		the top of this sch	equiej	(~)		outsl	de of Texas. Complete Schedule T.	
l	EXPENDITURE		. 00a, 2010.ag	o Estponio						officeholder living expense	
								Business lun	ch		
L											_
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeh	nolder name	C	Office sou	ght			Office held	
L											
	Date		Payee name								
L	06/11/2024		La Casita Mex								_
	Amount (\$)		Payee address;	City;	State;	Zip Co	de				
	\$325.62	i	23355 FM 131	.4							
L			Porter, TX 773	365							
	PURPOSE OF	(a)	Category (see C		the top of this sch	edule)	(b)	Description			
l	EXPENDITURE		Food/Beverage	e Expense				L		ide of Texas. Complete Schedule T. , officeholder living expense	
								Business din			
H	Complete ONLY if direct	<u> </u>	Candidate/Officeh	nolder name	0	Office sou	ght			Office held	-
	expenditure to benefit C/OI	Н									
H										***************************************	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made 8y -Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Printing Expense Salarles/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 36/89 Rpt: Gray, Matthew 4 Date Payee name 06/20/2024 La Casita Mexican Restaurant 6 Amount (\$) Payee address; City: State; Zip Code \$213,23 23355 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2024 La Madeleine Amount (\$) Payee address; State; Zip Code \$18.17 4570 Kingwood Dr Kingwood, TX 77345 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 06/28/2024 Litte Caesars Payee address; City; Amount (\$) State; Zip Code \$12.97 20302 US-59 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment	Fees Food/Bever Gift/Awards committee Legal Servi			e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L	<u> </u>		uction Guide explains how	to complet			· · · · · · · · · · · · · · · · · · ·		
1	Total pages Schedule F1:					3	Filer ID		
	Sch: 37/89 Rpt:	Gray, Matthew							
4	Date	Payee name							
	06/03/2024	Local Storage							
6	Amount (\$) \$130.00	Payee address; C 20992 Old Sorters I Porter, TX 77365	City; State; Zi Road	p Code					
8	PURPOSE	A) Category (See Categorie	es listed at the top of this schedule	₂₎ (b)	Description				
	OF EXPENDITURE	Office Overhead/Re		´	Check if travel of Check if Austin,	TX, c	e of Texas. Complete Schedule T, officeholder living expense		
					Campaign St	UIay	ge		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder	name Office	e sought			Office held		
F	Date	Payee name							
ĺ	05/07/2024	Local Storage							
\vdash	Amount (\$)	Payee address; C	ity; State; Zi	p Code					
	\$130.00	20992 Old Sorters Road							
		Porter, TX 77365							
	PURPOSE OF EXPENDITURE		Che			Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Storage			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder	name Office	e sought			Office held		
	Date	Payee name							
	04/02/2024	Local Storage							
	Amount (\$) \$130.00	Payee address; C 20992 Old Sorters F	ity; State; Zi _l Road	p Code					
		Porter, TX 77365							
	PURPOSE) Category (See Categorie	es listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Office Overhead/Re				TX, c	e of Texas. Complete Schedule T. officeholder living expense JC		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	name Office	e sought			Office held		

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 **CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 38/89 Rpt: Gray, Matthew 4 Date Payee name 03/04/2024 Local Storage 6 Amount (\$) Payee address; City: State; Zip Code \$130,00 20992 Old Sorters Road Porter, TX 77365 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) ΩE Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Storage Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/02/2024 Local Storage Payee address; State; Zip Code Amount (\$) City; \$130.00 20992 Old Sorters Road Porter, TX 77365 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/02/2024 Local Storage Amount (\$) Payee address; City: State; Zip Code \$130.00 20992 Old Sorters Road Porter, TX 77365 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Storage Complete ONLY if direct Office sought Office held Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 39/89 Rpt: Gray, Matthew 4 Date Payee name 06/17/2024 Lone Star Animal Welfare League 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 PO Box 130175 The Woodlands, TX 77393 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Fury Friend Defender Sponsor** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/14/2024 Lupe Tortilla Mexican Restaurant Amount (\$) Payee address; City: State: Zip Code \$119,75 20061 Northpark Drive Kingwood, TX 77339 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 06/04/2024 Lupe Tortilla Mexican Restaurant City: Amount (\$) Payee address; State; Zip Code \$52.26 20061 Northpark Drive Kingwood, TX 77339 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 40/89 Rpt: Gray, Matthew Date Payee name 04/04/2024 Magnolia Flower Patch and Boutique 6 Amount (\$) Payee address; City; State; Zip Code \$144.12 19010 FM 1488 Magnolia, TX 77355 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check If Austin, TX, officeholder living expense Condolence flowers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/06/2024 McDonald's Amount (\$) Payee address; City; State; Zip Code \$4.73 24610 FM 1314 Porter, TX 77365 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/26/2024 Mister Car Wash City; State; Zip Code Amount (\$) Payee address; \$14.00 21938 Market Place Dr. New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. TRANSPORTATION MAINTENANCE **EXPENDITURE** Check if Austin, TX, officeholder living expense Car wash Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 41/89 Rpt: Gray, Matthew Date Pavee name 06/13/2024 Mister Car Wash 6 Amount (\$) Payee address; City: State; Zip Code \$14.00 21938 Market Place Dr. New Caney, TX 77357 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. TRANSPORTATION MAINTENANCE **EXPENDITURE** Check if Austin, TX, officeholder living expense Car wash Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2024 Montgomery County Historical Commission State; Zip Code Amount (\$) Payee address; City: \$350.00 414 West Phillips St Suite 100 Conroe, TX 77301 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense Books Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 06/17/2024 NCISD Athletic Department Payee address; State; Zip Code Amount (\$) City: \$6,000.00 21580 TX-494 Loop New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Stadium advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ly - .al Co	mmittee	Gift/Awards Legal Servi	rage Expense s/Memorials Expe ices ruction Guide (Expens Wages	se s/Contract Labor	Tra	avel in District avel Out of District THER (enter a category n	ot listed above)
1	Total pages Schedule F1:	T ₂	FILER NAME							3 Fil	er ID	·
_	Sch: 42/89 Rpt:		Gray, Matth		<u>-</u>						(I D	
4	Date	5	Payee name							•		
	01/25/2024		Nicos Bar a	nd Grill								
6	Amount (\$)	7	Payee addre	ss; C	ity;	State;	Zip C	ode				
	\$60.34		22610 Loop									
			-									
			Kingwood, ²	TX 7733	9							
8	PURPOSE	(a)	Category (Se	ee Categorie	es listed at the top	of this sche	edute)	(b)	Description			
	OF EXPENDITURE		Food/Bever						<u> </u>		f Texas, Complete Scher	dule T.
	<u> </u>										ceholder living expense	
į									Business lund	Cn		
		<u>L</u>						<u>L</u>		•		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder	name	0	office sou	ught			Office held	
	Date	Ī	Payee name									
	05/13/2024		Olive Garde	n Italian	Restaurant	t						
	Amount (\$)	+	Payee addres	ss; C	ity;	State;	Zip Co	ode	· · · · ·			
	\$71.67		21638 US-5			,	r	•				
ı	, · -											
			New Caney	, TX 773	357							
	PURPOSE	(a)	Category (Se	ee Categorie	s listed at the top	of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bevera						land.		f Texas, Complete Scheo	dule T.
	<u></u>								_		ceholder living expense	
									Business lund	Cf3		
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	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder	name	0	office sou	ught			Office held	
	experience to sorion c. c.											
	Date		Payee name						· `` · · · · · · · · · · · · · · · · ·			
	03/29/2024		Pappadeau	x Seafoo	od							
	Amount (\$)	 	Payee addres	ss: C	ity;	State:	Zip Co	ode				
	\$85.31		18165 I-45	,	,,	 ,		.				
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			Conroe, TX	77385								
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	PURPOSE OF		Category (Se			of this sche	dule)	(a)	Description	outeide o	f Texas. Complete Scheo	tula T
	EXPENDITURE		Food/Bevera	age ∟xp	ense				L		ceholder living expense	uuid 1.
								l	Business lund		• .	
	Complete ONLY if direct	L	Candidate/Offic	reholder	nama	0	ffice sou	unht			Office held	
	expenditure to benefit C/OF		all lalades of the	obiiojae,	House		moo oo	Jyın			Onioc riox	
												
									·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	Offi Poll ise Prin Sala	ce Overhe ing Expen ting Exper aries/Wag	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed above		
L		_	The Instruction Guide e					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	
	Sch: 43/89 Rpt:		Gray, Matthew					
4	Date	5	Payee name				<u> </u>	
	03/06/2024		Pappasitos Cantina					
6	Amount (\$) \$56.44	7	Payee address; City; 18101 Interstate 45 N	State; Zip	Code			
		ļ.,	Shenandoah, TX 77385			~		
8	PURPOSE OF EXPENDITURE	(a)	Category (see Categories listed at the top Food/Beverage Expense	of this schedule)	(b)	<u> </u>	tside of Texas, Complete Schedule T. X, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office	sought		Office held	
Г	Date		Payee name				··	
	01/16/2024		Paypal					
┢	Amount (\$)		Payee address; City;	State; Zip	Code			
	\$0.13		2211 N First St					
		_	San Jose, CA 95131					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Fees	of this schedule)	(b)		tside of Texas. Complete Schedule T, X, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office	sought		Office held	
	Date		Payee name	7,		 		
	01/18/2024		Pho An					
	Amount (\$) \$53.63		Payee address; City; 209 1st St E	State; Zip	Code			
			Humble, TX 77338					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	of this schedule)	(b)	—	iside of Texas. Complete Schedule T. X, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sought		Office held	

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Relmbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment									
4. Total pages Cabadula E1.									
1 Total pages Schedule F1: Sch: 44/89 Rpt:	2 FILER NAME Gray, Matthew 3 Filer ID								
•	_								
4 Date 04/22/2024	5 Payee name Porter 1st Baptist Church								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$960.00	24570 FM 1314								
	Porter, TX 77365								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense								
	Cake Auction								
	}								
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder пате Office sought Office held Н								
Date	Payee name								
06/27/2024	Pure Parenting Shop								
Amount (\$)	Payee address; City; State; Zip Code								
\$72.51	2401 Yale St								
	Houston, TX 77008								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	STAFF SUPPORT Check if travel outside of Texas, Complete Schedule T.								
	Check if Austin, TX, officeholder living expense								
	Employee / Staff Support								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/O									
Data									
Date 03/07/2024	Payee name								
	Ranch Hand Caf								
Amount (\$)	Payee address; City; State; Zip Code								
\$55.22	24626 TX-321								
	Cleveland, TX 77327								
PURPOSE									
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas, Complete Schedule T.								
EXPENDITURE	Check if Austin, TX, officeholder living expense								
	Business lunch								
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/M Legal Service The Instruc	Š			Wages	se s/Contract Labor ete this form.		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			•	•			3	Filer ID	
	Sch: 45/89 Rpt:		Gray, Matth	ew								
4	Date	5	Payee name									
ľ	02/20/2024		Robert Wall	cer Camp	aign							
6	Amount (\$)	7	Payee addre	ss; City	;	State	Zip Co	ode				
	\$500.00]	510 TX-75									
		l										
			Willis, TX 7	7378								
8	PURPOSE	(a)	Category (Se	e Categories i	sted at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donatio	ns Made	Ву			₩		de of Texas. Complete Schedule T.	
	<u></u>		Candidate/0	Officehold	er/Politica	al Comm	ittee				officeholder living expense	
								1	Campaign do	ла	IOH	
Ļ	O1-4- ON (I) / (I dive-4	Ļ		- 1 - 1 - 1			<i>(</i> **	<u>L</u>	· · · · · · · · · · · · · · · · · · ·		000	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	cenolaer na	ame	C	office sou	ugnt			Office held	
<u> </u>												
1	Date	ı	Payee name									
L	02/29/2024		SASA									
	Amount (\$)		Payee addres	s; City	;	State;	Zip Co	ode				
	\$1,210.00		25840 Ipes	Rd								
			Splendora, 1	TX 77372								
	PURPOSE	(a)	Category (Se	e Categories i	sted at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Event Expe				•		=		de of Texas, Complete Schedule T.	
	LA LIBITORE									ı, TX,	officeholder living expense	
									Sponsorship			
	Compulate ONLY & dispet	<u> </u>	andialata (OEE				.tt:		•		Office Lealed	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	enoraer na	ırne	U	office sou	ugnt			Office held	
	· · · · · · · · · · · · · · · · · · ·											
	Date		Payee name								•	
	06/03/2024		Salata									
	Amount (\$)		Payee addres	s; City	;	State;	Zip Co	ode			÷*	
	\$21.73		21856 Mark	et Place D	rive							
			Suite 600									
			New Caney,	TX 7735	7							
	PURPOSE	(a)	Category (Se	e Categories i	sted at the to	p of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bevera			•	•	}			ie of Texas, Complete Schedule T.	
	LXI ENDITORE										officeholder llving expense	
									Business lund	CN		
		L	01 - 14					<u> </u>			orc) It	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI-		andidate/Offic	enolder na	me	0	ffice sou	ugnt			Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorlals Expense Legal Services Travel in District
Travel Out of District Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 46/89 Rpt: Gray, Matthew 4 Date Payee name 01/18/2024 Saltgrass Steakhouse 6 Amount (\$) Payee address; City: State; Zip Code \$115.09 21284 US-59 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/08/2024 Saltgrass Steakhouse Amount (\$) Payee address; State: Zip Code \$29.05 810 Interstate 45 N Conroe, TX 77301 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Pavee name 02/28/2024 Saltgrass Steakhouse City; Payee address; State; Zip Code Amount (\$) \$60.59 810 Interstate 45 N Conroe, TX 77301 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Contributions/ Donations Made By - Gilt/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment

Total pages Schedule F1: 2 FILER NAME
Sch: 47/89 Rpt: Gray, Matthew

Gilt/Awards/Memorials Expense Satarles/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above OT

Sch: 47/89 Rpt:	Gray, Matthew
4 Date 03/28/2024	5 Payee name Saltgrass Steakhouse
6 Amount (\$) \$79.53	7 Payee address; City; State; Zip Code 810 Interstate 45 N
	Conroe, TX 77301
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 04/15/2024	Payee name Saltgrass Steakhouse
Amount (\$) \$85.08	Payee address; City; State; Zip Code 21284 US-59
	New Caney, TX 77357
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 05/28/2024	Payee name Saltgrass Steakhouse
Amount (\$) \$193.85	Payee address; City; State; Zip Code 21284 US-59
	New Caney, TX 77357
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense 3. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulfing Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expens Glft/Awards/Memorials Legal Services The Instruction Gu	Expense		Expens /Wages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	ve)	
1	Total pages Schedule F1:	2	FILER NAMI	Ē	· · · · · · · · · · · · · · · · · · ·				3	Filer ID	
_	Sch: 48/89 Rpt:	L	Gray, Matth						<u>L</u> .		
4	Date	5	Payee name	,							
	06/06/2024		Saltgrass S	Steakhouse							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode				
	\$81.65		810 Intersta	ate 45 N							
		L	Conroe, TX	77301							
8	PURPOSE	(a)	Category (s	See Categories listed at th	he top of this scho	edule)	(b)	Description	_		_
	OF EXPENDITURE		Food/Bever	rage Expense						de of Texas. Complete Schedule T.	
	l							Business lund		officeholder living expense	
	l										
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ficeholder name	C	Office sou	ught			Office held	
_	Date	Г	Payee name								
	06/10/2024		Saltgrass S								
\vdash	Amount (\$)	├	Payee addres		State:	Zip Co	odo		_		
	\$106.84		21284 US-5	•	Juic,	Zip Ç	Uu c				
	Ψ±0015 .		LILUT UU U).							
	!		Mow Cano	, TV 77257	•						
		<u>L</u>	New Caney				14.				
	PURPOSE OF	(a)		ice Categories listed at th	ne top of this scho	edule)	(D)	Description	outsi	de of Texas, Complete Schedule T.	
	EXPENDITURE		F000/pever	rage Expense						officeholder living expense	
								Business dinr			
									h		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	iceholder name	0	Office sou	ught			Office held	
		_							_		
	Date	l	Payee name								
<u> </u>	06/10/2024	L	Saltgrass S								
	Amount (\$)		Payee addres		State;	Zip Co	ode				
	\$51.23		21284 US-5	i 9							
ļ 		_	New Caney	, TX 77357							
	PURPOSE	(a)	Category (S	ee Categories listed at th	ne top of this scho	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	rage Expense						de of Texas. Complete Schedule T.	
								Business lunc		officeholder living expense	
								Duomicoo io	,,,		
	Complete ONLY if direct	<u>_</u>	`andidate/Offi	iceholder name		Office sou	Linht			Office held	
	expenditure to benefit C/OF		za raruator o m	senside name	J	Alloc Soc	ygin			Onice field	
—		—									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID
l	Sch: 49/89 Rpt:	Gray, Matthew			
4	Date	5 Payee name			
	02/21/2024	Shogun			
6	Amount (\$) \$131.31	7 Payee address; City; Star 7069 FM 1960 Rd E Humble, TX 77346	te; Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Food/Beverage Expense	chedule) (b)	<u> </u>	nutside of Texas, Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought		Office held
	Date	Payee name			
	02/13/2024	Sloan, Jim			
	Amount (\$) \$200.00	Payee address; City; Stat #5 Mobile Home Park Cleveland, TX 77530	te; Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this s Event Expense	chedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense · Dance
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name -I	Office sought		Office held
	Date	Payee name			
<u> </u>	01/03/2024	Smoothie King			
	Amount (\$) \$9.50	Payee address; City; Stat 12029 Grand Parkway Ste 120 New Caney, TX 77357	e; Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this see Food/Beverage Expense	chedule) (b)	<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense Ə
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name I	Office sought		Office held

SCHEDULE F1

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

Event Expense
Fees
Foot/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 50/89 Rpt:	Gray, Matthew
4	Date	5 Payee name
	01/16/2024	Smoothie King
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.00	12029 Grand Parkway
	!	Ste 120
	!	New Caney, TX 77357
8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Staff beverage
<u>_</u>	Consolida CNII V if direct	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	-	
	Date	Payee name
	01/18/2024	Smoothie King
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.92	12029 Grand Parkway
		Ste 120
		New Caney, TX 77357
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff beverage
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2024	Smoothle King
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.26	12029 Grand Parkway
		Ste 120
		New Caney, TX 77357
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff beverage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Salarles/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 51/89 Rpt: Gray, Matthew 4 Date Payee name 01/23/2024 Smoothie King 6 Amount (\$) Payee address; City: State: Zip Code \$19.90 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2024 Smoothie King Amount (\$) Payee address; State; Zip Code \$15.44 12029 Grand Parkway Ste 120 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2024 Smoothie King Amount (\$) Payee address; City; State; Zip Code \$7.72 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel Out of District Printing Expense Salaries/Wages/Contract Labor Glft/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 52/89 Rpt: Gray, Matthew 4 Date Payee name 02/01/2024 Smoothie King 6 Amount (\$) Payee address; City; State: Zip Code \$12.35 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check If Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2024 Smoothie King Payee address; Amount (\$) City; State: Zip Code \$12.35 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2024 Smoothie King City; Amount (\$) Payee address; State; Zip Code \$9.59 12029 Grand Parkway Ste 120 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 53/89 Rpt: Gray, Matthew Date Payee name Smoothie King 02/06/2024 6 Amount (\$) Payee address; City: State; Zip Code \$12.97 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 02/06/2024 Smoothie King Amount (\$) Payee address; State; Zip Code City; \$12.35 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/09/2024 Smoothie King Amount (\$) Payee address; City; State; Zip Code \$11.23 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense rave in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 54/89 Rpt: Gray, Matthew 4 Date Payee name 02/12/2024 Smoothie King 6 Amount (\$) Payee address; City: State; Zip Code \$17.58 12029 Grand Parkway Ste 120 New Caney, TX 77357 PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 02/15/2024 Smoothie King Amount (\$) Payee address; State; Zip Code \$10.70 12029 Grand Parkway Ste 120 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 02/16/2024 Smoothie King Payee address; Amount (\$) City; State; Zip Code 12029 Grand Parkway \$11.26 Ste 120 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense

Candidate/Officeholder name

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if Austin, TX, officeholder living expense

Office held

Staff beverage

SCHEDULE F1

			EXPENDITURI	E CATEGOF	RIES FOR	BOX 8(a)		
Advertising Expen Accounting/Bankir Consulting Expens Contributions/ Dor Candidate/Offic Credit Card Paym	ng se nations Made By ceholder/Politics		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials i Legal Services		Office Overl Polling Expe Printing Exp			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Cledit Card Paym	The Instruction Guide explains how to complete							
1 Total pages Sc	hedule F1:	2 FILER NA	Filer ID					
Sch: 55/89	9 Rpt:	Gray, Ma	tthew					
4 Date		5 Payee nar	 ne		·	·		
02/20/2024		Smoothie	King					
6 Amount (\$)		7 Payee add	ress; City;	State;	Zip Cod	е		
	\$12.35	12029 Gr	and Parkway					
		Ste 120						
		New Can	ey, TX 77357					
8 PURPOSE			<u> </u>		17	h) Description		
OF			(See Categories listed at the erage Expense	e top of this sche	edule) \	 b) Description Check if trave 	el outs	ide of Texas, Complete Schedule T.
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ļ						Staff bevera	age	
Complete ONL expenditure to I			Officeholder name	C	Office soug	ht		Office held
Date		Dayaa naa		· · · · · · · · · · · · · · · · · · ·				
02/26/2024		Payee nan Smoothie						
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	\$12.00	12029 Gr	and Parkway					
		Ste 120						
		New Can	эу, ТХ 77357					
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OF EXPENDITUR	F		erage Expense			<u> </u>		ide of Texas. Complete Schedule T.
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EXPENDITOR	_					I		, officeholder living expense
						Staff bevera	ıge	
Complete <u>ONL</u>) expenditure to b			fficeholder name	0	ffice sougl	nt		Office held
experience to t	onom c/Or							
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SCHEDULE F1

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

Loan Repayment/Relmbursement

Solicitation/Fundraising Expense
Transportation Foultment & Related Exp

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment	Gift/Awards/Memorials Expense ee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract	Travel in District Travel Out of District Labor OTHER (enter a category not listed above)
	The Instruction Guide explains h	ow to complete this i	
1 Total pages Schedule F1: 2 FILE			3 Filer ID
Sch: 56/89 Rpt: Gra	ay, Matthew		
4 Date 5 Pay	/ee name		•
03/06/2024 Sm	noothie King		
6 Amount (\$) 7 Pay	vee address; City; State;	Zip Code	
· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	029 Grand Parkway		
	2120		
	w Caney, TX 77357		
8 PURPOSE (a) Cate	egory (See Categories listed at the top of this sched	iule) (b) Descrip	otion
	od/Beverage Expense	Chec	k if travel outside of Texas. Complete Schedule T.
			k if Austin, TX, officeholder living expense
		Stan u	everage
Complete <u>ONLY</u> if direct Cand expenditure to benefit C/OH	lidate/Officeholder name Of	fice sought	Office held
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03/11/2024 Sm	oothie King		
Amount (\$) Pay	ree address; City; State;	Zip Code	
	029 Grand Parkway	•	
·	120		
	w Caney, TX 77357	T,	
	egory (See Categories listed at the top of this sched		
EXPENDITURE F00	od/Beverage Expense	<u> </u>	k if travel outside of Texas, Complete Schedule T. k if Austin, TX, officeholder living expense
			everage
			overage.
Complete ONLY if direct Candi	lidate/Officeholder name Of	fice sought	Office held
expenditure to benefit C/OH	idate/Oniceriolder name	nce sough.	Office Held
	ee name		
03/14/2024 Smo	oothie King		
Amount (\$) Paye	ee address; City; State;	Zip Code	
\$10.00 120	29 Grand Parkway		
	120		
	v Caney, TX 77357		
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	egory (See Categories listed at the top of this sched		
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		i. <u>—</u>	everage
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Condition ONLY if direct Condition	11.1.10ffeetelders amo	<u> </u>	Office held
Complete <u>ONLY</u> if direct Candi expenditure to benefit C/OH	idate/Officeholder name Of	fice sought	Office held

SCHEDULE F1

4	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B: Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 57/89 Rpt: Date 03/18/2024 Amount (\$)	2 FILER NAM Gray, Matti 5 Payee name Smoothie I 7 Payee addre 12029 Gra Ste 120	The Instruction Guide explains how to complete this form. ILER NAME ray, Matthew ayee name moothie King ayee address; City; State; Zip Code 2029 Grand Parkway						
8	PURPOSE OF EXPENDITURE	(a) Category (s	ise Categories listed at the to rage Expense	p of this sched	_{lule)} (b)	<u>—</u>	outside of Texas. Complete Schedu n, TX, officeholder living expense ge	lle T.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		iceholder name	Off	fice sought		Office held		
	Date 03/18/2024	Payee name Smoothie k							
	Amount (\$) \$10.08	Ste 120	ss; City; nd Parkway , TX 77357	State;	Zip Code				
	PURPOSE OF EXPENDITURE		ee Categories listed at the to rage Expense	p of this sched	_{ufe)} (b)	<u></u>	outside of Texas. Complete Schedu n, TX, officeholder living expense ge	de T.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Off	fice sought		Office held		
	Date 03/21/2024	Payee name Smoothie k							
	Amount (\$) \$9.62		ex Freeway	State;	Zip Code				
		Humble, T			la s				
	PURPOSE OF EXPENDITURE		ee Categories listed at the to rage Expense	p of this sched	ule) (b)		outside of Texas. Complete Schedt n, TX, officeholder living expense GC	ile T.	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Off	ice sought	<u> </u>	Office held		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Office of Poliing pense Printing	Verhea Expens Expen Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID		
	Sch: 58/89 Rpt:	Gray, Ma	tthew							
4	Date	5 Payee nar	ne			,	_			
	03/22/2024	Smoothie	King							
	Amount (\$) \$20,00	Ste 120 New Can	and Parkway ey, TX 77357	State; Zip (Code					
8	PURPOSE OF EXPENDITURE		(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Staff beverage							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	Office se	ught			Office held		
Г	Date	Payee nar	ne							
l	03/25/2024	Smoothie	King							
	Amount (\$) \$10.40	Ste 120	ress; City; and Parkway ey, TX 77357	State; Zip (ode				-	
	PURPOSE OF EXPENDITURE		(See Categories listed at the to rerage Expense	op of this schedule)	(b)		ı, TX,	de of Texas, Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office so	ught			Office held		
	Date	Payee nan	ne							
	03/25/2024	Smoothie	King							
	Amount (\$) \$11.00	Ste 120	ress; City; and Parkway ey, TX 77357	State; Zip (ode					
	PURPOSE OF EXPENDITURE		(See Categories listed at the to erage Expense	op of this schedule)	(b)	<u> </u>	ı, TX,	de of Texas, Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office so	ught			Office held		

SCHEDULE F1

				EXP	ENDITURE CATEGO	RIES FOF	B	OX 8(a)		
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1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID
ı	Sch: 59/89 Rpt:		Gray, Mattl	new						
4	Date	5	Payee name	;						
l	03/27/2024		Smoothie k	King						
6	Amount (\$)	7	Payee addre	ess; C	ity; State;	; Zip Co	de			
l	\$10.73		12029 Gra	nd Parkv	vay					
			Ste 120							
		l	New Caney	, TX 77	357					
8	PURPOSE	(a)			es listed at the top of this sch	odulo)	(b)	Description		
Ī	OF	`	Food/Beve			ledule)	(,	`	outsl	ide of Texas, Complete Schedule T.
l	EXPENDITURE									, officeholder living expense
l								Staff bevera	ge	
L	***									
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder	name C	Office sou	ght			Office held
L										
l	Date		Payee name							
	03/28/2024		Smoothie k	Ging						
	Amount (\$)		Payee addre	ess; C	ity; State;	Zip Co	de			
	\$10.62		12029 Grai	nd Parkv	vay					
l			Ste 120							
l			New Caney	, TX 77:	357					
Г	PURPOSE	(a)	Category (s	ee Categori	es listed at the top of this sch	edule)	(b)	Description		
l	OF EXPENDITURE		Food/Bever	rage Exp	ense					de of Texas, Complete Schedule T.
								Staff beverag		, officeholder living expense
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┝	Complete ONLY if direct	Ц,	Candidate/Off	iceholder	name C	Office sout	aht			Office held
	expenditure to benefit C/O			.50.15145.		ingo odn	9			
F	Date	Γ	Dayoo nama							
	03/29/2024		Payee name Smoothie K							
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			Ste 120	. 741/ 727/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
L			New Caney							
	PURPOSE OF	(a)			es listed at the top of this scho	edule)	(b)	Description	outei	ide of Texas. Complete Schedule T.
	EXPENDITURE		Food/Bever	rage Exp	ense			امسما		, officeholder living expense
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	expenditure to benefit C/O	1								
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (Appers a category up) [Island shows)

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	mmittee	Gift/Awards/Memoria Legal Services The Instruction (·		Expens Wage:	se s/Contract Labor	Travel Out of District OTHER (enter a categ	ory not listed above)	
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L	Sch: 60/89 Rpt:	L	Gray, Matth	ew						
4	Date	5	Payee name							
	04/01/2024		Smoothie K	ing						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	ode			
	\$10.62		12029 Gran	d Parkway						
			Ste 120							
			New Caney	TX 77357						
8	PURPOSE	(a)	·	e Categories listed a			(b)	Description		
	OF	```		e Calegories lisied a age Expense	t the top of this sch	eaule)	``		outside of Texas, Complete 5	Schedule T.
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							1	Staff beverag	je	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	ffice sou	ught		Office held	
-	Date		_				-			
	04/03/2024		Payee name Smoothie Ki	· ·						İ
L										
ļ	Amount (\$)		Payee addres		State;	Zip Co	ode			
	\$10.84		12029 Gran	d Parkway						
			Ste 120							
			New Caney,	TX 77357						
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE			age Expense		•			outside of Texas. Complete S	
									, TX, officeholder living exper	150
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	0	ffice sou	ıght		Office held	
	Date		Payee name							
	04/05/2024		Smoothie Ki	ng						
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	ode			
	\$15.59		12029 Grand	d Parkway						
			Ste 120							
			New Caney,	TX 77357						
	PURPOSE	(a)	Category (Sec	Categories listed at	the top of this sche	dule)	(b)	Description		
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SCHEDULE F1

Advertising Expense
Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Constitutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 61/89 Rpt:	Gray, Matthew	
4	Date	5 Payee name	
	04/12/2024	Smoothie King	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.84	12029 Grand Parkway	:
		Ste 120	
		New Caney, TX 77357	
Ļ	DUDDOOF		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Cond/Beverage Expense Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff beverage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	04/15/2024	Smoothie King	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.24	12029 Grand Parkway	
	!	Ste 120	
		New Caney, TX 77357	
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	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Staff beverage	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
	experialiture to berreilt C/OI		
	Date	Payee name	
	04/15/2024	Smoothie King	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.84	12029 Grand Parkway	
	φωσιστ	Ste 120	
		New Caney, TX 77357	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense	
		Check If Austin, TX, officeholder living expense	
		Staff beverage	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense rees Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Travel Out of District
OTHER (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 62/89 Rpt: Gray, Matthew 4 Date Payee name 04/16/2024 Smoothie King 6 Amount (\$) Payee address; City: State; Zip Code \$14.83 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Auslin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/23/2024 Smoothie King Amount (\$) Payee address; City; State; Zip Code \$6.48 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) ΩE Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/29/2024 Smoothie King Amount (\$) Payee address; State; Zip Code \$17.75 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		Food/Beverage Expense Glft/Awards/Memorials Expe Legal Services		Expen:		Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide	explains how to c	ompl	ete this form.	
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	Sch: 63/89 Rpt:	Gray, Mat	thew			1	
4	Date	5 Payee nam	ne				
	04/29/2024	Smoothie	King				
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	\$10.08	12029 Gra	and Parkway				
		Ste 120					
		New Cane	ey, TX 77357				
8	PURPOSE	(a) Category	(See Categories listed at the to	a of this cabadula)	(b)	Description	
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9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	ught		Office held
	expenditure to benefit C/O	н					
	Date	Payee nam	ie				
	05/03/2024	Smoothie	King				
	Amount (\$)	Payee addi	ress; City;	State; Zip C	ode		
	\$8.24	12029 Gra	and Parkway				
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	PURPOSE		(See Categories listed at the top	6 Al-1 l d- d- N	Ithi	Description	
	OF		csee calegories listen at the top erage Expense	o i inis scheduje)	 ` ~′		side of Texas, Complete Schedule T.
	EXPENDITURE		3-			Check If Austin, TX	, officeholder living expense
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	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode		· · · · · · · · · · · · · · · · · · ·
	\$10.84	12029 Gra	and Parkway				
		Ste 120					
		New Cane	y, TX 77357				
	PURPOSE				/h)	Description	
	OF		See Categories listed at the toperage Expense	of this schedule)	\",		ide of Texas. Complete Schedule T.
	EXPENDITURE	1 000,000	siage Expense			Check if Austin, TX	, officeholder living expense
						Staff beverage	
					L		
	Complete ONLY if direct		fficeholder name	Office so	ught		Office held
	expenditure to benefit C/O	1					
_							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidale/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gilf/Awards/Memorials Expe primitee Legal Services The Instruction Guide	Office Of Polling E nse Printing I Salarles/	erhea xpens xpen Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)
┝	Total pages Schedule F1:	12	·				2	Filer ID
^	Sch: 64/89 Rpt:	_	Gray, Matthew				J	CIIG: ID
4	Date	5	Payee name			L		
	05/15/2024		Smoothie King					
6	Amount (\$) \$10.84	7	Payee address; City; 12029 Grand Parkway Ste 120 New Caney, TX 77357	State; Zip Co	ode	***		
8	PURPOSE OF EXPENDITURE	(a	Category (See Categories listed at the top Food/Beverage Expense	of this schedule)	(b)		TX,	de of Texas, Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held
	Date	Π	Payee name					· · · · · · · · · · · · · · · · · · ·
	05/23/2024		Smoothie King			-		
	Amount (\$) \$10.84		Payee address; City; 12029 Grand Parkway Ste 120 New Caney, TX 77357	State; Zip Co	ode			
	PURPOSE OF EXPENDITURE	(a)	Category (see Categories listed at the top Food/Beverage Expense	of this schedule)	(b)	<u>—</u>	ΓX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight		•	Office held
	Date		Payee name					
	05/24/2024		Smoothie King					
	Amount (\$) \$9.08		Payee address; City; 19717 Eastex Freeway	State; Zip Co	ode			
			Humble, TX 77338					
	PURPOSE OF EXPENDITURE	(a)	Category (see Categories listed at the top Food/Beverage Expense	of this schedule)	(b)		ſΧ,	le of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Transportation Equipment & Related Expense Travel in District Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 65/89 Rpt: Gray, Matthew Date Payee name 06/03/2024 Smoothie King 6 Amount (\$) Payee address; City; State: Zip Code \$11,27 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check If Austin, TX, officeholder living expense Staff beverage Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 06/10/2024 Smoothie King Amount (\$) Payee address; State; Zip Code City; \$9.11 19717 Eastex Freeway Humble, TX 77338 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T, Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/17/2024 Smoothie King Amount (\$) Payee address; City: State; Zip Code \$8.78 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 66/89 Rpt: Gray, Matthew 4 Date Payee name 06/20/2024 Smoothie King 6 Amount (\$) Payee address; City; State; Zip Code \$11.27 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 06/27/2024 Smoothie King Amount (\$) Payee address; State; Zip Code \$11.27 12029 Grand Parkway Ste 120 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 06/28/2024 Smoothie King Amount (\$) Payee address; City: State; Zip Code \$11.27 12029 Grand Parkway Ste 120 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 67/89 Rpt:	Gray, Matthew
4 Date 03/27/2024	5 Payee name Spartan Clay Shooting Booster Club
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 22625 Sandy Ln Porter, TX 77365
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/28/2024	Splendora Caf and BBQ
Amount (\$) \$217.58	Payee address; City; State; Zip Code 23085 Speed St.
	New Caney, TX 77357
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/03/2024	Splendora Project Graduation
Amount (\$) \$621.00	Payee address; City; State; Zip Code 23419 FM 2090
İ	Splendora, TX 77372
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Consulting Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 68/89 Rpt: Gray, Matthew 4 Date Payee name 01/25/2024 Starbucks 6 Amount (\$) Payee address; City; State; Zip Code \$13.12 20302 US-59 New Caney, TX 77357 PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/01/2024 Starbucks Amount (\$) Payee address; State; Zip Code City, \$12.45 20302 US-59 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH Date Payee name 02/09/2024 Starbucks Payee address; Amount (\$) City; State; Zip Code \$13.12 20302 US-59 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gilt/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 69/89 Rpt: Gray, Matthew 4 Date Payee name 02/23/2024 Starbucks 6 Amount (\$) Payee address; City. State; Zip Code \$11.91 2021 Northpark Drive Kingwood, TX 77339 PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2024 Starbucks Payee address; Amount (\$) City: State; Zip Code \$4.02 2021 Northpark Drive Kingwood, TX 77339 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Staff beverage Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/28/2024 Starbucks Amount (\$) Payee address; City; State; Zip Code \$11.37 2021 Northpark Drive Kingwood, TX 77339 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Relimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Polling Expense Trave! Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 70/89 Rpt: Gray, Matthew 4 Date Payee name 03/15/2024 Starbucks 6 Amount (\$) Payee address; City; State; Zip Code \$11.37 2021 Northpark Drive Kingwood, TX 77339 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/09/2024 Starbucks Amount (\$) Payee address; City; State; Zip Code \$25.00 2021 Northpark Drive Kingwood, TX 77339 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 04/11/2024 Starbucks Amount (\$) Payee address; City; State; Zip Code \$6.87 1403 N Loop 336 W Conroe, TX 77304 **PURPOSE** (a) Category (See Categories fisted at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverage

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	mmittee	Gift/Awards/Memorials I Legal Services			Vages	s/Contract Labor	Travel Out of I OTHER (enter	District r a category not listed abo	ove)	
╙		_		The Instruction Gu	ide explains n	ow to co	mpie	· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1;	2	FILER NAME					Į;	3 Filer ID		
_	Sch: 71/89 Rpt:		Gray, Matthe	ew							
4	Date	5	Payee name								
	04/11/2024		Starbucks								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de			······································	
	\$5.87	l	1403 N Loop	•		•					
			•								
			Conroe, TX	77904							
Ļ	BUBBOSE	_	· · · · · · · · · · · · · · · · · · ·				41.5				
8	PURPOSE OF	(a)		e Categories listed at the	e top of this sche	dule)	(D)	Description	stalde of Touce. Co	omeloto Cobodulo T	
	EXPENDITURE		Food/Bevera	age Expense				<u></u>	nside of Texas, Co TX, officeholder livi	omplete Schedule T. ing expense	
								Staff beverage		ang on portion	
								3 -			
9	Complete ONLY if direct		Candidate/Offic	eholder name	01	ffice sou	nht		Office	held	
ľ	expenditure to benefit C/OI		zanalautor Omo	onoidor nama	O.	11100 000	girt		Oilloo	noid	
	Data	i							·		
	Date	ŀ	Payee name								
L	05/15/2024		Starbucks								
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de				
	\$18.59		2021 Northp	ark Drive							
			Kingwood, T	X 77339							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this schee	dule)	(b)	Description			
	OF EXPENDITURE		Food/Bevera	ige Expense				_		omplete Schedule T.	
								No.	TX, officeholder livi	ing expense	
								Staff beverage	3		
	Commission ONLY if alicest	Ļ		-b-1d		· · · · · · · · · · · · · · · · · · ·	4		0#	L-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoider name	Ų.	fice sou	ynı		Office	neiu	
	Date		Payee name								
	06/05/2024		Starbucks					•			
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de		•		
	\$3.52		8446 FM 196	50							
			Humble, TX	77338							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sched	dule)	(b)	Description			
	OF EXPENDITURE		Food/Bevera	ge Expense						omplete Schedule T.	
								lare.i	ΓX, officeholder livi	ing expense	
				•				Staff beverage	:		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Office	eholder name	Of	fice sou	ght		Office	held	
	onportunitio to periorit O/O/	,									
											

SCHEDULE F1

Г			EXPENDITURE	CATEGORIES	FOR E	OX 8(a)		
Accounting/Banking Fees Office Ov. Consulting Expense Food/Beverage Expense Polling Ex. Contributions/ Donations Made By Gill/Awards/Memorials Expense Printing Examples Salaries/Notice Circlic Card Pawment			e Overhe g Expen ng Expe les/Wag	nse es/Contract Labor		Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Ļ		1	The Instruction Guid	e explains how t	comp	lete this form.	,	
1	Total pages Schedule F1: Sch: 72/89 Rpt:		NAME Matthew				3	Filer ID
4	Date	5 Pave	name				L.	···
L	06/13/2024	Starb						
6	Amount (\$) \$3.52	2021	address; City; Northpark Drive wood, TX 77339	State; Zip	Code			
8	PURPOSE OF EXPENDITURE		Ofy (See Categories listed at the t Beverage Expense	op of this schedule)	(b)	Land 1	, TX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate/Officeholder name	Office	sought	i		Office held
	Date	Payee	name	- <u></u>				
l	06/14/2024	Starb	ucks					
	Amount (\$) \$12.88	1 1	address; City; FM 1960	State; Zip	Code			
		Humb	le, TX 77338					
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the to Beverage Expense	op of this schedule)	(b)		, TX,	de of Texas, Complete Schedule T, officeholder living expense c
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	Office	sought			Office held
Г	Date	Payee	name		-			
	06/24/2024	Starb						
	Amount (\$) \$4.52		address; City;	State; Zip	Code			
		Porter	, TX 77365					
	PURPOSE OF EXPENDITURE		ory (see Categories listed at the to Beverage Expense	op of this schedule)	(b)		,TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te/Officeholder name	Office :	sought			Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	y - al Committee	Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expen Legal Servicas The Instruction Guide of	Office Ov Polling Ex nse Printing Ex Salaries/V	erhead pense xpens Vages	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID
	Sch: 73/89 Rpt:	Gray, Ma	tthew					
4	Date	5 Payee nar	me				_	
	06/17/2024	Superior	Mermaid Car Wash &	Lube				
6	Amount (\$) \$20.00		dress; City; thpark Dr d, TX 77339	State; Zip Co	de			
8	PURPOSE OF EXPENDITURE		(See Categories listed at the top ORTATION MAINTEN			<u> </u>		de of Texas, Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sou	ght			Office held
	Date	Payee nar	ne					
	04/30/2024	The Rust	y Buckle BBQ Compar	ıy				
Г	Amount (\$)	Payee add	ress; City;	State; Zip Co	de			
	\$4,700.00		ommunity Dr.					
		New Can	ey, TX 77357					
	PURPOSE OF EXPENDITURE		(See Categories listed at the top- erage Expense	of this schedule)		Check if Austin,	TX,	de of Texas, Complete Schedule T. officeholder living expense or golf tournament
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		officeholder name	Office sou	ght			Office held
	Date 04/11/2024	Payee nan The Rust	ne / Buckle BBQ Compan	у				
	Amount (\$) \$62.35		mmunity Dr.	State; Zip Co	de			
			ey, TX 77357					
	PURPOSE OF EXPENDITURE		(See Categories listed at the top of erage Expense	of this schedule)		<u></u> !	TX.	ie of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office sou	ght			Office held

SCHEDULE F1

Solicitation/Fundraising Expense
Transportation Foundation & Pole

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	•	se s/Contract Labor	Travel In District Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide expla	ains how to compl	ete this form.	
1	· -	2 FILER NAM	E			3 Filer ID
	Sch: 74/89 Rpt:	Gray, Mattl	hew			
4	Date	5 Payee name				
	01/09/2024	The Toaste				
-	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Code		
ľ	\$75.69		nd Parkway	late, Zip Couc		•
	Ψ10.03	11303 314	nu ranway			
	!	1				
L		New Caney	y, TX 77357			
8	PURPOSE	(a) Category (5	See Categories listed at the top of thi	is schedule) (b)	Description	
	OF EXPENDITURE		rage Expense		<u> </u>	tside of Texas, Complete Schedule T,
		l			_	X, officeholder living expense
		ĺ			Business lunch	1
<u>_</u>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office sought		Office held
	Date	Payee name	,			
	02/26/2024	The Toaste	ed Yolk			
\vdash	Amount (\$)	Payee addre	ess; City; St	tate; Zip Code		
	\$79.33		nd Parkway			
			TM Control of			
		New Caney	y, TX 77357			
	PURPOSE	(a) Category (s	See Categories listed at the top of this	s schedule) (b)	Description	
	OF EXPENDITURE	Food/Bever	rage Expense			tside of Texas. Complete Schedule T.
		İ				X, officeholder living expense
		İ			Business lunch	l
	j	1		1		
	- 1: 5:13/16 H1	- "				
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sought		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Office sought		Office held
				Office sought		Office held
	expenditure to benefit C/OF	-		Office sought		Office held
	expenditure to benefit C/OF	Payee name The Toaste	ed Yolk			Office held
	Date 04/12/2024 Amount (\$)	Payee name The Toaste Payee addre	ed Yolk ess; City; St	Office sought		Office held
	expenditure to benefit C/OFDate 04/12/2024	Payee name The Toaste Payee addre	ed Yolk			Office held
	Date 04/12/2024 Amount (\$)	Payee name The Toaste Payee addre 11985 Grar	ed Yolk ed Yolk ess; City; St nd Parkway			Office held
	expenditure to benefit C/OFDate 04/12/2024 Amount (\$) \$67.59	Payee name The Toaste Payee addre 11985 Grar New Caney	ed Yolk ess; City; St nd Parkway y, TX 77357	tate; Zip Code		Office held
	expenditure to benefit C/OFDate 04/12/2024 Amount (\$) \$67.59	Payee name The Toaste Payee addre 11985 Grar New Caney (a) Category (s	ed Yolk ess; City; St nd Parkway /, TX 77357 see Categories listed at the top of thle	tate; Zip Code	Description	
	expenditure to benefit C/OFDate 04/12/2024 Amount (\$) \$67.59	Payee name The Toaste Payee addre 11985 Grar New Caney (a) Category (s	ed Yolk ess; City; St nd Parkway y, TX 77357	tate; Zip Code	Description	tside of Texas. Complete Schedule T.
	expenditure to benefit C/OFDate 04/12/2024 Amount (\$) \$67.59 PURPOSE OF	Payee name The Toaste Payee addre 11985 Grar New Caney (a) Category (s	ed Yolk ess; City; St nd Parkway /, TX 77357 see Categories listed at the top of thle	tate; Zip Code	Description Check If travel ou Check If Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense
	expenditure to benefit C/OFDate 04/12/2024 Amount (\$) \$67.59 PURPOSE OF	Payee name The Toaste Payee addre 11985 Grar New Caney (a) Category (s	ed Yolk ess; City; St nd Parkway /, TX 77357 see Categories listed at the top of thle	tate; Zip Code	Description	tside of Texas. Complete Schedule T. X, officeholder living expense
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

:	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Prin Sala	•	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed	d above)
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		New Cane	y, TX 77357					
8	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule)	(b)	Description		
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	expenditure to benefit C/OH		centraline	Olifoe	Sougni		Office field	

SCHEDULE F1

Advertising Evnense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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8	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Polltica Credit Card Payment	y - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	•		xpens Wages	se s/Contract Labor	7	Fravel in District Fravel Out of District OTHER (enter a category not listed	above)
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	expenditure to benefit C/OF	4									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			Wages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed abo	ove)
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Overhe Polling Expen Printing Exper Salaries/Wage	ise es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	Đ
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4	Date 06/13/2024	5 Payee na Uber	ıme				
6	Amount (\$) \$20.05	7 Payee at 1515 3rd San Fra	, ,,	ate; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category Travel In	(See Categories listed at the top of this District	schedule) (b		utside of Texas. Complete Schedule T. TX, officeholder living expense 1 expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office sought		Office held	
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	\$16.56	1515 3rd San Fra	l St. ncisco, CA 94158				
	PURPOSE OF EXPENDITURE	(a) Category Travel Ir	(See Categories listed at the top of this and District	schedule) (b)	<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense 1 EXPENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office sought		Office held	
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	PURPOSE	(a) Category	(See Categories listed at the top of this	cohedule) (b)	Description		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Loan Repayment/Reimbursement Polling Expense

Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel in District Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 80/89 Rpt: Gray, Matthew Date Payee name 05/13/2024 Uber 6 Amount (\$) Payee address; State: Zip Code City: \$26.52 1515 3rd St. San Francisco, CA 94158 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description ΩE Check if travel outside of Texas, Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation expense Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 04/25/2024 Uber Amount (\$) Payee address; State; Zip Code City: \$5.00 1515 3rd St. San Francisco, CA 94158 PURPOSE (b) Description (a) Category (see Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/25/2024 Uber Amount (\$) Payee address; City: State: Zip Code \$16.66 1515 3rd St. San Francisco, CA 94158 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation expense Office sought Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Travel Out of District
OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 81/89 Rpt: Gray, Matthew Date Payee name 03/29/2024 Uber 6 Amount (\$) Payee address; City; State; Zip Code \$31,21 1515 3rd St. San Francisco, CA 94158 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/06/2024 Uber State; Zip Code Amount (\$) Payee address; City; 1515 3rd St. \$13.79 San Francisco, CA 94158 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation expense Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/05/2024 Uber Amount (\$) Payee address; City; State; Zip Code \$9.95 1515 3rd St. San Francisco, CA 94158 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas, Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Transportation expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Glit/Awards/Me Legal Services		nse	Printing Salarie:	Expens s/Wages	e /Contract Labor	Travel Out of District OTHER (enter a category not liste	d above)
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8	PURPOSE OF		Category (Se		sted at the top	of this sch	edule)	(b)	Description		
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SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	_	ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above	ve)
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		San Franci	isco, CA 94158				
8	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b	Description		
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9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sough	ıt	Office held	
	Date	Payee name	<u> </u>	····			
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	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Code	<u> </u>		
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	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule) (t) Description	1	
	OF EXPENDITURE	Travel In D			<u> </u>	outside of Texas, Complete Schedule T.	
					Transportatio	n, TX, officeholder living expense	
İ					папаропила	ill expense	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sough	nt	Office held	
	expenditure to benefit C/O			•			
	Date	Payee name					
	01/24/2024	Uber	;		•		
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Code	٠	· · · · · · · · · · · · · · · · · · ·	
	\$4.28	1515 3rd S		110, mp 0011	•		
	4 ··						
		San Franci	sco, CA 94158				
	PURPOSE		See Categories listed at the top of this	bodula) (k	Description		
,	OF	Travel In D		scriedure)	Check if travel	outside of Texas. Complete Schedule T.	
	" EXPENDITURE					n, TX, officeholder living expense	
			•		Transportatio	n expense	
 		- 11 : 15					
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sough	it	Office held	
_					*****		
						•	

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Office Overher Poiling Expens Printing Exper Salarles/Wage	se s/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	·	The Instruction Guide expla	ins how to compl		
1	Total pages Schedule F1:	}		3	Filer ID
L	Sch: 84/89 Rpt:	Gray, Matthew			
4	Date	5 Payee name			
L	01/24/2024	Uber			
6	Amount (\$) \$21.42	1515 3rd St.	tate; Zip Code		
		San Francisco, CA 94158			
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of thi Travel In District	s schedule) (b)	<u></u>	side of Texas. Complete Schedule T. K, officeholder living expense EXPENSE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office held
	Date	Payee name			
	01/23/2024	Uber			
Г	Amount (\$)	Payee address; City; St	ate; Zip Code		
	\$4.65	1515 3rd St. San Francisco, CA 94158			
	PURPOSE			Description	
	OF EXPENDITURE	(a) Category (see Categories listed at the top of this Travel In District	s schedule)	Check if travel outs	ilde of Texas, Complete Schedule T. , officeholder living expense expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought		Office held
	Date	Payee name			
	01/23/2024	Uber			
	Amount (\$)	Payee address; City; St	ate; Zip Code		
	\$23.28	1515 3rd St.		÷	
		San Francisco, CA 94158			· ·
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Travel In District	s schedule) (b)		ide of Texas. Complete Schedule T. , officeholder living expense expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought		Office held
	••				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Glift/Awards/Memorials Expense Printir ommittee Legal Services Salari	Repayment/Reimbursement Overhead/Rental Expense J Expense g Expense est/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Ļ		The Instruction Guide explains how to	complete this form.	T
1	Total pages Schedule F1:			3 Filer ID
L	Sch: 85/89 Rpt:	Gray, Matthew		
4	Date	Payee name		
Į	04/12/2024	Walgreens		
6	Amount (\$) \$27.48	Payee address; City; State; Zip 20824 FM 1485	Code	
L		New Caney, TX 77357		
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		outside of Texas, Complete Schedule T. n, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held
Ī	Date	Payee name		
	05/13/2024	Walmart Supercenter		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$66.45	23561 US-59		
		Porter, TX 77365	1	
	PURPOSE OF EXPENDITURE) Category (see Categories listed at the top of this schedule) OFFICE SUPPLIES	Check if Austin	outside of Texas. Complete Schedule T. 1, TX, officeholder living expense S and Snacks
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s	ought	Office held
	Date	Payee name		· · ·
	04/22/2024	Walmart Supercenter		
	Amount (\$) \$44.27	Payee address; City; State; Zip 23561 US-59	Code	
		Porter, TX 77365		
	PURPOSE OF EXPENDITURE	Category (see categories listed at the top of this schedule) OFFICE SUPPLIES	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense es and snacks
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s	ought	Office held
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Retimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundratsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explain		
1 Total pages Schedule F1:		3	Filer ID
Sch: 86/89 Rpt:	Gray, Matthew		
4 Date	5 Payee name		
03/22/2024	Walmart Supercenter		
6 Amount (\$) \$358.23	7 Payee address; City; Stat 23561 US-59 Porter, TX 77365	te; Zip Code	
8 PURPOSE		(h) Description	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this sa OFFICE SUPPLIES	Check if travel out	side of Texas. Complete Schedule ⊤. X, officeholder living expense and snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
02/29/2024	Walmart Supercenter		
Amount (\$) \$182.02	Payee address; City; Stat 23561 US-59	e; Zip Code	
	Porter, TX 77365		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel out	side of Texas. Complete Schedule T. K, officeholder living expense and snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
01/16/2024	Walmart Supercenter		
Amount (\$) \$18.18	Payee address; City; State 23561 US-59	e; Zip Code	
	Porter, TX 77365		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so OFFICE SUPPLIES	Check if travel out	side of Texas, Complete Schedule T. K, officeholder living expense and snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide explair	Nemorials Expense Printing Expense		Travel in District Travel Out of District OTHER (enter a category not listed above)					
		· · · · · · · · · · · · · · · · · · ·	as how to comple							
1 Total pages Schedule Sch: 87/89 Rpt:				ľ	3 Filer ID					
4 Date	5 Payee name	е								
06/24/2024	· · · · · · · · · · · · · · · · · · ·	er Express Car Wash								
6 Amount (\$) \$15	7 Payee addr 5.00 23615 US-	-59	ate; Zip Code							
	Porter, TX 77365									
8 PURPOSE OF EXPENDITURE		See Calegories listed at the top of this s DRTATION MAINTENANC	E	느	utside of Texas, Complete Schedule T. TX, officeholder living expense					
Complete ONLY if direction expenditure to benefit		fficeholder name	Office sought		Office held					
Date	Payee name	e								
06/24/2024	Whitewate	r Express Car Wash								
Amount (\$)	Payee addre	ess; City; Sta	te; Zip Code							
\$11	00 23615 US-	• •	•							
	Porter, TX		- La V	,						
PURPOSE OF EXPENDITURE		See Categories listed at the top of this s PRTATION MAINTENANCI	E [[느	utside of Texas. Complete Schedule T. TX, officeholder living expense					
Complete <u>ONLY</u> if dire expenditure to benefit		fficeholder name	Office sought		Office held					
Date 05/28/2024	Payee name Whitewater	e r Express Car Wash								
Amount (\$) \$12		59	te; Zip Code							
	Porter, TX	77365								
PURPOSE OF EXPENDITURE		See Calegories listed at the top of this s PRTATION MAINTENANC!	E [utside of Texas. Complete Schedule T. TX, officeholder living expense					
Complete <u>ONLY</u> if dire expenditure to benefit		ficeholder name	Office sought		Office held					

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salarles/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 88/89 Rpt: Gray, Matthew Date Payee name 04/03/2024 Whitewater Express Car Wash 6 Amount (\$) Payee address; State; Zip Code City; \$11.00 23615 US-59 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T, TRANSPORTATION MAINTENANCE **EXPENDITURE** Check if Austin, TX, officeholder living expense Car wash Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2024 Whitworth, Justin Amount (\$) Payee address; State; Zip Code City: 32680 Teal St \$175.11 Brookshire, TX 77423 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies and Dcor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2024 Whitworth, Justin Amount (\$) Payee address; City; State; Zip Code \$400.00 32680 Teal St Brookshire, TX 77423 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies and Door Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Offlceholder/Political Committee Credit Card Payment		- Gift/Award	Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Folling Expense Printing Expense Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Gredit Cald Payment	The Inst	ruction Guide explains	how to compl	ete this form.					
1	Total pages Schedule F1: Sch: 89/89 Rpt:	2 FILER NAME Gray, Matthew		·		3 Filer ID				
4	Date 03/27/2024	5 Payee name Wildcat Clay Club								
6	Amount (\$) \$400,00	7 Payee address; City; State; Zip Code 23747 FM 2090								
8	PURPOSE OF EXPENDITURE	Splendora, TX 773 (a) Category (See Categori Event Expense		edule) (b)	Check if Austin,	utside of Texas, Complete Schedule T. FX, officeholder living expense h School Sponsor				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder	name C	Office sought		Office held				
	Date	Payee name								
	01/19/2024	Winterrose Crusad	Э							
	Amount (\$) \$500.00	Payee address; C 26872 Morgan Cen		Zip Code						
		Cleveland, TX 7732	28							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense			(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shirt Sponsor					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder	name O	Office sought		Office held				
	Date 01/11/2024	Payee name Yeunt, Katie								
	Amount (\$) \$455.00	Payee address; City; State; Zip Code 5625 Schumacher								
		Houston, TX 77057								
	PURPOSE OF EXPENDITURE	(a) Category (See Categorie Event Expense	es listed at the top of this sche	(b)	—	tside of Texas. Complete Schedule T. X, officeholder living expense pplieS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder	name O	office sought		Office held				