FORM C/OH CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 142 CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Matthew NAME Date Received **NICKNAME** LAST SUFFIX Gray ADDRESS / PO BOX; APT / SUITE #; CANDIDATE / Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** Dagger Brazas De W MAILING PO BX 1469 Receipt # **ADDRESS** Change of Address Porter, TX 77365 Date Processed IN Date Imaged CAMPAIGN MS/MRS/MR **FIRST** MI **TREASURER** Eric NAME **NICKNAME** LAST SUFFIX STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 15501 China Gave LA. **ADDRESS** Willis, TX 77378 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) X reporting limit **PERIOD** Day Year Month Day Year COVERED **THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) County Commissioner District Precinct 4 Montgomery **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 142

| | | | · · · · · · · · · · · · · · · · · · · | | |
|--|--|---|---------------------------------------|-----------------|-----------|
| 13 C / OH NAME | Gray, Matthew | | 14 Filer ID | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information | the candidate's or officeh | older's knowled | dge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | | COMMITTEE ADDRESS | | | |
| | SPECIFIC | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | · |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | |
| | | | | | |
| | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEM OR GUARANTE | ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE | N PLEDGES, LOANS, CTRONICALLY) | \$ | 0.00 |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS | 5) | \$ 17 | 77,383.25 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ | 0.00 |
| | | AL EXPENDITURES | | \$ 7 | 79,666.14 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICA REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD | AST DAY OF THE | \$ 44 | 12,277.15 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ | 0.00 |
| 67 96 | 1000261# Olyastol Expires January 31, 20 72 · 30, 22 | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | | | |
| ~∰ [S∀X | NOTARY PUBLIC, STATE OF TELL O | STATE OF TEXAS Signature of 135500196 | Sandidate or Officeholde | 9f | |
| Sworn to and subsc | | nid <u>Matthe W Gray</u> rtify which, witness my hand and seal of office. | , this the <i>15</i> #/ |) da | y |
| Signature of office | <u>A. L. P. L.</u> et administering | Frinted name of officer administering | Notare Title of officer a | dministering of | ath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | | | 3 of 142 | | | | |
|--------------------------------------|--------|--|-------------|----|-----------------|--|--|--|--|
| | ER NAM | | 19 Filer ID | | | | | | |
| Gray, Matthew 20 SCHEDULE SUBTOTALS | | | | | | | | | |
| | | SCHEDULE | | | SUBTOTAL AMOUNT | | | | |
| 1. | х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 177,150.00 | | | | |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 233.25 | | | | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | | |
| 4. | | SCHEDULE E: LOANS | | \$ | | | | | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | s | \$ | 79,666.14 | | | | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | | | | |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF | OF C/OH | \$ | | | | | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ | | | | | |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER | RETURNED | \$ | ., | | | | |
| | | • | • | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/13 Rpt: 4/142 3 Filer ID 2 FILER NAME Gray, Matthew 7 Amount of Contribution (\$) 5 Full name of contributor ut-of-state PAC (ID#: 4 Date \$150.00 03/03/2025 Amet, Alfredo 6 Contributor address; City; State; Zip Code 7 Clearbend Pl Conroe, TX 77384 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$500.00 05/08/2025 Anderson, Andrew Contributor address; City; State; Zip Code 19 Cowboy Way Richmond, TX 77406 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:_ \$5,000.00 03/02/2025 Balmos, David Contributor address; City; State; Zip Code 13831 Cerezo Creek Pointe Dr Cypress, TX 77433 Employer (See Instructions) Principal occupation / Job title (See Instructions) WSB Engineering Vice Presideint Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 03/04/2025 Barfield, Larry Contributor address; City; State; Zip Code 10827 Painted Crescent Ct Cypress, TX 77433 Employer (See Instructions) Principal occupation / Job title (See Instructions) Binkley & Barfield Inc Chairman Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 03/05/2025 Binkley, James Contributor address; City; State; Zip Code 9209 Stagecoach Dr Houston, TX 77041 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: 2/13 Rpt: 5/142 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/04/2025 Bleyl, John \$2,000.00 6 Contributor address; City; State; Zip Code 5 Timber Wood Ln Conroe, TX 77384 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Principal **Bleyl Engineering** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/04/2025 Bonnette, Paul \$3,000.00 Contributor address; City; State; Zip Code 923 Woodland Street Houston, TX 77009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal **PGAL** Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 02/24/2025 Burk, Rachel \$3,000.00 Contributor address; City; State; Zip Code 21493 Elk Haven Ln Porter, TX 77365 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Porter City Lifestyle Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 02/28/2025 Burns, Kevin \$2,750.00 Contributor address; City; State; Zip Code 11521 Fostoria Rd Cleveland, TX 77328 Principal occupation / Job title (See Instructions) Employer (See Instructions) President **Principal Services** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 05/08/2025 \$2,000.00 Cobb Fendley PAC 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)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/13 Rpt: 6/142 3 Filer ID 2 FILER NAME Gray, Matthew Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#:_ \$150.00 03/03/2025 Dewese, Jeffrey 6 Contributor address; City; State; Zip Code 11604 Princess Ann Ct Montgomery, TX 77316 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/17/2025 \$5,000.00 EHRA Engineering PAC Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 01/24/2025 \$750.00 Eastwood, David Contributor address; City; State; Zip Code 17407 Highway 59 N Humble, TX 77396 Employer (See Instructions) Principal occupation / Job title (See Instructions) Geotech Engineering & Testing President Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ \$1,200.00 03/03/2025 Ellison, Bill Contributor address; City; State; Zip Code 2161 Summit Mist Dr Conroe, TX 77304 Employer (See Instructions) Principal occupation / Job title (See Instructions) Ellison Development Owner Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$20,000.00 02/24/2025 Ellison, Colleen Contributor address; City; State; Zip Code 2161 Summit Mist Dr Conroe, TX 77304 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Ellison Development Owner

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/13 Rpt: 7/142 2 FILER NAME 3 Filer ID Gray, Matthew Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/17/2025 Gehringer, Mark \$500.00 6 Contributor address; City; State; Zip Code 5714 Ashley Spring Ct Katy, TX 77494 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#; 03/04/2025 Gibson, Brian \$2,000.00 Contributor address; City; State; Zip Code 14103 Vidailia Pointe Dr Cypress, TX 77429 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Project Manager Friendswood Development Company Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/03/2025 \$2,500.00 Giti Zarinkelk Living Trust Contributor address; City; State; Zip Code 18 Berry Blossom Dr Spring, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Living Trust Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (fD#; 02/24/2025 HR Green Texas PAC \$5,000.00 Contributor address; City; State; Zip Code 11011 Richmond Ave Suite 200 Houston, TX 77042 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 03/03/2025 \$1,600.00 Hamilton, David Contributor address; City; State; Zip Code 12315 Woodthorpe Ln Houston, TX 77024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice Presideint Binkley & Barfield

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/13 Rpt: 8/142 3 Filer ID 2 FILER NAME Gray, Matthew Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$500.00 03/05/2025 Hamilton, David 6 Contributor address; City; State; Zip Code 12315 Woodthorpe Ln Houston, TX 77024 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$3,000.00 03/04/2025 Heines, George Contributor address; City; State; Zip Code 306 Woodhaven Ln Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) RT Ellis Excating Manager Amount of Contribution (\$) Date Full name of contributor ut-of-state PAC (ID#:_ \$5,000.00 02/28/2025 John, Telfryn Contributor address; City; State; Zip Code 15430 Woodland Orchard Lane Cypress, TX 77433 Employer (See Instructions) Principal occupation / Job title (See Instructions) Geoscience Engineering President Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$750.00 02/20/2025 Junius, Nathan Contributor address; City; State; Zip Code 3608 18th St Metairie, LA 70002 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$2,000.00 03/04/2025 KCI Texas PAC Contributor address; City; State; Zip Code 2806 W Bitters Rd Ste 218 San Antonio, TX 78248 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: 6/13 Rpt: 9/142 2 FILER NAME 3 Filer ID Gray, Matthew Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/17/2025 Kelly, Jason \$4,000.00 6 Contributor address; City; State; Zip Code 29734 Egret View Ln Richmond, TX 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President LJA Engineering Inc Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 03/17/2025 \$500.00 Kurzy, Michael Contributor address; City; State; Zip Code 42 W Artist Grove Place Spring, TX 77382 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 02/07/2025 \$1,500.00 Kwan, Paul Contributor address; City; State; Zip Code 13123 Amber Queen Lane Houston, TX 77041 Employer (See Instructions) Principal occupation / Job title (See Instructions) President Landtech Surveying Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: 03/05/2025 Laham, Youssef \$500.00 Contributor address; City; State; Zip Code 23230 Sumners Creek Ct Katy, TX 77494 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 03/17/2025 \$3,000.00 LeBlanc, Christopher Contributor address; City; State; Zip Code 3429 Monarch Meadow Ln Pearland, TX 77581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President LJA Engineering Inc

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/13 Rpt: 10/142 3 Filer ID 2 FILER NAME Gray, Matthew 5 Full name of contributor 7 Amount of Contribution (\$) 4 Date out-of-state PAC (ID#:_ \$2,500.00 02/28/2025 Linebarger Goggan Blair & Sampson LLP 6 Contributor address; City; State; Zip Code PO Box 17428 Austin, TX 78760 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Attorney **Legal Services** Amount of Contribution (\$) Full name of contributor Date ut-of-state PAC (ID#:_ \$2,500.00 06/30/2025 Mark Herman Campaign Contributor address; City; State; Zip Code 18482 Kuykendahl 191 Spring, TX 77379 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) \$6,500.00 03/04/2025 McCampbell, Cindy Contributor address; City; State; Zip Code 3 Waterway Court The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Executive Assistant** The Woodlands Township Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#;_ \$2,000.00 02/28/2025 Milstead, Amy Contributor address; City; State; Zip Code 1415 Spring Hills Dr Spring, TX 77386 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Milstead Automotive President Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$150.00 03/03/2025 Mineo, Kevin Contributor address; City; State; Zip Code 870 W 41st St Houston, TX 77018 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: 8/13 Rpt: 11/142 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/04/2025 Mineo, Kevin \$500.00 6 Contributor address; City; State; Zip Code 870 W 41st St Houston, TX 77018 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Vice President Binkley & Barfield Inc Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:_ 03/03/2025 Mondiola, Joe \$800.00 Contributor address; City; State; Zip Code 9686 Adcock Acres Conroe, TX 77303 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 04/02/2025 \$1,500.00 Pape-Dawson Engineers PAC Contributor address; City; State; Zip Code 2000 NW Loop 410 San Antonio, TX 78213 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#; 02/28/2025 \$5,000.00 Quiddity PAC Contributor address; City; State; Zip Code 6330 West Loop S Ste 150 Bellaire, TX 77401 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor ut-of-state PAC (ID#; 03/04/2025 \$2,000.00 **RS&H PAC Texas** Contributor address; City; State; Zip Code 8240 North Mopac Expressway Suite 300 Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/13 Rpt: 12/142 2 FILER NAME 3 Filer ID Gray, Matthew 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 05/08/2025 \$2,500.00 Raba-Kirstner PAC Inc. 6 Contributor address; City; State; Zip Code PO Box 690287 San Antonio, TX 78269 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#; \$5,000.00 03/04/2025 Roshanfekr, Ali Contributor address; City; State; Zip Code 11750 Katy Fwy Ste 400 Houston, TX 77079 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Cascade Civil Services LLC Principal Date Full name of contributor cut-of-state PAC (ID#: Amount of Contribution (\$) 03/17/2025 \$3,000.00 Salazar, Vicente Contributor address; City; State; Zip Code 21422 Winding Path Way Richmond, TX 77406 Employer (See Instructions) Principal occupation / Job title (See Instructions) Vice President LJA Engineering Inc Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 04/02/2025 Sanchez, Juan \$750.00 Contributor address; City; State; Zip Code 7727 Augusta Creek Ct Spring, TX 77389 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#; 03/03/2025 \$1,200.00 Sass, Walt Contributor address; City; State; Zip Code 2707 Autumn Lake Dr Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Weisser Engineering

MONETARY POLITICAL CONTRIBUTIONS

| | MONET | ARY POLITICAL CONTRIBUTION | SCHEDULE A1 | | | |
|---|----------------------------|---|---|---|--|-------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 10/13 Rpt: 13/142 | |
| 2 | FILER NAME Gray, Matth | ew | | 3 | Filer ID | |
| 4 | Date 03/03/2025 | 5 Full name of contributor out-of-state PAC (ID#: Sass, Walt | | 7 | Amount of Contribution (\$) | \$150.00 |
| | | 6 Contributor address; City; State; Zip Code 2707 Autumn Lake Dr | | | | |
| | | Katy, TX 77450 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 04/02/2025 | Full name of contributor out-of-state PAC (ID#: Singh, Jasmeeta |) | | Amount of Contribution (\$) | \$10,000.00 |
| | | Contributor address; City; State; Zip Code 12511 Still Harbour Dr | | | | |
| | | Houston, TX 77041 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Real Estate | <u></u> | Realm Real Estate | | | ···· |
| | Date 02/26/2025 | Full name of contributor out-of-state PAC (ID#: Singh, Priti Contributor address; City; State; Zip Code 28 Whitworth Way | | | Amount of Contribution (\$) | \$1,500.00 |
| | | Sugar Land, TX 77479 | | | | |
| | Principal occu CEO | pation / Job title (See Instructions) | Employer (See Instructions Associated Testing Laborated | | tories Inc | |
| | Date | Full name of contributor ut-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 05/08/2025 | Sunderwala, Jay | | | | \$2,000.00 |
| | | Contributor address; City; State; Zip Code 16602 Arbor Oak Leaf Ct | | | | |
| | | Cypress, TX 77433 | | | | |
| | Principal occu Engineer | oation / Job title (See Instructions) | Employer (See Instructions) Ninyo & Moore |) | | |
| | Date 03/04/2025 | Full name of contributor out-of-state PAC (ID#: TNP Political Action Committee |) | | Amount of Contribution (\$) | \$5,000.00 |
| | | Contributor address; City; State; Zip Code 5237 N Riverside Dr Ste 100 | | | | |
| | Principal occu | Fort Worth, TX 76137 pation / 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: 11/13 Rpt: 14/142 3 Filer ID 2 FILER NAME Gray, Matthew 7 Amount of Contribution (\$) Date 5 Full name of contributor X out-of-state PAC (ID#: C00457853 02/28/2025 \$2,000.00 Terracon PAC 6 Contributor address; City; State; Zip Code 10841 S Ridgeview Road Olathe, KS 66061 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: \$2,500.00 02/28/2025 The Blair Law Firm PC 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) **Legal Services** Attorney Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#; 03/03/2025 \$2,000.00 Unterreiner, Jonathan Contributor address; City; State; Zip Code 12316 Lake Vista Dr Willis, TX 77318 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** President **Elevation Land Solutions** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$2,000.00 04/02/2025 Vogler, Jeffrey Contributor address; City; State; Zip Code 17607 Fragrant Rose Court Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vogler & Spencer Engineering President Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#; \$500.00 03/04/2025 Voiles, Lisa Contributor address; City; State; Zip Code 1511 Martin Street Houston, TX 77018 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

| | MONET | ARY POLITICAL CO | NTRIBUTIO | NS | | SCHEDUI | LE A1 |
|---|---|--|---------------------------------------|--|-----------------------------|-----------------------------|--------------|
| | The Instru | ction Guide explains how to | 1 | Total pages Schedule A1: Sch: 12/13 Rpt: 15/142 | | | |
| 2 | FILER NAME Gray, Matth | | | 3 | Filer ID | | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#; |) | 7 | Amount of Contribution (\$) | ΦΕ 000 00 |
| | 01/31/2025 | Von Schmidt, Charles 6 Contributor address; City; State; 3001 Old Israel Road | Zip Code | | | | \$5,000.00 |
| | | Livingston, TX 77351 | | | | | |
| 8 | Principal occu President | pation / Job title (See Instructions) | 9 | Employer (See Instructions Waterstone Developmer | | | |
| | Date 02/28/2025 | Full name of contributor Westwood Political Action Co Contributor address; City; State; 2805 Dallas Parkway Suite 150 Plano, TX 75093 | ************************* |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date Full name of contributor out-of-state PAC (ID#: 02/07/2025 Whitney & Associates Contributor address; City; State; Zip Code 3040 N Loop 336 W Ste 305 Conroe, TX 77304 | | | | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | - | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occu Vice Preside | pation / Job title (See Instructions) int | | Employer (See Instructions) Binkley & Barfield |) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$5,000.00 | |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions) Texcom Realty |) | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/13 Rpt: 16/142 3 Filer ID 2 FILER NAME Gray, Matthew 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ 03/01/2025 Wilson, Alex \$4,250.00 6 Contributor address; City; State; Zip Code 18499 Old Danville Rd Willis, TX 77318 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) President Rebel Contractors Full name of contributor Amount of Contribution (\$) Date ut-of-state PAC (ID#:_ \$10,000.00 03/01/2025 Wilson, Alex Contributor address; City; State; Zip Code 18499 Old Danville Rd Willis, TX 77318 Principal occupation / Job title (See Instructions) **Employer (See Instructions) Rebel Contractors** President Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 01/30/2025 \$3,000.00 Zeve, Matthew Contributor address; City; State; Zip Code 907 Nicholson St Houston, TX 77008 Employer (See Instructions) Principal occupation / Job title (See Instructions) Engineer **Gauge Engineering**

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/142 2 FILER NAME 3 Filer ID Gray, Matthew \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor Amount of In-kind contribution ut-of-state PAC (ID#:_ contribution (\$) description 03/03/2025 EHRA Engineering PAC \$233.25 Golf Tournament support 7 Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, TX 77042 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 1/125 Rpt: Gray, Matthew 4 Date Payee name 02/26/2025 4 Imprint USA 6 Amount (\$) Payee address; City; State; Zip Code \$2,449.28 101 Commerce Street Oshkosh, WI 54901 **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 Campaign Bags - Golf Tournament Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/19/2025 Ace Parking Lot Amount (\$) Payee address; City; State; Zip Code \$10.45 1600 Springwoods Plaza Dr Spring, TX 77389 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **PARKING EXPENDITURE** Check if Austin, TX, officeholder living expense Parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/10/2025 Ace Parking Lot State; Zip Code Payee address; Amount (\$) City: \$20.00 1600 Springwoods Plaza Dr Spring, TX 77389 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PARKING EXPENDITURE** Check if Austin, TX, officeholder living expense Parking 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 Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | al Committee | Legal Services The Instruction Gui | Salaries ide explains how to c | _ | ontract Labor this form. | OTHER (enter a category not listed above | e) |
|---|--|---------------------------|---------------------------------------|-----------------------------------|--|-----------------------------|--|----|
| 1 | Total pages Schedule F1: | 2 FILER NAM | Ē | | | 3 | Filer ID | |
| | Sch: 2/125 Rpt: | Gray, Matt | | | | | | |
| 4 | Date | 5 Payee name | 9 | | | | | |
| | 03/03/2025 | Adobe | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | - | State; Zip C | ode | | | |
| | \$32.46 | 345 Park A | ve. | | | | | |
| | | | | | | | | |
| | | San Jose, | CA 95110 | | | | | |
| 8 | PURPOSE OF | | See Categories listed at the | e top of this schedule) | (b) D | escription | | |
| | EXPENDITURE | OFFICE SO | OFTWARE | | l ⊨ | ₫ | iside of Texas. Complete Schedule T. X, officeholder living expense | |
| | | | | | l L | oftware costs | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Off | iceholder name | Office so | l Jght | | Office held | |
| | expenditure to benefit C/O | | | | g | , | | |
| | Date | Payee name | | | | | | |
| | 02/03/2025 | Adobe | | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip C | ode | | | |
| | \$32.46 | 345 Park A | , , | ,, | | • | | |
| | | | | | | | | |
| | | San Jose, (| CA 95110 | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the | top of this schedule) | (b) D | escription | | |
| | OF EXPENDITURE | OFFICE SO | | | ▎▕⊑ | - | side of Texas. Complete Schedule T. | |
| | | | | | | _ | X, officeholder living expense | |
| | | | | | ا | oftware costs | | |
| | Complete ONLY if direct | Candidate/Off | iceholder name | Office so | aht | | Office held | |
| | expenditure to benefit C/OF | | icendider name | Office soi | yynt | | Office field | |
| | Date | Daves have | · · · · · · · · · · · · · · · · · · · | | , - | | | |
| | 01/21/2025 | Payee name Ageint Seci | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | Obstant Time O | | | | |
| | Amount (\$) | Payee addre | | State; Zip Co | oue | | | |
| | \$2,982.18 | 15487 Pin (| Jak Dr | | | | | |
| | | O TV | 777004 | | | | | |
| | | Conroe, TX | | | T | | | |
| | PURPOSE OF | | ee Categories listed at the | top of this schedule) | (b) De | escription | elde ef Terres Consolute Cabadale T | |
| | EXPENDITURE | OFFICE SE | CURITY | | <u> -</u> | .1 | side of Texas. Complete Schedule T. K, officeholder living expense | |
| | | | | | <u> </u> | ffice security | | |
| | | | | | | , | , | |
| | Complete ONLY if direct | Candidate/Offi | iceholder name | Office sou | <u>ı </u> | | Office held | |
| | expenditure to benefit C/OF | | | | - | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Bankling
Consulting Expense
Contributions/ Donations Made ByCandidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| | Sch: 3/125 Rpt: | Gray, Matthew | |
| 4 | Date | 5 Payee name | |
| | 05/06/2025 | Akashi | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$80.14 | 25760 Kuykendahi Rd | |
| | | | • |
| Ì | | Spring, TX 77389 | |
| 8 | 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 |
| | | | Business lunch |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | -1 | |
| F | Date | Payee name | |
| | 04/11/2025 | Aloft Austin Downtown | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | |
| ı | \$125.00 | 109 E 7th St | |
| | | | |
| | | Austin, TX 78701 | |
| Т | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Travel Out of District | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Hotel stay in capital |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Office red |
| | Date | Payee name | |
| | 06/30/2025 | Amegy Bank | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$4.00 | 23593 Commerce Ave | |
| | 4.100 | | |
| | | Porter, TX 77365 | |
| | PURPOSE | | Description |
| | OF | Fees | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | | Banking Fees |
| | | | 200 () |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | | | |
| | | | |
| | ms provided by Texas Ft | hics Commission www.ethics state tx us | Version V4.1.0.f10d0fd8 |

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| | Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gift/Awards/Memori Legal Services The Instruction | · | | Vages | s/Contract Labor | | Travel Out of District OTHER (enter a category not listed about | ve) |
|---|---|----------|----------------|---|------------------------|--|-------|------------------|---------|---|--------------|
| 1 | Total pages Schedule F1: | 12 | FILER NAME | | | | | | 3 | Filer ID | |
| ľ | Sch: 4/125 Rpt: | 1 | Gray, Matth | | | | | | ٦ | | |
| | • | <u> </u> | Gray, Maili | ievv | • | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 05/30/2025 | | Amegy Ban | k | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | ; Zip Co | de | | | | |
| | \$13.50 | | 23593 Com | merce Ave | | | | | | | |
| ĺ | | | | | | | | | | | |
| İ | | | Porter, TX 7 | 77265 | | | | | | | |
| _ | | ļ., | | 7305 | | | | | - | | |
| 8 | PURPOSE OF | (a) | - | ee Categories listed a | at the top of this sch | redule) | (b) | Description | | | |
| | EXPENDITURE | | Fees | | | | ! | <u> </u> | | le of Texas, Complete Schedule T, | |
| | | | | | | | | Banking Fees | | officeholder living expense | |
| | | | | | | | | Balking rees | > | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offi | ceholder name | (| Office sou | ght | | | Office held | |
| | experialitate to betterit G/OI | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 04/30/2025 | | Amegy Ban | k | | | | | | | |
| | Amount (\$) | ┢ | Payee addres | ss; City; | State | ; Zip Co | de | | | | |
| | \$7.50 | | 23593 Com | - | Otato | , zip 00 | uc | | | | |
| | Ψ1.50 | | 20030 ((())) | inerce Ave | | | | | | | |
| | | | | | | | | | | | |
| | | | Porter, TX 7 | 7365 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | t the top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | i | Fees | | | · | | <u></u> | | e of Texas. Complete Schedule T. | |
| | LAPLINDITONA | | | | | | | المسل | | officeholder living expense | |
| | | | | | | | | Banking Fees | 5 | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Offic | ceholder name | C | Office sou | ght | | | Office held | |
| | expenditure to benefit C/OF | -1 | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/31/2025 | | Amegy Banl | k | | | | | | | |
| | | | | , | 54-4- | 7!- 0- | | | | | |
| | Amount (\$) | | Payee addres | - | State; | ; Zip Co | ue | | | | |
| | \$34.50 | | 23593 Com | merce Ave | | | | | | | |
| | | | | | | | | | | | |
| | | | Porter, TX 7 | 7365 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | the top of this sch | edule) | (b) | Description | | | |
| | OF- | | Fees | | | oud.by | | • | outside | e of Texas. Complete Schedule T. | |
| | EXPENDITURE | | | | | | | Check If Austin, | TX, c | officeholder living expense | |
| | | | | | | | | Banking Fees | ; | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Offic | eholder name | C | Office soug | ght | | | Office held | |
| | expenditure to benefit C/OF | 1 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | me provided by Toyon It | , · | | | | (| | | | Voicion VA 1 | S'14'= 1#-1- |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listen above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1. Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| Sch: 5/125 Rpt: | Gray, Matthew |
| 4 Date | 5 Payee name |
| 02/28/2025 | Amegy Bank |
| 6 Amount (\$) \$9.00 | 7 Payee address; City; State; Zip Code 23593 Commerce Ave Porter, TX 77365 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/31/2025 | Amegy Bank |
| Amount (\$) \$4.00 | Payee address; City; State; Zlp Code 23593 Commerce Ave Porter, TX 77365 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Fees |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 03/03/2025 | Amexicun |
| Amount (\$) \$19.48 | Payee address; City; State; Zip Code 1640 E TC Jester Blvd |
| | Houston, TX 77008 |
| 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 ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Foodbeverage Expense Polling Expense Travel in District y - Glift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--------------|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 6/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 06/10/2025 | Blackburn, Robert |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$108.40 | 7719 FM 2673 |
| | | |
| | | Canyon Lake, TX 78133 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | WORK EQUIPMENT Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Work Equipment |
| | | Work Equipment |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 06/02/2025 | Blackburn, Robert |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$72.41 | 7719 FM 2673 |
| | Ψ121-11 | 11 LO 1 W 2070 |
| | | Canyon Lake, TX 78133 |
| <u> </u> | PURPOSE | <u> </u> |
| | OF | (a) Category (See Categories listed at the top of this schedule) WORK EQUIPMENT (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Work Equipment |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit 6/6/ | |
| | Date | Payee name |
| | 06/02/2025 | Bubba Ts Kitchen |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$88.20 | 4130 FM 1488 |
| | | |
| | | Conroe, TX 77384 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Business lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Salaries/Wages/Contract Labor 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 7/125 Rpt: Gray, Matthew 4 Date Payee name 04/09/2025 **Buc-ees** 6 Amount (\$) Payee address: City: State; Zip Code \$2.69 40900 US-290 Waller, TX 77484 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 **Business lunch** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/09/2025 **Buc-ees** Amount (\$) Payee address; City; State; Zip Code \$82.73 40900 US-290 Waller, TX 77484 **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 held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 06/13/2025 **Bud & Blooms Floral Design** Amount (\$) Payee address; City; State; Zip Code \$95.23 25990 FM 2090 Splendora, TX 77372 **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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

| | Candidate/Officeholder/Pollifica Credit Card Payment | al Committee | Legal Services The Instruction Gu | Salaries ide explains how to c | | s/Contract Labor ete this form. | OTHER (enter a category not l | isted above) |
|---------|--|--------------|-----------------------------------|-----------------------------------|------|------------------------------------|---|--------------|
| 1 | Total pages Schedule F1: | 2 FILER NA | ME | | | 3 | Filer ID | |
| | Sch: 8/125 Rpt: | Gray, Ma | tthew | | | | | |
| 4 | Date | 5 Payee nar | ne | | · | · · · · · · | | |
| | 05/12/2025 | Cava | | | | | | |
| 6 | Amount (\$) | 7 Payee add | = | State; Zip C | ode | • | | |
| | \$18.37 | 4505 Kin | = | | | | | |
| | | Suite 100 | | | | | | |
| <u></u> | | Kingwood | I, TX 77345 | | | | | |
| 8 | PURPOSE OF | | (See Categories listed at the | e top of this schedule) | (b) | Description | | _ |
| | EXPENDITURE | Food/Bev | erage Expense | | | ļ. | itside of Texas. Complete Schedule FX, officeholder living expense | e T. |
| | | | | | | Staff beverage | | |
| | | | | | 1 | - | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | | Officeholder name | Office so | ught | | Office held | |
| | Date | Payee nan | ne | | | | | |
| | 03/26/2025 | Chick Fil. | A | | | | | |
| | Amount (\$) | Payee add | ress; City; | State; Zip C | ode | | | |
| | \$127.75 | 11877 Gr | and Pkwy | | | | | |
| | | | ey, TX 77357 | | | | | |
| | PURPOSE OF | | (See Categories listed at the | e top of this schedule) | (b) | Description | tuide of Tayon Complete Schodule | . Tr |
| | EXPENDITURE | Food/Bev | erage Expense | | | hummed. | tside of Texas. Complete Schedule X, officeholder living expense | 11. |
| | | | | | | Business lunch | | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | fficeholder name | Office so | ught | - | Office held | |
| | Date | Payee nam | ie | · · | | | , | |
| | 03/26/2025 | Chick Fil | 4 | | | | | |
| | Amount (\$) | Payee add | ress; City; | State; Zip C | ode | | | |
| | \$138.29 | 11877 Gr | and Pkwy | | | | | |
| | | | | | | | | |
| 84 | | New Cane | ey, TX 77357 | | | | | |
| | PURPOSE OF | | (See Categories listed at the | top of this schedule) | (b) | Description | | _ |
| | EXPENDITURE | Food/Bev | erage Expense | | | | tside of Texas. Complete Schedule X, officeholder living expense |) T. |
| | | | | | | Business lunch | | |
| | | | | | | | | |
| | Complete ONLY if direct | | fficeholder name | Office so | ught | | Office held | |
| | expenditure to benefit C/OF | 1 | | | | | | |
| | | | - | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Glitt/Awards/Memorials Expense Lenal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 9/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 03/05/2025 | Chick Fil A |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,290.00 | 11877 Grand Pkwy |
| | | |
| | | New Caney, TX 77357 |
| 8 | 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 |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experientare to benefit ever | |
| | Date | Payee name |
| | 01/06/2025 | Chick Fil A |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$37.66 | 11877 Grand Pkwy |
| | | |
| | | 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 Business lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 06/06/2025 | Chicken Salad Chick |
| | Amount (\$) | Payee address; Clty; State; Zip Code |
| | \$11.27 | 3026 College Park |
| | - | Suite A |
| | | Conroe, TX 77384 |
| | DIMPOSE | |
| | 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 | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| | | |
| | | |

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/Relmbursement 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 pateriory not listed above)

| Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 10/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID | · |
| 4 Date 05/27/2025 | 5 Payee name Chicken Salad Chick | |
| 6 Amount (\$) \$23.92 | 7 Payee address; City; State; Zip Code 3026 College Park Suite A Conroe, TX 77384 | |
| 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 H | |
| Date 05/21/2025 | Payee name Chicken Salad Chick | |
| Amount (\$) \$23.40 | Payee address; City; State; Zip Code 3026 College Park Suite A Conroe, TX 77384 | |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Check if Austin, TX, officeholder living expense Business lunch | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H | |
| Date 05/09/2025 | Payee name Chicken Salad Chick | |
| Amount (\$) \$12.97 | Payee address; City; State; Zip Code 3026 College Park Suite A Conroe, TX 77384 | |
| 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 11/125 Rpt: Gray, Matthew 4 Date Payee name 05/02/2025 Chicken Salad Chick 6 Amount (\$) Payee address; State; Zip Code \$14.77 3026 College Park Suite A Conroe, TX 77384 **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 held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/01/2025 Chicken Salad Chick Amount (\$) Payee address; State; Zip Code \$15.34 3026 College Park Suite A Conroe, TX 77384 **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 held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Chicken Salad Chick 04/22/2025 Amount (\$) Payee address; City: State; Zip Code \$26,46 3026 College Park Suite A Conroe, TX 77384 **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 expenditure to benefit C/OH

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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Citt/Awards/Memorials Ex Legal Services The Instruction Guid | Salaries/ | Wage | s/Contract Labor | OTHER (enter a category not liste | d above) |
|----|---|---------------|--|-----------------------|-------|------------------|--|----------|
| ļ_ | Total pages Schedule F1: | 2 FILER NAM | | <u> </u> | • | 13 | B Filer ID | |
| " | Sch: 12/125 Rpt: | Gray, Matt | | | | | o File ID | |
| 4 | Date | 5 Payee name | • | | | | | |
| | 04/17/2025 | Chicken Sa | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; Zip C | ode | | | |
| | \$29.16 | 3026 Colle | ge Park | | | | | |
| ı | | Suite A | | | | | | |
| | | Conroe, TX | < 77384 | | | | | |
| 8 | PURPOSE | | | | (b) | Description | | |
| ľ | OF | | See Categories listed at the rage Expense | top of this schedule) | ``' | | tside of Texas. Complete Schedule T. | |
| | EXPENDITURE | 1 dod/beve | rage Expense | | | | X, officeholder living expense | |
| | | | | | | Business lunch | 1 | |
| | | | | | 1 | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | iceholder name | Office sou | ught | | Office held | |
| | Date | Payee name |) | | | | | |
| | 03/24/2025 | Chicken Sa | alad Chick | | | | | |
| _ | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | |
| | \$17.47 | 30129 Roc | k Creek Dr | • | | | | |
| | | | | | | | | |
| | | Kingwood, | TX 77339 | | Ţ | | | |
| | PURPOSE OF | | iee Categories listed at the | top of this schedule) | (b) | Description | | |
| | EXPENDITURE | Food/Beve | rage Expense | | | | tside of Texas. Complete Schedule T. X, officeholder living expense | |
| | | | | | | Business lunch | | |
| | | | | | | | • | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | iceholder name | Office sou | ıght | | Office held | |
| | Date | Payee name | | | | | requestion . | |
| | 02/13/2025 | Chicken Sa | | | | | | |
| _ | Amount (\$) | Payee addre | ess; City; | State; Zip Co | ode | | | |
| | \$163.75 | 3026 Colleg | | | | | | |
| | , | Suite A | 9 - 1 | | | | | |
| | | | 77004 | | | | | |
| | , | Conroe, TX | . 77384 | | | | | |
| | PURPOSE OF | | ee Categories listed at the t | top of this schedule) | (b) | Description | | |
| | EXPENDITURE | Food/Bever | rage Expense | | | <u> </u> | iside of Texas. Complete Schedule T. X, officeholder living expense | |
| | | | | | | Business lunch | | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Off | iceholder name | Office sou | L | | Office held | |
| | expenditure to benefit C/Ol- | | DOTTOMOT HUITO | Office add | .9.10 | | Olios floid | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: FILER NAME Sch: 13/125 Rpt: Gray, Matthew 4 Date Payee name 06/23/2025 Chimichurris South American Grill 6 Amount (\$) Payee address; City: State; Zip Code \$191.38 1660 W Lake Houston Pkwy 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** Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 03/20/2025 Chuys Amount (\$) Payee address; City; State; Zip Code \$89.49 21225 Valley Ranch Pkwy 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 sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/10/2025 Chuys Amount (\$) Payee address; City: State; Zip Code \$59.01 21225 Valley Ranch Pkwy 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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| Candidate/Officeholder/Pr Credit Card Payment | litical Committee | Legal Services The Instruction Gu | Salarles/۱ uide explains how to co | Nages/Contract Labor emplete this form. | OTHER (enter a category not listed above) |
|--|-------------------------------------|---|---------------------------------------|--|--|
| 1 Total pages Schedule I | 1: 2 FILER NA | ME | | | 3 Filer ID |
| Sch: 14/125 Rpt: | Gray, Ma | atthew | | | |
| 4 Date | 5 Payee na | me | | | |
| 03/17/2025 | Cinco Vi | das Coffee Compa | ny | | |
| 6 Amount (\$) \$50.5 | 7 Payee ad 23141 Fl Porter, T | M 1314 | State; Zip Co | ode | |
| 8 PURPOSE | (a) Category | (See Categories listed at th | ne top of this schedule) | (b) Description | |
| OF EXPENDITURE | | verage Expense | , | l <u>—</u> | avel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense Pages |
| Complete ONLY if direct expenditure to benefit Complete. | | Officeholder name | Office sou | ight | Office held |
| Date | Payee na | me | | | - |
| 03/18/2025 | Citizens | Grill | | | |
| Amount (\$) | Payee add | dress; City; | State; Zip Co | ode | |
| \$61.8 | 315 Encl | ave Dr | | | |
| | Ste 300 | | | | |
| | Conroe, | TX 77384 | | | |
| PURPOSE OF EXPENDITURE | | (See Categories listed at the Verage Expense | ne top of this schedule) | | vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense UNCh |
| Complete ONLY if direct expenditure to benefit C | | Officeholder name | Office sou | ght | Office held |
| Date | Payee nar | ne | | ·········· | |
| 06/10/2025 | Colon & | Co | | | |
| Amount (\$) \$1,000.0 | Ste 300 | | State; Zip Co | de | |
| PURPOSE | (a) Category | (See Categories listed at th | e top of this schedule) | (b) Description | |
| OF EXPENDITURE | | g Expense | | — | vel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense Consulting |
| Complete ONLY if direct | t Candidate/ | Officeholder name | Office sou | aht | Office held |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor 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: FILER NAME 3 Filer ID Sch: 15/125 Rpt: Gray, Matthew 4 Date Payee name 05/01/2025 Colon & Co Amount (\$) Payee address: City; State: Zip Code \$1,000.00 3405 Edloe St Ste 300 Houston, TX 77027 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check If travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign consulting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/31/2025 Colon & Co Amount (\$) Payee address; City; State; Zip Code \$1,000.00 3405 Edloe St Ste 300 Houston, TX 77027 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign consulting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/04/2025 Colon & Co Amount (\$) Payee address; City: State; Zip Code \$1,000.00 3405 Edloe St Ste 300 Houston, TX 77027 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check If Austin, TX, officeholder living expense Campaign consulting 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 Fees Food/Beverage Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donattons Made B Candidate/Officeholder/Politic Credit Card Payment | / - d Committee | Gift/Awards/Memorials Expen Legal Services The Instruction Guide e | Salaries/ | Wages | s/Contract Labor | Travel Out of District OTHER (enter a category not listed above) | |
|---|--|-----------------------------|--|-------------------|------------------|------------------|--|-------------|
| L | | r | | Apiano non to o | отпри | | | |
| 1 | Total pages Schedule F1: Sch: 16/125 Rpt: | 2 FILER NAME Gray, Matth | | | | 3 | Filer ID | |
| 4 | Date | 5 Payee name | | | | | | |
| | 01/31/2025 | Colon & Co | | | | | | |
| 6 | Amount (\$) | 7 Payee addres | | State; Zip Co | ode | | | |
| | \$1,000.00 | 3405 Edloe | St | | | | | |
| | | Ste 300 | | | | | | |
| | | Houston, T> | 77027 | | | | | |
| 8 | PURPOSE OF | | e Categories listed at the top o | of this schedule) | (b) | Description | · | |
| | EXPENDITURE | Consulting E | Expense | | | ш | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | Campaign const | - · | |
| | | | | | | | 3 | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Offic | eholder name | Office sou | ıght | | Office held | |
| _ | Date | Payee name | | | | | | |
| | 02/26/2025 | = | rel Old Country Stor | e | | | | |
| | Amount (\$) | Payee addres | <u> </u> | State; Zip Co | ode | <u> </u> | | |
| ł | \$59.35 | 2440 Eastex | • | ,, | | | | |
| | , | | , | | | | | |
| | | Kingwood, T | X 77339 | | | | | |
| | PURPOSE OF | | e Categories listed at the top o | of this schedule) | (b) | Description | de ef Terres - Commission Cabadida T | |
| | EXPENDITURE | Food/Bevera | age Expense | | | — | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | Business lunch | | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Offic | eholder name | Office sou | ight | | Office held | |
| | Date | Payee name | | | | | | |
| | 06/09/2025 | Crisp, Elvis | | | | | | |
| | Amount (\$) | Payee addres | s; City; | State; Zip Co | ode | | | |
| | \$500.00 | 3202 Crossr | nan Dr | | | | | |
| | | | | | | | | |
| | | Porter, TX 7 | 7365 | | Ţ | | | |
| | PURPOSE OF | | Categories listed at the top o | f this schedule) | (b) | Description | | |
| | EXPENDITURE | Event Exper | isė | | | | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | Entertainment | anian loran living expanse | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Offic | eholder name | Office sou | <u>l</u> ight | | Office held | |
| | expenditure to benefit C/O | | | | _ | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 17/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 04/11/2025 | Dairy Queen |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$2.80 | 442 10th St |
| | | |
| | | Hempstead, TX 77445 |
| 8 | 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. |
| | man Fine in Gine | Check if Austin, TX, officeholder living expense Business lunch |
| | | Dusiness functi |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 04/11/2025 | Dairy Queen |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.22 | 442 10th St |
| | * | |
| | | Hempstead, TX 77445 |
| - | 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 |
| | Consulate ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | |
| _ | Data | |
| | Date 01/30/2025 | Payee name Dairy Queen |
| | | |
| | Amount (\$) \$13.25 | Payee address; City; State; Zip Code 20180 FM 1485 |
| | \$10.20 | 20100 LM 1402 |
| | | New Caney, TX 77357 |
| | | |
| | 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 |
| | | Business lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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 Printing Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | al Co | ommittee Legal Services S The Instruction Guide explains how | | | s/Contract Labor OTHER (enter a category not listed above) ete this form. |
|--------------|--|----------|---|---------|-------------|--|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 Filer ID |
| | Sch: 18/125 Rpt: | | Gray, Matthew | | | |
| 4 | Date | 5 | Payee name | | | |
| | 02/18/2025 | l | Darnell Digital | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Z | Zip Cod | de | |
| | \$1,750.00 | | 16603 Williamhurst Ln | | | |
| | | | | | | |
| | | | Houston, TX 77090 | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedul | ile) | (b) | Description |
| | EXPENDITURE | | WEBSITE | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | | | Website |
| | | | | | | *************************************** |
| 9 | Complete ONLY if direct | (| Candidate/Officeholder name Offic | ce soug | ht | Office held |
| | expenditure to benefit C/O | | | | , | |
| | Date | <u> </u> | Payee name | | | |
| | 03/10/2025 | | Dean, John | | | |
| ┝ | Amount (\$) | - | Payee address; City; State; Z | Zin Cor | łe | |
| | \$700.00 | | 2910 Auburn Falls | ⊆ip 000 | 20 | |
| | φι σσ.σσ | | 2010 / Modiff Fullo | | | |
| | | | Houston TV 77094 | | | |
| | | | Houston, TX 77084 | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this schedul | ile) | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Event Expense | | | Check if Austin, TX, officeholder living expense |
| | | | | | | Golf Tournament |
| | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name Office | ce soug | jht | Office held |
| | expenditure to benefit C/OI | + | | | | |
| | Date | | Payee name | | | |
| | 03/03/2025 | | Dicks Sporting Goods | | | |
| | Amount (\$) | | Payee address; City; State; Z | Zip Coc | le | |
| | \$507.62 | | 1201 Lake Woodlands Dr | | | |
| | , | | | | | |
| | | | The Woodlands, TX 77380 | | | |
| | PURPOSE | | | | <i>(</i> 6) | Description |
| | OF | (ct) | Category (See Categories listed at the top of this schedul Event Expense | le) | (U) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Event Expense | | | Check if Austin, TX, officeholder living expense |
| | | | | | | Golf Tournament Supplies & Tent |
| | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name Office | ce soug | ht | Office held |
| | expenditure to benefit C/O | 1 | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

| Credit Card Payment | The Instruction Guide explains how to c | omplete this form. |
|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| Sch: 19/125 Rpt: | Gray, Matthew | |
| 4 Date | 5 Payee name | |
| 04/09/2025 | Downtown Burgers | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode |
| \$19.49 | 503 E Cesar Chavez St | |
| | | |
| | Austin, TX 78701 | • |
| 8 PURPOSE | | (h) Deceription |
| 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 | 1 docume verage Expense | Check if Austin, TX, officeholder living expense |
| | | Business lunch |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office so | ught Office held |
| expenditure to benefit C/O | H | |
| Date | Рауее пате | |
| 06/23/2025 | Dutch Bros Coffee | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$100.00 | 9778 TX-242 | |
| | | |
| | Conroe, TX 77385 | |
| 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. |
| EXPENDITURE | · | Check If Austin, TX, officeholder living expense |
| | | Staff beverages |
| | | Off-shall |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ught Office held |
| | | |
| Date | Payee name | |
| 03/17/2025 | Dutch Bros Coffee | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$30.00 | 9778 TX-242 | |
| | | |
| | Conroe, TX 77385 | |
| 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. |
| DA DIDITORE | | Check if Austin, TX, officeholder living expense |
| | | Staff beverages |
| Complete ON 12 M AV 45 | On Side Office Ideas | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ight Office held |
| | | |
| • | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a cate

| | Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | | nter a category not listed abo | ve) |
|---|---|----------|---------------|---|---------------------|-------------|------|---|------------------|--------------------------------|-----|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | IE. | | | | 3 | Filer ID | | |
| | Sch: 20/125 Rpt: | | Gray, Matt | hew | | | | | | | |
| 4 | Date | 5 | Payee name | e | | | | | | | |
| | 03/26/2025 | | EMCSA | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addr | ess; City; | State | ; Zip Co | ode | | | | |
| | \$500.00 | | 21485 Leo | nard St | | | | | | | |
| | | | | | | | | | | | |
| | | | New Cane | y, TX 77357 | | | | | | | |
| 8 | PURPOSE OF | (a) | | See Categories listed at | the top of this sch | edule) | (b) | Description | | | |
| | EXPENDITURE | | Event Exp | ense | | | | Check if travel ou Check if Austin, T | | Complete Schedule T. | |
| | | | | | | | | EMC Sponsor | A, officeriolaer | living expense | |
| | | | | | | | | Line opened | | | |
| 9 | Complete ONLY if direct | <u> </u> | `andidate/Of | ficeholder name | | Office sou | aht | | Offic | e held | · |
| ľ | expenditure to benefit C/O | | Janulualeroi | ncentituel flame | , |)III66 900 | yan | | Onc | e neid | |
| ⊨ | | Γ. | | | | | | | | | |
| | Date | | Payee name | 9 | | | | | | | |
| | 02/28/2025 | | EMCSA | | | | | | | | |
| | Amount (\$) | | Payee addre | • | State; | Zip Co | ode | | | | |
| ŀ | \$263.43 | ŀ | 21485 Leo | nard St | | | | | | | |
| | | | | | | | | | | | |
| | | | New Cane | y, TX 77357 | | | | | | | |
| | PURPOSE | (a) | Category (8 | See Categories listed at (| he top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Event Expe | ense | | | | <u></u> | | Complete Schedule T. | |
| ŀ | | | | | | | | Check if Austin, T Baseball Spon | | living expense | |
| | | | | | | | | Daseball Spott | 301 | | |
| | Complete ONLY if direct | _ | Pandidato/Of | ficeholder name | | Office sou | aht | | Office | e held | |
| | expenditure to benefit C/O | | zanuluale/On | ilcentituer name | | JIIICE SUC | ynı | | Onic | e neiu | |
| _ | Data | | | | | | | | · · | | |
| | Date 01/30/2025 | | Payee name | ndation Inc | | | | | | | |
| | | | | | | | | | | | |
| | Amount (\$) | | Payee addre | | State; | Zip Co | ode | | | | |
| | \$100.00 | | 10700 N F | wy | | | | | | | |
| | | | Suite 470 | | | | | | | | |
| | | | Houston, T | X 77037 | | | | | | | |
| | PURPOSE | (a) | Category (s | See Categories listed at t | he top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Event Expe | | | | | | | Complete Schedule T. | |
| | | | | | | | | Check If Austin, T | X, officeholder | living expense | |
| | | | | | | | | Sponsor | | | |
| | Complete ONLY if dies | | Pandidata /04 | ingholder : | ٠ | Office as: | | Mine the second | ○#:- | o hold | |
| | Complete ONLY if direct expenditure to benefit C/OH | | anuluate/ON | ficeholder name | ζ. | Office sou | yrıt | | Ome | e held | |
| | - | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | | | | | | | | | | |
| | ema providad by Tayra D | | | | | | | | | Vorsion VA 1 | |
| | | | | | seed of bloom | | | | | | |

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: Sch: 21/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID |
| 4 | Date 05/01/2025 | 5 Payee name East Montgomery County Buyers Group |
| 6 | Amount (\$) \$6,000.00 | 7 Payee address; City; State; Zip Code PO Box 181 Splendora, TX 77372 |
| 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 Sponsor / Auction |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 02/03/2025 | Payee name East Montgomery County Fair Association |
| | Amount (\$) \$310.50 | Payee address; City; State; Zip Code 21679 McCleskey Rd |
| | | New Caney, TX 77357 |
| | 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 Sponsor |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 05/14/2025 | Payee name East Montgomery County Sports Association |
| | Amount (\$) \$200.00 | Payee address; City; State; Zip Code 21845 Leonard |
| | | New Caney, TX 77357 |
| | 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 Allstar Sponsor |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

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 Glft/Awards/Memorials Expe Legal Services The Instruction Guide | ense Print Sala | • | se s/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not list | ed above) |
|---|---|------------------|--|---------------------|------------|------------------------|--|---------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAMI | | | | | 3 Filer ID | |
| | Sch: 22/125 Rpt: | Gray, Matth | new | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 05/14/2025 | East Montg | omery County Spor | ts Associatio | on | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Zip | Code | | | |
| | \$400.00 | 21845 Leor | nard | | | | | |
| | | | | | | | | |
| | | New Caney | | | | | | |
| 8 | PURPOSE OF | | ee Categories listed at the top | p of this schedule) | (b) | Description | ovalda of Tours Commiste Salashila T | |
| | EXPENDITURE | Event Expe | nse | | | <u> </u> | outside of Texas. Complete Schedule T . TX, officeholder living expense | |
| | | | | | | L | seball Sponsor | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | | ceholder name | Office | sought | | Office held | |
| | expenditure to benefit C/Ol | - 1 | | | | | | |
| | Date | Payee name | | | | | | |
| | 03/03/2025 | East Montg | omery County Spor | ts Associatio | n | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip | Code | | | |
| | \$1,500.00 | 21845 Leor | ard | | | | | |
| | | | | | | | | |
| | | New Caney | , TX 77357 | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the top | of this schedule) | (d) | Description | | |
| | OF EXPENDITURE | Event Expe | nse | | | | outside of Texas. Complete Schedule T TX, officeholder living expense | |
| | | , | | | | Opening Day | | |
| | | | | | | > p-2 8 2 my | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ceholder name | Office | sought | | Office held | · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name | | | | | | |
| | 02/24/2025 | East Montg | omery County Spor | ts Associatio | n | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip | Code | | | |
| | \$350.00 | 21845 Leor | ard | | | | | |
| | | | | | | | | |
| | | New Caney | , TX 77357 | | | | | |
| | PURPOSE | (a) Category (Se | ee Categories listed at the top | of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Event Expe | nse | | | | outside of Texas. Complete Schedule T | |
| | | | | | | Sponsor | TX, officeholder living expense | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Offi | ceholder name | Office | sought | | Office held | |
| | expenditure to benefit C/OF | | | | _ | | | |
| | | | | | | | | . |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee: Consulting Expense Foot

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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
OTHER (enter a category not listed above)

Legal Services OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1; 2 FILER NAME Sch: 23/125 Rpt: Gray, Matthew Date Payee name 03/18/2025 Exxon 6 Amount (\$) Payee address; City; State; Zip Code \$3.99 21775 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 **Snacks** Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 01/07/2025 Felder (not Snelder), Ronald Amount (\$) Payee address; City: State; Zip Code \$500.00 549 Cty Rd 3663 Splendora, TX 77372 **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 Cook-Off Sponsor Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/23/2025 Flowers of Kingwood Payee address; City; State; Zip Code Amount (\$) 1962 Northpark Dr \$231.60 Suite B 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. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder flying expense Condolence flowers 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 -

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 Printing Expense

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

| | Candidate/Officeholder/Politice Credit Card Payment | ál Cor | mmittee | Legal Service The Instru | | explains l | | - | s/Contract Labor ete this form. | | OTHER (enter a | category not listed above) | |
|---|--|-------------|--------------|-----------------------------|-------------------|----------------|------------|------------------|------------------------------------|------|---------------------|----------------------------|---------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | ΙΕ | | | | | | 3 | Filer ID | | |
| | Sch: 24/125 Rpt: | | Gray, Matt | hew | | | | | | | | | |
| 4 | Date | 5 | Payee name | е | | | | | | | | | |
| | 03/31/2025 | | Freddys Ta | aco Shack | . | | | | | | | | |
| 6 | Amount (\$) | l | Payee addr | | ty; | State; | Zip C | ode | | | | | |
| | \$43.34 | | 23736 US- | .59 | | | | | | | | | |
| | | | Suite 103 | | | | | | | | | | |
| | | | Porter, TX | 77365 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (| See Categories | listed at the to | p of this sche | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Beve | rage Expe | ense | | | | <u></u> | | de of Texas. Comp | | |
| | | | | | | | | | Business lund | | officeholder living | expense | |
| | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | andidate/Of | ficeholder r | name | 0 | office sou | ught | | , | Office he | ld | |
| | expenditure to benefit C/Ol | | | | | | | | | | | | |
| | Date | l | Payee name | | | | | | | | | | |
| | 02/10/2025 | | Freddys Ta | aco Shack | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; Cit | y; | State; | Zip Co | ode | | | | | |
| | \$16.32 | | 23736 US- | 59 | | | | | | | | | |
| | | | Suite 103 | | | | | | | | | | |
| | | | Porter, TX | 77365 | | | | | | | | | |
| | PURPOSE | (a) | Category (s | See Categories | listed at the top | p of this sche | dule) | (b) | Description | | | • | |
| | OF EXPENDITURE | | Food/Beve | rage Expe | ense | | | | | | de of Texas. Comp | | |
| | | | | | | | | | Business lund | | officeholder living | exhause | |
| | | | | | | | | | Duoi 1000 Iam | | | | |
| | Complete ONLY if direct | | andidate/Off | iceholder n | ame | 0 | ffice sou | <u>l</u> ught | | | Office he | ld | |
| | expenditure to benefit C/O | 1 | | | | | | | | | | | |
| | Date | | Payee name |) | | | | | | | | | |
| | 02/05/2025 | | Freddys Ta | ıco Shack | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; Cit | y; | State; | Zip Co | ode | | | | | |
| | \$36.03 | | 23736 US- | 59 | | | | | | | | | |
| | | | Suite 103 | | | | | | | | | | |
| | | ļ | Porter, TX | 77365 | | | | | | | | | |
| | PURPOSE | (a) | Category (S | See Categories | listed at the top | of this sche | dule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Beve | rage Expe | ense | | | | <u> </u> | | de of Texas. Comp | | |
| | | | | | | | | | Business lunc | | officehalder living | expense | |
| | | | | | | | | | Dusiness iand | J. 1 | | | |
| | Complete ONLY if direct | С | andidate/Off | iceholder n | ame | 0 | ffice sou | L ught | | | Office he | ld | |
| | expenditure to benefit C/OI | | | | | | _ | - | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | me provided by Tayaa Ct | 1-1 | | | | athina at | | | | | | \/avaian\/4.1.0.410 | -104-16 |

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement 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)

OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 25/125 Rpt: Gray, Matthew 4 Date Payee name 05/27/2025 Freebirds State; Zip Code 6 Amount (\$) Payee address; City: \$36.28 2825 Riley Fuzzel Rd Spring, TX 77386 **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 04/14/2025 Freebirds Amount (\$) Payee address; City; State; Zip Code 2825 Riley Fuzzel Rd \$51.30 Spring, TX 77386 **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 03/17/2025 Freebirds Amount (\$) Payee address; City: State: Zip Code \$17.01 1188 W Dallas St A 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 Event Expense

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Relmbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form, | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|---|---|
| 1 | Total pages Schedule F1: | | Filer ID |
| | Sch: 26/125 Rpt: | Gray, Matthew | |
| 4 | Date 01/27/2025 | 5 Payee name Freebirds | |
| 6 | Amount (\$) \$21.16 | 7 Payee address; City; State; Zip Code 2825 Riley Fuzzei Rd Spring, TX 77386 | |
| 8 | PURPOSE OF EXPENDITURE | 1 Octobe vertage Expense | side of Texas. Complete Schedule T. K, officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 01/06/2025 | Freebirds | |
| | Amount (\$) \$40.42 | Payee address; City; State; Zip Code 2825 Riley Fuzzel Rd | |
| | | Spring, TX 77386 | |
| | PURPOSE OF EXPENDITURE | 1 Course raige Expense | side of Texas. Complete Schedule T. K, officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date 05/20/2025 | Payee name Fronteras Mexican Grill | |
| | Amount (\$) \$60.12 | Payee address; City; State; Zip Code 3555 Rayford Rd | |
| | PURPOSE | Spring, TX 77386 | |
| | OF EXPENDITURE | 1 God/Deverage Expense | side of Texas. Complete Schedule T. K, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held |
| | | | Version V/4.1 0 f10 d0f40 |

SCHEDULE F1

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

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

Loan Repayment/Relmbursement Coan Repayment/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| ľ | Credit Card Payment | | The Instruction Guid | le explains how to co | mple | lete this form. |
|----------|---|---------------------------------------|---|---------------------------------------|------|--|
| 1 | Total pages Schedule F1: | FILER NAME | = | | | 3 Filer (D |
| | Sch: 27/125 Rpt: | Gray, Matth | iew | | | |
| 4 | Date | Payee name | | | | |
| | 02/11/2025 | Fuel Maxx | | | | AND THE RESERVE OF THE PARTY OF |
| 6 | Amount (\$) | Payee addres | | State; Zip Co | de | |
| l | \$19.06 | 23035 Valle | y Ranch Pkwy | | | |
| | | Douber TV 7 | 77005 | | | |
| L | | Porter, TX 7 | | | | |
| 8 | PURPOSE OF | | ee Categories listed at the | top of this schedule) | (b) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Foourbever | age Expense | | | Check if Austin, TX, officeholder living expense |
| | | | | | | Campaign Food & Drinks |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Office | ceholder name | Office sou | ght | Office held |
| _ | | · · · · · · | | | | |
| | Date | Payee name | | | | |
| L | 03/17/2025 | Funnelocity | | | | |
| | Amount (\$) | Payee addres | • | State; Zip Co | de | |
| | \$31.64 | 23561 US-5 | i y | | | |
| | | Porter, TX 7 | 7265 | | | |
| ┡ | PURPOSE | | | | (ls) | |
| | OF | | e Categories listed at the l age Expense | top of this schedule) | (ω) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | 1 GOU/DCVCII | age Expense | | | Check if Austin, TX, officeholder living expense |
| | | | | | | Snacks |
| | | | | | | Off of both |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Offic | ceholder name | Office sou | ght | Office held |
| <u> </u> | D-1- | | | | · | |
| | Date 04/22/2025 | Payee name Grab N Go 1 | Гасов | | | |
| | | | ., | State: 7in Co | 40 | |
| | Amount (\$) \$18.91 | Payee addres 12073 Gran | | State; Zip Co | ue | |
| | Φ10.31 | #400 | u i Kwy | | | |
| | | New Caney, | TX 77357 | | | |
| | PURPOSE | | e Categories listed at the t | | (b) | Description |
| | OF | • | e Categories listed at the t age Expense | op of this schedule) | (∾, | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | | į | Check if Austin, TX, officeholder living expense |
| | | | | | | Business lunch |
| | O | Andrew Jaco | - h - l - l - c | 0.50 | | Office hold |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Offic | епоіает пате | Office sou | ınt | Office held |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| | and the Taylor Ch | | | edelar etato fr | | Vovoion V/4 1 0 #10d0fd |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Gift/Awards/Memorials Expense Printing Expension Salaries/Memorials Expense Printing | | re Travel Out of District //Contract Labor OTHER (enter a category not listed above) |
|-----|--|----------|---|----------|---|
| | | | The Instruction Guide explains how to co | mple | |
| 1 | Total pages Schedule F1: | 2 | | | 3 Filer ID |
| | Sch: 28/125 Rpt: | | Gray, Matthew | | |
| 4 | Date | 5 | Payee name | | |
| | 05/29/2025 | | Greater East Montgomery County Chamber of | Cor | nmerce |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip Co | de | |
| | \$125.00 | | 21575 Hwy 59 N | | |
| | | | Suite 100 | | |
| | | | New Caney, TX 77357 | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | | Membership | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | | Check If Austin, TX, officaholder living expense Membership Overhead |
| | | | | | Manuscomp eventeud |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/O | Н | | J | |
| | Date | Τ | Payee name | | |
| | 05/29/2025 | | Greater East Montgomery County Chamber of | Con | nmerce |
| | Amount (\$) | | Payee address; City; State; Zip Co | | |
| | \$70.00 | | 21575 Hwy 59 N | | |
| | · | | Suite 100 | | |
| | | | New Caney, TX 77357 | | |
| | PURPOSE | (a) | | (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 | <u> </u> | andidate/Officeholder name Office sou | aht. | Office held |
| | expenditure to benefit C/O | _ | andidate/Officerolder name Office Soci | ynı | Office field |
| | Date | | Parisa | | |
| | 04/18/2025 | | Payee name Greater East Montgomery County Chamber of | Con | nmerce |
| | Amount (\$) | | Payee address; City; State; Zip Co. | | and o |
| | \$85.00 | | 21575 Hwy 59 N | ue | |
| | φοσ.σο | | Suite 100 | | |
| | | | New Caney, TX 77357 | | |
| | DUDDOCE | | ······································ | /h) | Description |
| | PURPOSE OF | | Category (See Categories listed at the top of this schedule) Membership | (u) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Membership | | Check if Austin, TX, officeholder living expense |
| | | | | | Membership Overhead |
| | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Office sou | ght | Office held |
| | expenditure to neticili C/Or | 1 | | | |
| | | | | | |
| | | | | | |
| ori | ms provided by Texas Et | thic | s Commission www.ethics.state.tx.u | s | Version V4.1.0.f10d0fd8 |

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 Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Salaries/Wages/Contract Labor 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: 29/125 Rpt: Gray, Matthew Date Payee name 03/12/2025 Greater East Montgomery County Chamber of Commerce 6 Amount (\$) Payee address; City: State: Zip Code \$535.00 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 Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 01/16/2025 Greater East Montgomery County Chamber of Commerce Amount (\$) Payee address; City: State; Zip Code \$550.00 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 06/16/2025 Gringos Mexican Kitchen City: Amount (\$) Payee address; State; Zip Code \$124.65 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made B Candidate/Office/older/Politics Credit Card Payment | | Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e | Salaries/ | Expens Wages | se s/Contract Labor | Travel in District Travel Out of Distric OTHER (enter a ca | ct tegory not listed above) |
|--------|---|----------------|---|-------------------|-----------------|------------------------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAM | IE | | | | 3 Filer ID | *************************************** |
| | Sch: 30/125 Rpt: | Gray, Mat | hew | | | | | |
| 4 | Date | 5 Payee nam | 8 | | | • | | · |
| | 06/05/2025 | Gringos M | exican Kitchen | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; Zip Ce | ode | | | |
| | \$253.62 | 21576 US | ·59 | • | | | | |
| | | | | | | | | |
| | | New Cane | y, TX 77357 | | | | | |
| 8 | PURPOSE | (a) Category | See Categories listed at the top | of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | | erage Expense | •······•, | | | outside of Texas. Comple | te Schedule T. |
| | EXPENDITORE | | _ , | | 1 | <u> </u> | , TX, officeholder living ex | pense |
| | | | | | | Business lund | ch | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oł | | ficeholder name | Office sou | ught | | Office held | |
| | expenditure to benefit C/Or | | | | | | | |
| | Date | Payee name | 9 | | | | | |
| | 06/02/2025 | Gringos M | exican Kitchen | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zip Co | ode | | | |
| | \$56.94 | 21576 US- | | • • | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| | | New Cane | y, TX 77357 | | | | | |
| | PURPOSE | (a) Category | See Categories listed at the top | of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | ļ | Land. | outside of Texas. Comple | |
| | EXI ENDITORE | | | | | | , TX, officeholder living ex | tpense |
| | | | | | | Business lund | JT I | |
| | | - " | | - 40 | <u> </u> | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | ficeholder name | Office sou | ıght | | Office held | |
| | | | | | | | | |
| | Date | Payee name | | | | | | |
| | 05/28/2025 | Gringos M | exican Kitchen | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zip Co | ode | | | |
| | \$76.93 | 21576 US- | 59 | | | | | |
| | | | | | | | | |
| | | New Cane | y, TX 77357 | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the top (| of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | _ | rage Expense | • | | | outside of Texas. Comple | |
| | EXPENDITORL | | | | | | TX, officeholder living ex | tpense |
| | | | | | | Business lund | m | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ficeholder name | Office sou | ıght | | Office held | |
| | | | | | | | | |
| | | | | | | | | |
| Or | ms provided by Texas El | thics Commiss | ion sanana c | thics.state.tx.u | IS | | ······ | Version V4.1.0.f10d0fd8 |
| \sim | proximos wy a widd bi | | ******* | | | | | ,., |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | The first actor called diplomic from the designate first call. | |
|---|--|--|--------|
| 1 | Total pages Schedule F1: Sch: 31/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID | |
| _ | | | |
| 4 | Date 05/20/2025 | 5 Payee name Gringos Mexican Kitchen | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$115.53 | | |
| | | | |
| | | New Caney, TX 77357 | |
| 8 | 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 Business lunch | |
| | | Business fundi | |
| 9 | Complete ONLY if divest | Candidate/Officeholder name Office sought Office held | |
| Ð | Complete ONLY if direct expenditure to benefit C/OI | | |
| | Date | Payee name | |
| | 05/07/2025 | Gringos Mexican Kitchen | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$99.26 | 21576 US-59 | |
| | | | |
| | | 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 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/OH | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 03/31/2025 | Gringos Mexican Kitchen | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$43,82 | 21576 US-59 | |
| | | | |
| | | 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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Business lunch | |
| | | Dualites fution | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OF | | |
| | | | |
| | | | |
| | | | |
| | bea been dated by Tayon Ct | thise Commission Value office state by us | いっしょうい |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

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 Printing Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | al Co | mmittee | Legal Services The Instructi | on Guide exp | Salaries/ lains how to co | | s/Contract Labor ete this form. | OTHER (enter a category not lister | d above) |
|---|--|-------|-----------------|------------------------------|---------------------|------------------------------|-----------|------------------------------------|---|----------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | |
| | Sch: 32/125 Rpt: | | Gray, Matth | ew | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 03/31/2025 | | Gringos Me | xican Kitch | en | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | 9 | State; Zip C | ode | · | | |
| | \$251.79 | | 21576 US-5 | 9 | | | | | | |
| | | | | | | | | | | |
| | | | New Caney | , TX 77357 | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories list | ed at the top of th | nls schedule) | (b) | Description | | |
| | OF EXPENDITURE | | Food/Bever | age Expens | se | | | <u></u> | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | Business lunch | officeriologic figures experies | |
| | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | ceholder nan | ne | Office sou | ught | | Office held | |
| | expenditure to benefit C/O | Н | | | | | | | | |
| | Date | | Payee name | | | | • | | | |
| | 03/17/2025 | | Gringos Me | xican Kitch | en | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | 5 | State; Zip Co | ode | | | |
| | \$122.83 | | 21576 US-5 | 9 | | | | | | |
| | | | | | | | | | | |
| | | | New Caney | TX 77357 | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories list | ed at the top of th | ils schedule) | (b) | Description | | |
| | OF EXPENDITURE | | Food/Bevera | age Expens | e | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | | Business lunch | officeholder living expense | |
| | | | | | | | | | | |
| | Complete ONLY if direct | (| Candidate/Offic | ceholder nan | ne | Office sou | ught | | Office held | |
| | expenditure to benefit C/OI | -1 | | | | | _ | | | |
| | Date | | Payee name | | | · | | | | |
| | 01/15/2025 | | Gringos Mex | kican Kitche | en | | | | | |
| - | Amount (\$) | | Payee addres | s; City; | S | State; Zip Co | ode | | | |
| | \$300.21 | | 21576 US-5 | 9 | | | | | | |
| | | | | | | | | | | |
| | | | New Caney, | TX 77357 | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories list | ed at the top of th | is schedule) | (b) | Description | | |
| | OF EXPENDITURE | | Food/Bevera | age Expens | e | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | | Business lunch | officeholder living expense | |
| | | | | | | | | | | |
| | Complete ONLY if direct | ٣ | Candidate/Offic | eholder nam | ne | Office sou | L ught | | Office held | |
| | expenditure to benefit C/O | | | | | | - | | | |
| | · | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

| | Credit Card Fayment | The Instruction Guide explains how to con | nplet | e this form. | |
|----|---|--|--------|---|---|
| 1, | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID | |
| | Sch: 33/125 Rpt: | Gray, Matthew | | | |
| 4 | Date | 5 Payee name | | | |
| | 01/08/2025 | Gringos Mexican Kitchen | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | le | | |
| | \$54.01 | 21576 US-59 | | | |
| | | · | | | |
| | | New Caney, TX 77357 | | | |
| 8 | 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. | |
| | EXPENDITORE | | | Check if Austin, TX, officeholder living expense Business lunch | |
| | | | | Dusiness functi | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office soug | ıht | Office held | |
| 3 | expenditure to benefit C/Ol | | 1111 | Office field | |
| _ | Date | Payas name | | | |
| | 05/13/2025 | Payee name Harper, Rebecca | | | |
| | | | la. | | |
| | Amount (\$) \$100.00 | Payee address; City; State; Zlp Cod 4907 Pine Prairie | ıe | | |
| | Ψ100.00 | 4307 Fine France | | | |
| | | Kingwood, TX 77345 | | | ļ |
| | | Kiilgwood, 17 77345 | | | |
| | | | | | |
| | PURPOSE OF | 2 , /3 | (d) | Description Check if travel outside of Texas, Complete Schedule T. | |
| | | (a) Category (See Categories listed at the top of this schedule) Event Expense | (d) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | OF | 2 , /3 | | Check if travel outside of Texas. Complete Schedule T. | |
| | OF | 2 , /3 | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | OF EXPENDITURE Complete ONLY if direct | Event Expense Candidate/Officeholder name Office sough | [- | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | OF EXPENDITURE | Event Expense Candidate/Officeholder name Office sough | [- | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor | |
| | OF EXPENDITURE Complete ONLY if direct | Event Expense Candidate/Officeholder name Office sough | [- | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | Event Expense Candidate/Officeholder name Office sough | [- | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O-Date | Event Expense Candidate/Officeholder name Office sough Payee name | ht | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O-Date 03/03/2025 | Candidate/Officeholder name Office sough Payee name Hayden, Jake | ht | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/03/2025 Amount (\$) | Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Cod | ht | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/03/2025 Amount (\$) | Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Cod | ht | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O- Date 03/03/2025 Amount (\$) \$420.00 | Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Cod 19100 Unity Park Drive Magnolia, TX 77355 | ht e | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor Office held | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/03/2025 Amount (\$) \$420.00 | Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Cod 19100 Unity Park Drive Magnolia, TX 77355 | ht e | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor Office held Description Check if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/03/2025 Amount (\$) \$420.00 PURPOSE OF | Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Codi 19100 Unity Park Drive Magnolia, TX 77355 (a) Category (See Categories listed at the top of this schedule) | htt Ee | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allistar Softball Sponsor Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/03/2025 Amount (\$) \$420.00 PURPOSE OF | Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Codi 19100 Unity Park Drive Magnolia, TX 77355 (a) Category (See Categories listed at the top of this schedule) | htt Ee | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allstar Softball Sponsor Office held Description Check if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/03/2025 Amount (\$) \$420.00 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Codi 19100 Unity Park Drive Magnolia, TX 77355 (a) Category (See Categories listed at the top of this schedule) Event Expense | ht E | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allistar Softball Sponsor Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/03/2025 Amount (\$) \$420.00 PURPOSE OF | Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Cod 19100 Unity Park Drive Magnolia, TX 77355 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sough | ht E | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allistar Softball Sponsor Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Security | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/03/2025 Amount (\$) \$420.00 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Cod 19100 Unity Park Drive Magnolia, TX 77355 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sough | ht E | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allistar Softball Sponsor Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Security | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/03/2025 Amount (\$) \$420.00 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Candidate/Officeholder name Office sough Payee name Hayden, Jake Payee address; City; State; Zip Cod 19100 Unity Park Drive Magnolia, TX 77355 (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sough | ht E | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Allistar Softball Sponsor Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Security | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

| | ontributions/ Donations Made B Candidate/Officeholder/Politica redit Card Payment | mmittee | Gift/Awards/Memori Legal Services The Instruction | Travel Out of District OTHER (enter a category not listed above) | | | | | | | |
|------|---|---------|---|--|------------------------|-------------|------|---------------|-------------|--|------|
| 1 To | tal pages Schedule F1: | 2 | FILER NAMI | | . • | | • | | 3 | Filer ID | |
| | Sch: 34/125 Rpt: | | Gray, Matth | | | | | | | | |
| 4 Da | te | 5 | Payee name | | | | | | | | |
| 03 | /31/2025 | | Highland Pi | ines Golf Cour | se | | | | | | |
| 6 An | ount (\$) | 7 | Payee addre | ss; City; | State | ; Zip Co | de | | | | • |
| | \$5,000.00 | | 6700 Highla | and Pines Driv | e | | | | | | |
| | | | | | | | | | | | |
| | | | Porter, TX | 77365 | | | , | | | | |
| 8 | PURPOSE OF | (a) | | ee Categories listed a | at the top of this sch | hedule) | (b) | Description | | | |
| E | XPENDITURE | | Event Expe | nse | | | | <u> </u> | | de of Texas, Complete Schedule T. officeholder living expense | |
| | | | | | | | | Golf Tournam | | | |
| • | | | | | | | | | | • | |
| | mplete <u>ONLY</u> if direct penditure to benefit C/O | | Candidate/Offi | ceholder name | (| Office sou | ght | | | Office held | |
| Dat | e | | Payee name | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 03/ | 25/2025 | | Highlands § | Sports Bar and | Grill | | | | | | |
| Am | ount (\$) | | Payee addre | ss; City; | State | ; Zip Co | de | | | | |
| | \$1,447.64 | | 6700 Highla | and Pines Dr | | | | | | | |
| | | | _ | | | | | | | | |
| | | | Porter, TX 7 | 77365 | | | | | | | |
| | PURPOSE OF | | | ee Categories listed a | t the top of this sch | nedule) | (b) | Description | | | |
| E) | (PENDITURE | | Food/Bever | age Expense | | | | — | | le of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | Business lung | | omoonoed aring expense | |
| | | | | | | | | | | | |
| | mplete <u>ONLY</u> if direct enditure to benefit C/O | | Candidate/Offi | ceholder name | (| Office sou | ght | | | Office held | |
| Dat | e | | Payee name | | | | | | | | |
| 03/ | 25/2025 | | Highlands S | Sports Bar and | Grill | | | | | | |
| Am | ount (\$) | | Payee addres | ss; City; | State | ; Zip Co | de | | | | |
| | \$1,447.64 | | - | ind Pines Dr | | • | | | | | |
| | . , | | J | | | | | | | | |
| | | | Porter, TX 7 | 7365 | | | | | | | |
| | PURPOSE OF | | | ee Categories listed a | t the top of this sch | nedule) | (b) | Description | | | |
| EX | (PENDITURE | | Food/Bever | age Expense | | | | لنسنا | | le of Texas. Complete Schedule T. officeholder living expense | : |
| | | | | | | | | Business lund | | omceroder hvirig expense | |
| | | | | | | | | Business idne | J 11 | | |
| Cor | nplete ONLY if direct | | `andidata/Offi | ceholder name | | Office sou | nb+ | | | Office held | |
| | npiete <u>ONLY</u> if tillect enditure to benefit C/OI | | amudate/OIII | GEHOIGEL HEIME | , | JIIICE SUU! | yııı | | | Office field | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | | | | | | | | | V-75-law V/4 1 O #10 | 1627 |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Loan Repayment/Remousement 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)

| l | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|----------|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 35/1.25 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 01/30/2025 | Highlands Sports Bar and Grill |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$31.11 | 6700 Highland Pines Dr |
| | | |
| | | Porter, TX 77365 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EAFERDITORE | Check if Austin, TX, officeholder living expense Business funch |
| | | Dusiness tunch |
| Ļ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 3 | expenditure to benefit C/O | |
| - | Date | B |
| | 04/21/2025 | Payee name Hilton |
| \vdash | | |
| | Amount (\$) \$591.41 | Payee address; City; State; Zip Code 500 E 4th St |
| | ゆつなて・ジェ | 500 E 4til 5t |
| | ! | Avealing TV 70704 |
| | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (see Categories listed at the top of this schedule) Travel Out of District (b) Description Check it travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Hotel stay in capital |
| l | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Oi | 1 |
| | Date | Payee name |
| | 04/14/2025 | Hilton |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$70.32 | 500 E 4th St |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories ilsted at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Hotel stay in capital |
| | Complete ONLY is disposed | Office hold |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | me provided by Toyae Et | hice Commission WARAN athics state ty us Version VA 1.0 f10d0fds |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By-

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politic Credit Card Payment | al Committee | Legal Services The Instruction Gui | Salarie ide explains how to | | s/Contract Labor | OTHER (enter a category not li | sted above) |
|---|---|--------------|--|--------------------------------|-------------------|-----------------------------------|--|-------------|
| 1 | Total pages Schedule F1: | 2 FILER N | AME | | | 3 | Filer ID | |
| | Sch: 36/125 Rpt: | Gray, M | latthew | | | | | |
| 4 | Date | 5 Payee n | ame | | | | | |
| | 06/26/2025 | Hofbrau | Steaks | | | | | |
| 6 | Amount (\$) \$97.92 | 7 Payee a | ddress; City; FM 1314 | State; Zip (| Code | · | | |
| | \$01.02 | | 177 202-7 | | | | | |
| | · | Porter, | TX 77365 | | | | | |
| 8 | PURPOSE OF | | / (See Categories listed at the | e top of this schedule) | (b) | Description | cide of Toyan Complete Schodule | T |
| | EXPENDITURE | Food/B | everage Expense | | | <u> </u> | side of Texas. Complete Schedule K, officeholder living expense | 1. |
| | | | | | | Business dinne | | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | /Officeholder name | Office so | ought | | Office held | |
| | Date | Payee na | ame | | | | | |
| | 06/04/2025 | Hofbrau | Steaks | | | | | |
| | Amount (\$) | Payee a | - | State; Zip (| Code | | | |
| | \$129.60 | 24890 F | M 1314 | | | | | |
| | | Porter, | TX 77365 | | | | | |
| | PURPOSE OF | | (See Categories listed at the | top of this schedule) | (b) | Description | | _ |
| | EXPENDITURE | Food/Be | everage Expense | | | 니 | side of Texas. Complete Schedule K, officeholder living expense | т. |
| | | | | | | Business dinne | | |
| | | | | | | | | |
| | Complete ONLY if direct | | /Officeholder name | Office so | ught | | Office held | |
| | expenditure to benefit C/O | − | | | | | , | |
| | Date | Payee na | | | | | | |
| | 03/28/2025 | Hofbrau | Steaks | | | | | |
| | Amount (\$) | Payee a | | State; Zip C | Code | | | |
| | \$74.93 | 24890 F | M 1314 | | | | | |
| | | Doutou " | TV 7706E | | | | | |
| | PURPOSE | | TX 77365 | | T _n ,x | | | |
| | OF | | (See Categories listed at the everage Expense | top of this schedule) | (D) | Description Check if travel outs | side of Texas. Complete Schedule | т. |
| | EXPENDITURE | F00u/De | sverage Expense | | | | K, officeholder living expense | |
| | | | | | | Business dinne | r | |
| | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate. | Officeholder name | Office so | ught | | Office held | |
| | | - | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | |
| _ | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. |
|---|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| Sch: 37/125 Rpt: | Gray, Matthew | |
| 4 Date | 5 Payee name | |
| 02/18/2025 | Hofbrau Steaks | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | Code |
| \$124.99 | 24890 FM 1314 | |
| | | |
| | Porter, TX 77365 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas, Complete Schedule T. |
| EXPENDITURE | Food/Beverage Expense | Check if Austin, TX, officeholder living expense |
| | · | Business dinner |
| | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office so | ought Office held |
| experiorare to benefit C/O | | |
| Date | Payee name | |
| 04/01/2025 | Hudson, Sarah | |
| Amount (\$) | Payee address; City; State; Zip C | Code |
| \$350.00 | 22621 Fatheree Dr | |
| | Davidson TV 77005 | |
| | Porter, TX 77365 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Event Expense | Check if Austin, TX, officeholder living expense |
| | | Splash Pad Sponsor |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oi | Candidate/Officeholder name Office so | ught Office held |
| | | |
| Date | Payee name | |
| 05/05/2025 | Hyatt | |
| Amount (\$) | Payee address; City; State; Zip C | code |
| \$90.01 | 506 San Jacinto Blvd | |
| | Austin TV 70704 | |
| | Austin, TX 78701 | ns - |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Travel Out of District | Check if Austin, TX, officeholder living expense |
| | | Hotel stay in capital |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office so | ught Office held |
| - F | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

| | Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Poling Expense Printing Expense Fravel in District y- Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 38/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 04/16/2025 | Hyatt |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$839.68 | 506 San Jacinto Blvd |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District |
| | LAFERDITORE | Check if Austin, TX, officeholder living expense |
| | | Hotel stay in capital |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | D-1- | <u> </u> |
| | Date | Payee name |
| | 04/16/2025 | Hyatt |
| | Amount (\$) | Payee address; City; State; Zip Code |
| ľ | \$64.12 | 506 San Jacinto Blvd |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. |
| | LA LADITORE | Check if Austin, TX, officeholder living expense |
| | | Hotel stay in capital |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| - | experiencie to benefit oron | |
| | Date | Payee name |
| | 04/16/2025 | Infuzion Bubble Tea Bar |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$18.19 | 23242 FM 1314 |
| | | |
| | | Porter, TX 77365 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Food/Beverage Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Staff beverages |
| _ | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | 1 |
| | | |
| | | |
| | | |

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

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 39/125 Rpt: Gray, Matthew 4 Date Payee name 01/31/2025 Infuzion Bubble Tea Bar Amount (\$) Payee address; State; Zip Code City; \$39.02 23242 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 Staff beverages Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/06/2025 Infuzion Bubble Tea Bar Amount (\$) Payee address; City; State; Zip Code \$41.33 23242 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 Staff beverages Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 04/15/2025 J Carvers Oyster Bar & Chophouse Amount (\$) Payee address; City: State; Zip Code \$341.44 509 Rio Grande St Austin, TX 78701 **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

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 Printing Expense Selantes/Mannes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (Arthur a cathedray not listed above)

| | Candidate/Officeholder/Politice Credit Card Payment | al Com | mittee | Legal Services The Instruction Gu | ide explains h | | | ete this form. | | OTHER (enter a category not listed above) | |
|---|--|--------|----------------|---|--------------------|-----------|------|---------------------------------|-------|---|---|
| 1 | Total pages Schedule F1: | 2 | ILER NAME | | | | | | 3 | Filer ID | |
| | Sch: 40/125 Rpt: | 1 | Gray, Matth | iew | | | | | | | |
| 4 | Date | 5 | ⊃ayee name | | | | | | | | |
| | 03/17/2025 | L. | Jasons Deli | | | | | | | | |
| 6 | Amount (\$) | 7 1 | ⊃ayee addre | ss; City; | State; | Zip Co | ode | | | | |
| | \$28.41 | : | 1340 Lake \ | Woodlands Dr | | | | | | | |
| | | - | The Woodla | ands, TX 77380 | | | | | | | |
| 8 | PURPOSE | ļ | | · · · · · · · · · · · · · · · · · · · | | | /b) | Departation | | | - |
| Ü | OF | | | ee Categories listed at th age Expense | e top of this sche | dule) | (6) | Description Check if travel of | outsi | de of Texas, Complete Schedule T, | |
| | EXPENDITURE | l ' | OOG/DCVCI | age Expense | | | | | | officeholder living expense | |
| | | | | | | | | Business lund | ch | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | andidate/Offi | ceholder name | 0 | ffice sou | ight | n armatrit an | | Office held | |
| | Date | F | ayee name | | | | | | | | |
| | 06/02/2025 | | Jersey Mike | s Subs | | | | | | | |
| | Amount (\$) | F | ayee addre: | ss; City; | State: | Zip Co | ode | | | | |
| | \$112.07 | 2 | 21690 US-5 | - | · | • | | | | | |
| | | ١ , | Suite 200 | | | | | | | | |
| | | ١, | lew Canev | , TX 77357 | | | | | | | |
| | PURPOSE | | | | | | (h) | Description | | | |
| | OF | | | e Categories listed at the age Expense | e top of this sche | dule) | (6) | Description Check if travel o | outsk | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | ' | OCUI DOVCI | age Expense | | | | Check if Austin, | TX, | officeholder living expense | |
| | | | | | | | | Business lunc | h | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | ındidate/Offic | ceholder name | Of | ffice sou | ght | | | Office held | |
| | | | | | | | | | | | |
| | Date | F | Payee name | | | | | | | | |
| | 05/16/2025 | J | lersey Mike | s Subs | | | | | | | |
| | Amount (\$) | F | ayee addres | s; City; | State; | Zip Co | de | | | | |
| | \$42.35 | 2 | 1690 US-5 | 9 | | | | | | | |
| | | 5 | Suite 200 | | | | | | | | |
| | | N | lew Caney, | TX 77357 | | | | | | | |
| | PURPOSE | (a) (| ategory (Se | e Categories listed at the | top of this sched | dule) | (b) | Description | | | |
| | OF EXPENDITURE | | | age Expense | , | | | Check if travel o | | de of Texas. Complete Schedule T. | i |
| | EXPENDITORE | | | | | | | | | officeholder living expense | |
| | | | | | | | | Business lunc | h | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | indidate/Offic | eholder name | Of | fice sou | gnt | | | Office held | |
| | - | | | | | | | | | | |
| | | | | | | | | | | | |
| | | , | | | | | | | | | |
| | Take Take T | | | | | | | | | V-4-1-1-1 V/4 4 O 410. | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Legal Services The Instruction Guide explains how to complete this form.

| 1 | Total pages Schedule F1: | 2 | FILER NAME | | 3 Filer ID |
|-----|------------------------------|---------|--|-------|--|
| | Sch: 41/125 Rpt: | | Gray, Matthew | | |
| 4 | Date | 5 | Payee name | | · · · · · · · · · · · · · · · · · · · |
| | 04/25/2025 | | Jersey Mikes Subs | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip 6 | Code | |
| | \$81.07 | | 21690 US-59 | | |
| | | | Suite 200 | | |
| | | | New Caney, TX 77357 | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this schedule) | (b |) Description |
| l | OF EXPENDITURE | | Food/Beverage Expense | | Check if travel outside of Texas, Complete Schedule T. |
| | | | | | Check if Austin, TX, officeholder living expense Business lunch |
| | | | | ĺ | Dusiness fundi |
| 9 | Complete ONLY if direct | | andidate/Officeholder name Office so | nuahi | Office held |
| | expenditure to benefit C/OI | | | | |
| | Date | Ī | Payee name | | |
| | 01/16/2025 | | Joe's Italian Restaurant | | |
| | Amount (\$) | | Payee address; City; State; Zip 0 | Code | |
| | \$171.35 | | 1604 N Frazier St | | |
| | | | | | |
| | | | Conroe, TX 77301 | | |
| | 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 Business lunch |
| | | i | | | Dadings land. |
| | Complete ONLY if direct | <u></u> | andidate/Officeholder name Office so | ught | Office held |
| | expenditure to benefit C/OF | H | | _ | |
| | Date | | Payee name | | • |
| | 03/13/2025 | | Jones, Tyler | | |
| | Amount (\$) | | Payee address; City; State; Zip C | ode | |
| | \$300.00 | | 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 EXPENDITURE | | PHOTOGRAPHY | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | | Check if Austin, TX, officeholder living expense Photography |
| | | | | | Thotography |
| | Complete ONLY if direct | | andidate/Officeholder name Office so | uaht | Office held |
| | expenditure to benefit C/OI- | | | -0 | |
| ion | | | | | |
| | | | | | |
| | | | Campalana unus etrica etata be | | Vorsion V/4.1 0 f10d0fd9 |

SCHEDULE F1

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

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 Printing Expense

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 42/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 03/19/2025 | Judge Mark Keough Campaign |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,000.00 | 501 North Thompson St |
| ŀ | | |
| | | Conroe, TX 77301 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense |
| | | Candidate/Officeholder/Political Committee Campaign Dinner |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 05/05/2025 | Kroger Marketplace |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$542.32 | 22030 Market PI Dr |
| | | |
| | | 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 |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 05/01/2025 | Kroger Marketplace |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$227.63 | 22030 Market PI Dr |
| | | |
| | | New Caney, TX 77357 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | OFFICE SUPPLIES Check if travel outside of Texas. Complete Schedule T. Check if Austlin, TX, officeholder living expense |
| | | Office supplies and snacks |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol- | 1 |
| | | |
| | | |
| | | |

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 43/125 Rpt: Gray, Matthew 4 Date Payee name 02/14/2025 Kroger Marketplace 6 Amount (\$) Payee address; City: State: Zip Code \$228.87 22030 Market Pl Dr 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. **OFFICE SUPPLIES EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies and snacks Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/28/2025 Kroger Marketplace Amount (\$) Payee address; State; Zip Code \$3.56 22030 Market Pl 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. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies and snacks Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/13/2025 La Casita Mexican Restaurant State; Zip Code Amount (\$) Payee address; City: \$99.95 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** 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 ByCandidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: Sch: 44/125 Rpt: | 2 FILER NAME 3 Filer ID Gray, Matthew |
| 4 | Date 05/27/2025 | 5 Payee name La Casita Mexican Restaurant |
| 6 | Amount (\$) \$109.42 | 7 Payee address; City; State; Zip Code 215 S Washington Ave Livingston, TX 77351 |
| 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 |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | Date 05/27/2025 | Payee name La Casita Mexican Restaurant |
| | Amount (\$) \$36.15 | Payee address; City; State; Zip Code 215 S Washington Ave Livingston, TX 77351 |
| | 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 ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 05/16/2025 | Payee name La Casita Mexican Restaurant |
| | Amount (\$) \$36.71 | Payee address; City; State; Zip Code 23355 FM 1314 |
| | PURPOSE OF EXPENDITURE | Porter, TX 77365 (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 ONLY 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 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 Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: Sch: 45/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID |
| 4 | Date 05/09/2025 | 5 Payee name La Casita Mexican Restaurant |
| 6 | Amount (\$) \$92.85 | 7 Payee address; City; State; Zip Code 23355 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 lunch |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 05/05/2025 | Payee name La Casita Mexican Restaurant |
| | Amount (\$) \$83.55 | Payee address; City; State; Zip Code 23355 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 lunch |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 05/01/2025 | Payee name La Casita Mexican Restaurant |
| | Amount (\$) \$75.82 | Payee address; City; State; Zip Code 23355 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 lunch |
| | Complete ONLY 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-

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politice Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | |
|----|--|---|---|
| 1. | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | |
| | Sch: 46/125 Rpt: | Gray, Matthew | |
| 4 | Date | 5 Payee name | |
| | 04/14/2025 | La Casita Mexican Restaurant | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$90.59 | 23355 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 Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Business lunch | |
| | | Dualitess futfor | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| ľ | expenditure to benefit C/O | | |
| | Date | Payee name | |
| | 03/24/2025 | La Casita Mexican Restaurant | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$224.51 | 23355 FM 1314 | |
| | + | | |
| | | Porter, TX 77365 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Business lunch | |
| | : | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| | Date | Payee name | |
| | 02/28/2025 | La Casita Mexican Restaurant | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$80.10 | 23355 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. | |
| | EAT ENDITORE | Check If Austin, TX, officeholder living expense | |
| | | Business lunch | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | Office field | |
| | | | |
| | | | : |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/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 Salartes/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: Sch: 47/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID |
| 4 | Date 02/21/2025 | 5 Payee name La Casita Mexican Restaurant |
| 6 | Amount (\$) \$885.16 | 7 Payee address; City; State; Zip Code 23355 FM 1314 |
| 8 | PURPOSE OF EXPENDITURE | Porter, TX 77365 (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 |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 02/12/2025 | Payee name La Casita Mexican Restaurant |
| | Amount (\$) \$127.25 | Payee address; City; State; Zip Code 23355 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 lunch |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/27/2025 | Payee name La Casita Mexican Restaurant |
| | Amount (\$) \$246.51 | Payee address; City; State; Zip Code 23355 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 lunch |
| | 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) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politice Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | |
|---|--|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | _ |
| | Sch: 48/125 Rpt: | Gray, Matthew | |
| 4 | Date | 5 Payee name | |
| | 03/06/2025 | Ladimir, Christian | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$250.00 | 6046 FM 2920 Rd | |
| | | | |
| | | Spring, TX 77379 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Project Grad Sponsor - Auction | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | | |
| | Date | Payee name | _ |
| | 03/03/2025 | Ladimir, Christian | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$700.00 | 6046 FM 2920 Rd | |
| | | | |
| | | Spring, TX 77379 | |
| | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | 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. | |
| | OF | (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 | |
| | OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | • |
| | OF | (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 Project Grad Sponsor - Auction | |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Office held | |
| | OF EXPENDITURE Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Office held | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Office held | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O-Date | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Office held Payee name | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFDate 03/04/2025 | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Payee name LeBlanc, Vicki | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/04/2025 Amount (\$) | (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name LeBlanc, Vicki Payee address; City; State; Zip Code | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/04/2025 Amount (\$) | (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name LeBlanc, Vicki Payee address; City; State; Zip Code | |
| - | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/04/2025 Amount (\$) \$1,000.00 | (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought Office held Payee name LeBlanc, Vicki Payee address; City; State; Zip Code 38868 FM 1488 Rd Hempstead, TX 77445 (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFDate 03/04/2025 Amount (\$) \$1,000.00 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought Office held Payee name LeBlanc, Vicki Payee address; City; State; Zip Code 38868 FM 1488 Rd Hempstead, TX 77445 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/04/2025 Amount (\$) \$1,000.00 | (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name LeBlanc, Vicki Payee address; City; State; Zip Code 38868 FM 1488 Rd Hempstead, TX 77445 (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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austlin, TX, officeholder living expense | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFDate 03/04/2025 Amount (\$) \$1,000.00 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Event Expense Candidate/Officeholder name Office sought Office held Payee name LeBlanc, Vicki Payee address; City; State; Zip Code 38868 FM 1488 Rd Hempstead, TX 77445 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/04/2025 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE | [a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Office held Payee name LeBlanc, Vicki Payee address; City; State; Zip Code 38868 FM 1488 Rd Hempstead, TX 77445 [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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Golf Tournament Photography | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFDate 03/04/2025 Amount (\$) \$1,000.00 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Office held Payee name LeBlanc, Vicki Payee address; City; State; Zip Code 38868 FM 1488 Rd Hempstead, TX 77445 (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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Golf Tournament Photography Candidate/Officeholder name Office sought Office held | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/04/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Office held Payee name LeBlanc, Vicki Payee address; City; State; Zip Code 38868 FM 1488 Rd Hempstead, TX 77445 (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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Golf Tournament Photography Candidate/Officeholder name Office sought Office held | |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/04/2025 Amount (\$) \$1,000.00 PURPOSE OF EXPENDITURE Complete ONLY if direct | (a) Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Project Grad Sponsor - Auction Candidate/Officeholder name Office sought Office held Payee name LeBlanc, Vicki Payee address; City; State; Zip Code 38868 FM 1488 Rd Hempstead, TX 77445 (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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Golf Tournament Photography Candidate/Officeholder name Office sought Office held | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Political Committee Legal Services 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 Filer ID Sch: 49/125 Rpt: Gray, Matthew 4 Date Payee name 06/10/2025 Lifestyle Media Group Amount (\$) Payee address: City: State: Zip Code \$1,250.00 3200 N Federal Hwy Ste 228 Boca Raton, FL 33431 **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 Magazine advertisement Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/12/2025 Lifestyle Media Group Amount (\$) Payee address; State; Zip Code \$1,250.00 3200 N Federal Hwy Ste 228 Boca Raton, FL 33431 **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 Magazine advertisement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/10/2025 Lifestyle Media Group Amount (\$) Payee address; City: State: Zip Code \$1,250.00 3200 N Federal Hwy Ste 228 Boca Raton, FL 33431 **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 Magazine advertisement Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politics Credit Card Payment | | Legal Services The Instruction Guide | Salaries. | _ | ete this form. | OTHER (enter a category not | isted above) |
|---|---|--|--|-------------------|------|----------------|--|--------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | 3 | Filer ID | |
| | Sch: 50/125 Rpt: | Gray, Matth | ew | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 06/02/2025 | Local Stora | ge | | | | | |
| 6 | Amount (\$) \$130.00 | 7 Payee addre 20992 Old S Porter, TX 7 | Sorters Road | State; Zip C | ode | | | |
| 8 | PURPOSE | (a) Category (Se | ee Categories listed at the top | of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Office Over | head/Rental Expens | se | | ļļ | iside of Texas. Complete Schedule X, officeholder living expense age | ₹ T . |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Offi H | ceholder name | Office so | ught | | Office held | |
| | Date | Payee name | | | | | | |
| | 05/02/2025 | Local Stora | ge | | | | | |
| | Amount (\$) \$130.00 | Payee addres 20992 Old S | ss; City; Sorters Road | State; Zip C | ode | | | |
| | | Porter, TX 7 | 7365 | <u> </u> | | | , 101-11-10-1 | |
| | PURPOSE OF EXPENDITURE | | e Categorles listed at the top nead/Rental Expens | | (b) | | side of Texas. Complete Schedule X, officeholder living expense age | эТ. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Offic | ceholder name | Office so | ught | | Office held | |
| | Date | Payee name | | | | | | |
| | 04/07/2025 | Local Storag | je | | | | | |
| | Amount (\$) \$130.00 | Payee addres 20992 Old S | ss; City; Sorters Road | State; Zip C | ode | | | |
| | | Porter, TX 7 | 7365 | | | | | |
| | PURPOSE OF EXPENDITURE | | e Categories listed at the top nead/Rental Expens | | (b) | | side of Texas. Complete Schedule K, offlceholder living expense age | Э Т. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Offic | ceholder name | Office so | ught | | Office held | |
| | | | | | • | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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 Filer ID Sch: 51/125 Rpt: Gray, Matthew 4 Date Payee name 03/03/2025 **Local Storage** 6 Amount (\$) Payee address; State: Zip Code City: \$130.00 20992 Old Sorters Road 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Storage Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 02/03/2025 Local Storage Payee address; State; Zip Code Amount (\$) \$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 06/30/2025 Longhorn Wine & Spirits Amount (\$) Payee address; State; Zip Code \$395.04 2500 S Hwy 183 Suite 610 Austin, TX 78744 **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 **Business Gifts** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

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 B Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Servi | | | | Vages | 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: 52/125 Rpt: | | Gray, Matth | | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 06/04/2025 | İ | Lucchese II | nc | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; C | ity; | State; | Zip Co | de | | | · | |
| | \$2,475.15 | | 1201 Lake | Woodlan | ıds Dr | | | | | | | |
| | | | Suite 3021 | | | | | | | | | |
| | | | The Woodla | ands, TX | 77380 | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categorie | s listed at the t | top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Clothing | - | | | | | | | lde of Texas, Complete Schedule T. | |
| | CM ENDITOR | | | | | | | | ll | | , officeholder living expense | |
| | | | | | | | | | Elected Offici | al I | Boots | |
| 9 | Complete ONLY if direct | L, | Candidate/Offi | ooholdar | nama | | Office sou | abt | | | Office held | |
| 9 | expenditure to benefit C/OI | | | centituer | | | onice sou | giii | | | Office field | |
| | Date | | Payee name | | | | | | | | | |
| | 03/03/2025 | | Lucchese Ir | nc | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; C | lty; | State; | Zip Co | de | | | | |
| | \$2,698.69 | | 1201 Lake \ | Woodlan | ds Dr | | | | | | | |
| | | | Suite 3021 | | | | | | | | | |
| | | | The Woodla | ands, TX | 77380 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categorie | s listed at the t | op of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Solicitation/ | Fundrais | ing Exper | ns e | | | — | | ide of Texas. Complete Schedule T. | |
| | | | | | | | | | Check if Austin, Fundraising it | | , officeholder living expense | |
| | | | | | | | | | i unuraising ii | lGII. | ı | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Offi | ceholder 1 | name | O | Office sou | ght | | | Office held | |
| | Date | | Payee name | | | | | | | | | |
| | 05/05/2025 | | Lupe Tortilla | a Mexica | n Restaur | ant | | | | | | |
| | Amount (\$) | | Payee addres | ss; Ci | ty; | State; | Zip Co | de | | | | |
| | \$175.76 | | 20061 North | npark Dr | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Kingwood, 1 | TX 77339 | 9 | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | | | op of this sche | edule) | (b) | Description | | | |
| | EXPENDITURE | | Food/Bever | age Exp | ense | | | | <u> </u> | | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | | Business lunc | | diliberated living expense | |
| | | | | | | | | | w .w | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder i | name | | Office sou | ght | | | Office held | |
| | expenditure to benefit C/Ol- | | | | | | | - | | | | |
| - | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | V | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -

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 Printing Expense

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

| Candidate/Officeholder/Political Committee Credit Card Payment | | | Legal Services The Instruction Guide expla | | Contract Labor | OTHER (enter a category not listed abo | ilisted above) | | | | | | |
|---|-----------------------------|-----------------|---|--------------|----------------|--|--|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | 3 | Filer ID | | | | | | |
| | Sch: 53/125 Rpt: | Gray, Matt | hew | | | | | | | | | | |
| 4 | Date | 5 Payee name | 9 | | | | | | | | | | |
| | 05/05/2025 | Lupe Tortil | la Mexican Restaurant | | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; S | tate; Zip Co | de | | | | | | | | |
| | \$145.57 | 20061 Nor | thpark Dr | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Kingwood, | TX 77339 | | • | | | | | | | | |
| 8 | PURPOSE | (a) Category (| See Categories listed at the top of thi | s schedule) | (b) | Description | | | | | | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | | <u></u> | vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense | | | | | | |
| | | | | | | Business lunch | | | | | | | |
| | | | | | | Dualiteaa turiori | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Of | ficeholder name | Office sou | ght | | Office held | | | | | | |
| | expenditure to benefit C/O | H | | | | | | | | | | | |
| - | Date | Payee name |) | | | | | | | | | | |
| | 05/05/2025 | Lupe Tortil | la Mexican Restaurant | | | | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; Si | ate; Zip Co | de | | | · | | | | | |
| | \$39.99 | 20061 Nor | 20061 Northpark Dr | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Kingwood, | TX 77339 | | | | | | | | | | |
| | PURPOSE | (a) Category (s | See Categories listed at the top of this | s schedule) | (b) | Description | | | | | | | |
| OF EXPENDITURE | | Food/Beve | rage Expense | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| | | | | | | Business lunch | t, oncerolder hving expense | | | | | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | | iceholder name | Office sou | ght | | Office held | | | | | | |
| | expenditure to benefit C/O | - | | | | | | | | | | | |
| | Date | Payee name | | | | | | | | | | | |
| | 02/03/2025 | McDonalds | i | | | | | | | | | | |
| | Amount (\$) | Payee addre | ess; City; St | ate; Zip Co | de | | | | | | | | |
| | \$2.59 | 24610 FM | 1314 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Porter, TX | 77365 | | | | | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the top of this | schedule) | (b) | Description | | | | | | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| | | | | | | Business lunch | | | | | | | |
| | | | | | | Luanicas iunti | | | | | | | |
| | Complete ONLY if direct | Candidate/Off | iceholder name | Office soug | thi | | Office held | | | | | | |
| | expenditure to benefit C/OI | | iccholder name | Omoe sout | ji it | | Omot haid | | | | | | |
| | | <u>.</u> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

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

| | Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services Salarles/Wages/Contract The Instruction Guide explains how to complete this t | | | | | | | OTI | IER (enter a category no | ry not listed above) | | |
|-------------------|---|-----|--|---------------------|--------------------|-----------------|---|-----------|--|-----|--------------------------|-----------------------|-----------------|-------|
| 1. | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | | 3 | File | rID | | |
| | Sch: 54/125 Rpt: | | Gray, Mattl | hew | | | | | | | | | | |
| 4 | Date | 5 | Payee name | ; | | | | | | | | | | |
| | 05/06/2025 | | Melissa Mi | ller Camp | oaign | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; C | ity; | State; | Zip Co | ode | | | | | | |
| | \$500.00 | | 301 N Mair | ı St | | | | | | | | | | |
| | | | Suite 103 | | | | | | | | | | | |
| | | | Conroe, TX | 77301 | | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (s | See Categorie | s listed at the t | op of this sch | edule) | (b) | Description | | | | · | |
| | OF EXPENDITURE | | Contributio | | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| | | | Candidate/ | Onicenoi | aer/Politic | ai Comm | ntee | | Melissa Miller | | | | | |
| | | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Off | iceholder | name | C | Office sou | ıght | | | | Office held | | |
| | expenditure to benefit C/OI | Η | | , | | | | | | | | | | |
| | Date | | Payee name | ; | | | | | | | | | | |
| | 01/23/2025 | | Mister Car | Wash | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; C | ity; | State; | Zip Co | ode | | | | | • | |
| | \$14.00 | | 21938 Mar | ket PI Dr | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | New Caney | , TX 773 | 57 | | | _ | | | | | | |
| | PURPOSE | (a) | Category (S | | | | edule) | (b) | Description | | | | | |
| OF EXPENDITURE | | | TRANSPO | RTATION MAINTENANCE | | | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | | | | | | | Car Wash | | | | | | |
| | | | | | | | | | | | | | | |
| _ | Complete ONLY if direct | | Candidate/Off | iceholder | name | C | office sou | ıght | | | | Office held | | |
| | expenditure to benefit C/OI | 4 | | | | | | | | | | | | |
| | Date | | Payee name | 1 | | | | | | | | | | |
| | 04/22/2025 | | Montgome | y County | / Republic | an Party | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; C | ity; | State; | Zip Co | ode | | | | | | |
| | \$1,000.00 | | 18001 Hwy | 105 W | | | | | | | | | | |
| | | | Ste 101 | te 101 | | | | | | | | | | |
| | | | Montgomer | y, TX 77 | 356 | | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categorie | s listed at the to | op of this sche | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Event Expe | | | • | | | | | | Texas. Complete Sched | ule T. | |
| | LA LIBITORE | | | | | | | | | | | holder living expense | | |
| | | | | | | | | | Republican P | ail | ıy Əļ | וחפווחנ | | |
| | Complete ONLY if direct | | Candidate/Off | iceholder i | name | | office sou | l laht | | | , | Office held | | |
| | expenditure to benefit C/Ol | | ., | | • | | | J | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | - 1/4 4 0 4404/ | 57.12 |

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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (antique a extension not listed shows)

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: 55/125 Rpt: Gray, Matthew 4 Date Payee name 01/10/2025 New Caney Ag Boosters 6 Amount (\$) Payee address: State: Zip Code City: \$450.00 21580 Loop 494 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 **Buckle Sponsor** Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/14/2025 Norton Amount (\$) Payee address; City; State; Zip Code \$32.46 60 E Rio Salado Pkwy Ste 1000 Tempe, AZ 85281 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. SOFTWARE **EXPENDITURE** Check if Austin, TX, officeholder living expense Software costs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/11/2025 Nukumi Amount (\$) Payee address; City; State; Zip Code \$24.22 20045 Northpark Dr Suite 400 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 held Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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 in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - al Co | mmittee | Gift/Awards/Memorials Legal Services | , | | Vages | s/Contract Labor | | it of District enter a category not listed abo | ve) |
|----------|--|--------------|---------------------------|---|---------------------|--|-------|---------------------|----------------------------|---|-----|
| | | | | The Instruction G | uide explains i | now to co | mpk | · · · | | | |
| 1 | Total pages Schedule F1: Sch: 56/125 Rpt: | 2 | FILER NAME Gray, Matth | | | | | 3 | Filer ID | | |
| <u> </u> | | <u> </u> | • • | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 04/07/2025 | | Orozco, Jos | е | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | |
| | \$175.00 | | 309 Lazy Pi | ne Ct | | | | | | | |
| i | | | | | | | | | | | |
| | | | Conroe, TX | 77304 | | | | | | | |
| Ļ | | | | | | " 1 | | | | , | |
| 8 | PURPOSE OF | (a) | | e Categories listed at ti | he top of this sche | edule) | (b) | Description | | - Consolete Collegists T | |
| l | EXPENDITURE | | Travel Out of | of District | | | | Check if favel but | | s, Complete Schedule T, ar living expense | |
| | | | | | | | | Travel | A ₁ Uniceriolde | a sand exhering | |
| | | l | | | | | | Havei | | | |
| Ļ | | | | | | | | | 0/5 | I I | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | 0 | Office sou | ght | | Offi | ce held | |
| | expenditure to benefit ever | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 03/24/2025 | | Overall Crav | vfish and Seafo | od | | | | | | |
| - | Amount (\$) | | Payee addres | s; City; | State: | Zip Co | de | | | | |
| | \$284.90 | | 23193 FM 1 | _ | , | | | | | | |
| | Ψ204.00 | | 201001 141 1 | -100 | | | | | | | |
| | | | | | | | | | | | |
| | | | New Caney, | TX 77357 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed at th | ne top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Event Exper | | | | | <u> </u> | | s. Complete Schedule T. | |
| | LA LIBITORE | | | | | | | Check if Austin, T. | X, officeholde | er living expense | |
| | | | | | | į | | Event catering | | | |
| | | | | | · | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | eholder name | 0 | office sou | ght | | Offi | ce held | |
| | expenditure to benefit C/O | 7 | | | | | | | | | |
| | Date | | Payee name | | | ······································ | | | | | |
| | 03/18/2025 | | - | vfish and Seafo | od | | | | | | |
| • | | | | | | Zip Cod | 40 | | | | |
| | Amount (\$) | | Payee addres | | State, | Zip Coi | ue | | | | |
| | \$297.46 | | 23193 FM 1 | 485 | | | | | | | |
| | | | | | | | | | | | |
| | | | New Caney, | TX 77357 | | | | | | | |
| | PURPOSE | (a) | Category (Se | a Categories listed at th | e top of this sche | edule) | (b) | Description | | | |
| | OF | | Event Exper | | | , | | | side of Texas | s. Complete Schedule T. | |
| | EXPENDITURE | | | | | | | Check If Austin, T | X, officeholde | r living expense | |
| | | | | | | | | Event catering | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Offic | eholder name | 0 | ffice soug | ght | | Offi | ce held | |
| | expenditure to benefit C/O | | | | | · | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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 Gift/Awards/Memorials Expense

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District 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: FILER NAME 3 Filer ID Sch: 57/125 Rpt: Gray, Matthew 4 Date Payee name 04/25/2025 Panera Bread 6 Amount (\$) Payee address; State; Zip Code \$19.47 3113 College Park Dr Conroe, TX 77384 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** Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/24/2025 Panera Bread Amount (\$) Payee address; City: State; Zip Code \$16.55 3113 College Park Dr Conroe, TX 77384 **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 held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 06/30/2025 Pappas Seafood House Amount (\$) Payee address; City: State; Zip Code \$89.48 20410 US-59 Humble, 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** Candidate/Officeholder name Office held Complete ONLY if direct 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 Fees Food/Beverage Expense Glft/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLES (enter a catagon) not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | d Committee Legal Services Salarles/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 58/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 03/31/2025 | Pappas Seafood House |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$163.80 | 20410 US-59 |
| | | |
| | | Humble, TX 77339 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Business lunch |
| | | Business iunor |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experience to serious over | |
| | Date | Payee name |
| | 01/24/2025 | Pappas Seafood House |
| • | Amount (\$) | Payee address; City; State; Zip Code |
| | \$155.66 | 20410 US-59 |
| | | |
| | | Humble, TX 77339 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Business lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name |
| | 04/24/2025 | Pho An |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$53.80 | 209 1st St E |
| | Ψ00.00 | 200 201 01 2 |
| | | Humble, TX 77338 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXPENDITURE | Check if Austln, TX, officeholder living expense |
| | | Business lunch |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

Loan Repayment/Relmbursement 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)

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | orden data i ajmoni | The Instruction Guide explains how to comple | te this form. |
|---|--|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| | Sch: 59/125 Rpt: | Gray, Matthew | |
| 4 | Date | 5 Payee name | |
| | 02/10/2025 | Pho An | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$46.94 | 209 1st St E | |
| | | | |
| | | Humble, TX 77338 | |
| 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 |
| | | | Business lunch |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 02/04/2025 | Pho An | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$62.03 | 209 1st St E | · |
| | | | |
| | | Humble, TX 77338 | |
| | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | OF | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| | OF | Food/Beverage Expense Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH | Food/Beverage Expense Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Otopate | Food/Beverage Expense Candidate/Officeholder name Office sought Payee name | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OHDate 01/07/2025 | Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Pho An | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| - | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 01/07/2025 Amount (\$) | Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Pho An Payee address; City; State; Zip Code | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OHDate 01/07/2025 | Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Pho An | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 01/07/2025 Amount (\$) | Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Pho An Payee address; City; State; Zip Code 209 1st St E | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| - | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/07/2025 Amount (\$) \$75.58 | Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch Office held |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/07/2025 Amount (\$) \$75.58 | Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 (a) Category (See Categories listed at the top of this schedule) | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch Office held Description |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/07/2025 Amount (\$) \$75.58 | Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch Office held |
| - | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OHD Date 01/07/2025 Amount (\$) \$75.58 | Candidate/Officeholder name Office sought Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 (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 Office held Description Check if travel outside of Texas. Complete Schedule T. |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OHD Date 01/07/2025 Amount (\$) \$75.58 | Candidate/Officeholder name Office sought Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 (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 Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/07/2025 Amount (\$) \$75.58 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Candidate/Officeholder name Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/07/2025 Amount (\$) \$75.58 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Candidate/Officeholder name Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/07/2025 Amount (\$) \$75.58 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Candidate/Officeholder name Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 01/07/2025 Amount (\$) \$75.58 PURPOSE OF EXPENDITURE | Candidate/Officeholder name Candidate/Officeholder name Payee name Pho An Payee address; City; State; Zip Code 209 1st St E Humble, TX 77338 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business lunch |

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
Gift/Awards/Memorials Expense
Legal Sendres

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labox

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

| | Candidate/Officeholder/Politice Credit Card Payment | al Co | • | rvices struction Guide ex | | _ | s/Contract Labor ete this form. | OTHER (enter a catego | ory not listed above) |
|---|--|-------|-----------------------|------------------------------|----------------|------------|------------------------------------|--|-----------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 Filer ID | |
| | Sch: 60/125 Rpt: | | Gray, Matthew | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | |
| İ | 02/19/2025 | | Porter First Baptis | t Church | | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; | State; Zip Co | ode | | | |
| | \$500.00 | | 24570 FM 1314 | | | | | | |
| ŀ | | | | | | | | | |
| | | | Porter, TX 77365 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Catego | rles listed at the top of | this schedule) | (b) | Description | | |
| | OF EXPENDITURE | | Event Expense | | | ŀ | | utside of Texas. Complete S | |
| | | | | | | | Student Spons | TX, officeholder living experi sorship | ise. |
| | | | | | | | Otadon Opon | Colomp | |
| 9 | Complete ONLY if direct | Щ | Candidate/Officeholde | er name | Office sou | l <u> </u> | | Office held | |
| | expenditure to benefit C/O | H | | | | • | | | |
| | Date |] | Payee name | | | | | | |
| | 03/31/2025 | | Porter First Baptis | t | | | | | |
| | Amount (\$) | | Payee address; | City; | State; Zip Co | de | | | |
| | \$1,475.00 | | 24570 FM 1314 | - | • | | | | |
| | | | | | | | | | |
| | | | Porter, TX 77365 | | | | | | |
| | PURPOSE OF | (a) | Category (See Catego | ries listed at the top of | this schedule) | (b) | Description | | |
| | EXPENDITURE | | Event Expense | | | | <u> </u> | utside of Texas. Complete S TX, officeholder living expen | |
| ĺ | | | | | | | Cake Auction | | |
| | | | | | | | | | |
| Г | Complete ONLY if direct | | Candidate/Officeholde | r name | Office sou | ght | | Office held | |
| | expenditure to benefit C/OI | 1 | | | | | | | |
| | Date | | Payee name | • | | | | | |
| | 03/07/2025 | | Porter HS Clay Ta | rget Team | | | | | |
| | Amount (\$) | | Payee address; | City; | State; Zip Co | de | | | |
| | \$125.00 | | 22625 Sandy Ln | | | | | | |
| | | | | | | | | | |
| | | | Porter, TX 77365 | | | | | | |
| | PURPOSE OF | (a) | Category (See Categor | ries listed at the top of | this schedule) | (b) | Description | | |
| | EXPENDITURE | | Event Expense | | | | | utside of Texas, Complete S TX, officeholder living expen | |
| | | | | | | | Sponsor | TA, onicendicer having expen | oc . |
| | | | | | | | • | | |
| | Complete ONLY if direct | | andidate/Officeholde | r name | Office sou | ght | · | Office held | |
| | expenditure to benefit C/OI | 1 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 61/125 Rpt: Gray, Matthew Date Payee name 06/24/2025 Pueblo Viejo 6 Amount (\$) Payee address; City; State; Zip Code \$143.46 23724 TX-494 Loop 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** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/21/2025 Puebloritaville Amount (\$) Payee address; City; State; Zip Code 25069 FM 2090 \$51.64 Splendora, TX 77372 **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 03/03/2025 Randys Rubs City; Amount (\$) Payee address; Zip Code State: \$64.70 6603 Durango Dr Magnolia, TX 77354 **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 Food 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 Committe 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 Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Legal Se | ervices struction Gui | • | | Wages | /Contract Labor | | OTH | ER (enter a cal | tegory not listed abo | ve) |
|---------|--|--------------|---------------|------------|--------------------------|-------------------|------------|-----------|--|------|-----------|---|-----------------------|--------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | | 3 | Filer | ID | | |
| | Sch: 62/125 Rpt: | | Gray, Matti | hew | | | | | | | | | | |
| 4 | Date | 5 | Payee name | 3 | | | | | | | | | | |
| | 03/03/2025 | | Richard Hu | ıdgens | Photograp | hy ———— | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; | City; | State; | Zip C | ode | | | | | | |
| | \$872.00 | | 19 Woodbu | ury CT | | | | | | | | | | |
| ŀ | | | | | | | | | | | | | | |
| | | | Magnolia, | TX 773 | 55 | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (S | | orles listed at the | e top of this sch | edule) | (b) | Description | | | | | |
| | EXPENDITURE | | Event Expe | ense | | | | | Check if travel of Check if Austin, | | | | | |
| | | | | | | | | | Golf Tournam | | | _ | | |
| | | | | | | | | 1 | | | | 5 , , | | |
| 9 | Complete ONLY if direct | | Candidate/Off | ficeholde | er name | C | Office sou | ught | | | | Office held | | |
| | expenditure to benefit C/O | - | | | | | | | | | | , | | |
| | Date | | Payee name |) | | | | | | | | | | |
| | 03/17/2025 | | Ross, Vinc | ent | | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; | Clty; | State; | Zip Co | ode | | | | | | |
| | \$600.00 | | 2323 N. Fra | azier St | t | | | | | | | | | |
| | | | Ste E | | | | | | | | | | | |
| | | | Conroe, TX | 77303 | 3 | | | | | | | | | |
| | PURPOSE | (a) | Category (S | See Catego | ories listed at the | top of this sche | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Event Expe | | | | | ĺ | Check if travel o | | | - | | |
| | | | | | | | | | Check if Austin, Auctioneer | TX, | , officer | iolder living ex | pense | |
| | ; | | | | | | | | Audionica | | | | | |
| | Complete ONLY if direct | | Candidate/Off | iceholde | er name | | office sou | ıaht | | | | Office held | | . |
| | expenditure to benefit C/O | | | 100110101 | | • | .,,,,,, | -9 | | | | | | |
| | Date | | Payee name | | | | | | ************************************** | | | | | |
| | 05/05/2025 | | Ryan Gable | | oaign | | | | | | | | | |
| | Amount (\$) | | Payee addre | | City; | State: | Zip Co | ode | | | | | | |
| | \$500.00 | | 1520 Lake | | - | , | | | | | | | | |
| | · | | | | | | | | | | | | | |
| | | | The Woodle | ands, T | X 77380 | | | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Catego | ries listed at the | top of this sche | edule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Contribution | ns/Don | ations Mad | le By | | | Check if travel o | | | | | |
| | _ / | | Candidate/ | Officeh | older/Politi | cal Comm | ittee | | Constable Sp | | | iolder living ex | pense | |
| | | | | | | | | | Constable ob | OI I | 1301 | | | |
| | Complete ONLY if direct | | Candidate/Off | iceholde | er name | | office sou | l iaht | | | | Office held | | |
| | expenditure to benefit C/O | | idiadior Off | .50,,010 | . maiile | · · | | 9.10 | | | | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | |
| | <u> </u> | | | | | | | | ······································ | | | | | |
| | | | | | | | | | | | | | | |
| <u></u> | | 7 | | | | | | | | | | | Javaian VII d. (| 77.0.106.10 |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

| l | Credit Card Payment | The Instruction Guide explains how to complete this form, |
|----------|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 63/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| l | 05/30/2025 | SHS Wildcat Clay Club |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| ĺ | \$450.00 | 23747 FM 2090 |
| | | |
| | | Splendora, TX 77372 |
| 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. |
| | EXTENSITORE | Check if Austin, TX, officeholder living expense |
| | | Clay Sponsor |
| 9 | Complete ONLY If direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| _ | Date | Dovernome |
| | 04/11/2025 | Payee name Sagebrush |
| | | |
| | Amount (\$) \$80.00 | Payee address; City; State; Zip Code 5500 S Congress Ave |
| | ψ00.00 | 3300 3 Congress Ave |
| | | Austin, TX 78745 |
| <u> </u> | DUDDOGE | |
| Ì | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Food/Reverage Eynense (b) Description 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 |
| | | Business dinner |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | experiulture to beliefit G/O/ | |
| | Date | Payee name |
| | 02/18/2025 | Salata |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2.70 | 21856 Market PI Dr |
| | | Suite 600 |
| | | 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 |
| | | Business lunch |
| | ! | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| | | |
| | | |
| | me provided by Toyac Et | hics Commission www.ethics.etate.tv.us. Version V/.1.0 f10d0fd |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEE Capter a restagging not listed shows)

| | Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gift/Awards/Memorial Legal Services The Instruction G | • | | /ages | /Contract Labor | | Travel Out of District OTHER (enter a category not listed above |) |
|---|---|-----|-----------------|---|----------------------|-------------|-------|-----------------------|------------|--|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | |
| | Sch: 64/125 Rpt: | | Gray, Matth | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 02/18/2025 | | Salata | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | | |
| | \$52.46 | | 21856 Mark | et Pl Dr | | | | | | | |
| | | | Suite 600 | | | | | | | | |
| | | | New Caney | TX 77357 | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | 1 | | <u> </u> | | de of Texas, Complete Schedule T. | |
| | | | | | | | | Business lund | | officeholder living expense | |
| | | | | | | | | Daoi:1000 Tarik | 711 | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Offic | ceholder name | C | Office sou | ght | | | Office held | |
| | | _ | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 06/27/2025 | | Saltgrass St | | | | | | | ··· | |
| | Amount (\$) | | Payee addres | - | State; | Zip Co | de | | | | |
| | \$113.11 | | 21284 US-5 | 9 | | | | | | | |
| | | | New Caney, | | | | | | | | |
| | PURPOSE OF | | | e Categories listed at | the top of this sche | edule) | (b) | Description | tmlei | ie of Texas. Complete Schedule T. | |
| | EXPENDITURE | | Food/Bevera | age Expense | | | | اييا | | officeholder living expense | |
| | | | | | | | | Business mee | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | andidate/Offic | eholder name | O | office souç | ght | | | Office held | · |
| | Date | | Payee name | · | | | | | | | |
| | 06/23/2025 | | Saltgrass St | eak House | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | Zip Cod | de | | | | |
| | \$95.47 | | 21284 US-5 | 9 | | | | | | | |
| | | | New Caney, | TX 77357 | | | | | | | |
| | PURPOSE OF | | | e Categories listed at | the top of this sche | edule) | (b) | Description | | | |
| | EXPENDITURE. | | Food/Bevera | ige Expense | | | | | | ie of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | Business mee | | = • | |
| | | | | | | ŀ | | Account of the second | | • | |
| | Complete ONLY if direct | | andidate/Offic | eholder name | 0 | ffice soug | ht | | | Office held | |
| | expenditure to benefit C/Ol- | | | | | - | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| | | | | | | | | | | | |
| | as provided by Toyes Ct | | | | | | | | | Variation VA 4 0 | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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) The Instruction Guide explains how to complete this form

| | | The instruction Guide explains now to co | utihis | Ac uns form. |
|-----|------------------------------|--|--------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID |
| | Sch: 65/125 Rpt: | Gray, Matthew | | |
| 4 | Date | 5 Payee name | | |
| | 06/16/2025 | Saltgrass Steak House | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| | \$43.73 | 21284 US-59 | | |
| ľ | | | | |
| | | New Caney, TX 77357 | | |
| 8 | 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 LIBITOIL | | | Check if Austin, TX, officeholder living expense Business meeting |
| | | | | Dusiness meeting |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sou | iaht | Office held |
| | expenditure to benefit C/O | | ıgııı | Office field |
| | Data | | | |
| | Date 06/03/2025 | Payee name Saltgrass Steak House | | |
| | | | ndo. | |
| | Amount (\$) \$39.09 | Payee address; City; State; Zip Co 21284 US-59 | JUG | |
| | Ψ59.09 | 222040000 | | |
| | | New Caney, TX 77357 | | |
| L | | | 71-5 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (a) | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Food/Beverage Expense | | Check if Austin, TX, officeholder living expense |
| | • | | | Business meeting |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/O | 1 | | |
| | Date | Payee name | | |
| | 05/30/2025 | Saltgrass Steak House | | · |
| | Amount (\$) | Payee address; City; State; Zip Co | de | |
| | \$28.20 | 21284 US-59 | | |
| | | | | |
| | | 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 Business meeting |
| | | | | Description incoming |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | abt | Office held |
| | expenditure to benefit C/Ol- | | a | eme nou |
| | | | | |
| | | | | |
| Ген | me provided by Tayas Et | hice Commission WAMAN athics state to U | | Version V4.1.0 f10d0fd8 |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: Sch: 66/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID |
| 4 | Date 05/28/2025 | 5 Payee name Saltgrass Steak House |
| 6 | Amount (\$) \$23.98 | 7 Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 |
| 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 fiving expense Business meeting |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | Date 05/16/2025 | Payee name Saltgrass Steak House |
| | Amount (\$) \$182.72 | 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 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business meeting |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 05/08/2025 | Payee name Saltgrass Steak House |
| | Amount (\$) \$47.46 | 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 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Business 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
Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | The Instruction Guide explains how to complete this form. | |
|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| | Sch: 67/125 Rpt: | Gray, Matthew | |
| 4 | Date | 5 Payee name | |
| | 04/24/2025 | Saltgrass Steak House | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$113.03 | 21284 US-59 | |
| | | | |
| | | New Caney, TX 77357 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EVERTIFIED | the state of the s | utside of Texas, Complete Schedule T. |
| | EXPENDITURE | Check if Austin, | TX, officeholder living expense |
| | | Business mee | eting |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 04/21/2025 | Saltgrass Steak House | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$70.68 | 21284 US-59 | |
| | | | |
| | | New Caney, TX 77357 | |
| | | New Calley, 1A 17351 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel o | utside of Texas. Complete Schedule T. |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel o | TX, officeholder living expense |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel o | TX, officeholder living expense |
| | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel o Check if Austin, Business mee | TX, officeholder living expense |
| | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if Austin, Business mee Candidate/Officeholder name Office sought | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Candidate/Officeholder name (b) Description Check if travel o Check if Austin, Business mee | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Candidate/Officeholder name Payee name | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/26/2025 | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/26/2025 Amount (\$) | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/26/2025 | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/26/2025 Amount (\$) | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/26/2025 Amount (\$) \$150.26 | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 03/26/2025 Amount (\$) | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) (b) Description | TX, officeholder living expense ting Office held |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/26/2025 Amount (\$) \$150.26 | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel of this schedule) Check if travel of this schedule) Check if travel of this schedule) Check if travel of this schedule | TX, officeholder living expense ting |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/26/2025 Amount (\$) \$150.26 | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel of this schedule) Check if travel of this schedule) Check if travel of this schedule) Check if travel of this schedule | ting Office held Uside of Texas. Complete Schedule T. TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/26/2025 Amount (\$) \$150.26 | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel of Check if travel of Check if travel of Check if travel of Check if travel of Check if Austin, Check if Aust | ting Office held Uside of Texas. Complete Schedule T. TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/26/2025 Amount (\$) \$150.26 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought | ting Office held Uside of Texas. Complete Schedule T. TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/26/2025 Amount (\$) \$150.26 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought | ting Office held Uside of Texas. Complete Schedule T. TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/26/2025 Amount (\$) \$150.26 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought | ting Office held Uside of Texas. Complete Schedule T. TX, officeholder living expense |
| | OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 03/26/2025 Amount (\$) \$150.26 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought Payee name Saltgrass Steak House Payee address; City; State; Zip Code 21284 US-59 New Caney, TX 77357 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Office sought | ting Office held Uside of Texas. Complete Schedule T. TX, officeholder living expense |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

| 1 | | mplete this form. |
|---|--|---|
| 1 | FILER NAME Gray, Matthew | 3 Filer ID |
| | Payee name Saltgrass Steak House | |
| \$35.63 | Payee address; City; State; Zip Co 810 Interstate 45 N Conroe, TX 77301 | de |
| | 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 meeting |
| 9 Complete ONLY if direct C expenditure to benefit C/OH | Candidate/Officeholder name Office sou | ght Office held |
| | Payee name Saltgrass Steak House | |
| \$33.20 | Payee address; City; State; Zip Co 21284 US-59 New Caney, TX 77357 | de |
| | 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 meeting |
| Complete ONLY if direct Complete ONLY if direct Complete | andidate/Officeholder name Office sou | ght Office held |
| | Payee name Saltgrass Steak House | |
| ` ' | Payee address; City; State; Zip Co 21284 US-59 | de |
| Г | New Caney, TX 77357 | |
| | 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 meeting |
| Complete <u>ONLY</u> if direct Concept of the concept of | andidate/Officeholder name Office sou | ght Office held |
| Forms provided by Teyas Ethics | Commission MANAN ethics state ty II | s Version V4.1.0 f10d0fd8 |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

OTHER (enter a category not listed above) **Legal Services** Salarles/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: 69/125 Rpt: Gray, Matthew 4 Date Payee name 02/26/2025 Saltgrass Steak House Amount (\$) Payee address; State: Zip Code City; \$34.00 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** meeting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Saltgrass Steak House 02/03/2025 Amount (\$) Payee address; City; State; Zip Code \$108.23 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 meeting** Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 01/31/2025 Saltgrass Steak House Amount (\$) Payee address; City: State; Zip Code \$48.28 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 meeting** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | - | Salaries | /Wage: | s/Contract Labor | OTHER (enter a category not list | ed above) |
|---|--|----------|--|-----------------------|--------|-------------------|--------------------------------------|----------------|
| | <u> </u> | | | de explains how to | ompl | | | |
| 1 | Total pages Schedule F1: | 2 FILE | RNAME | | | [3 | B Filer ID | |
| | Sch: 70/125 Rpt: | Gray | y, Matthew | | | | | |
| 4 | Date | 5 Paye | e name | | | • | | |
| | 01/30/2025 | | grass Steak House | | | | | |
| 6 | Amount (\$) | 7 Pave | ee address; City; | State; Zíp C | 'nde | | | |
| ľ | \$158.41 | · · | Interstate 45 N | otato, zip c | Jouo | | | |
| | Ψ1.00.41 | 010 | III CISIALO 40 IV | | | | | |
| | | Con | roe, TX 77301 | | | | | |
| 8 | PURPOSE | (a) Cate | gory (See Categories listed at the | top of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | | d/Beverage Expense | | | <u> </u> | itside of Texas. Complete Schedule 1 | г. |
| | EXPENDITORE | | | | | — | X, officeholder living expense | |
| | | | | | | Business meet | ung | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | date/Officeholder name | Office so | ught | | Office held | |
| | experiunare to benefit oron | · | | | | | | |
| | Date | Paye | e name | | | | | |
| | 04/16/2025 | Schl | otzskys | | | | | |
| | Amount (\$) | Paye | e address; City; | State; Zip C | ode | | | |
| | \$12.22 | 2606 | 3 TX-36 | | | | | |
| | | | | | | | | |
| | | Bren | ham, TX 77833 | | | | | |
| | PURPOSE | (a) Cate | Ory (See Categories listed at the | top of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Food | l/Beverage Expense | | | _ | tside of Texas. Complete Schedule T | · |
| | | | | | | Business lunch | X, officeholder living expense | |
| | | | | | | Dusiness lunci | ı | |
| | Consulate ONLY if allowed | O | to to 1000 and only on the same | 06 | | | Office legisle | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | late/Officeholder name | Office so | ugnt | | Office held | |
| | | | · | | | | | |
| | Date | _ | e name | | | | | |
| | 03/17/2025 | Schl | otzskys | | | | | |
| | Amount (\$) | Paye | e address; City; | State; Zip C | ode | | | |
| | \$12.65 | 1207 | 3 Grand Pkwy | | | | | |
| | | | | | | | | |
| | | New | Caney, TX 77357 | | | | | |
| | PURPOSE OF | | OTY (See Categories listed at the | top of this schedule) | (b) | Description | | |
| | EXPENDITURE | Food | I/Beverage Expense | | | | tside of Texas. Complete Schedule T | · |
| | | | | | | Business lunch | X, officeholder living expense | |
| | | | | | | Dualifega Idillel | ı | |
| | O-males ON VIII (for the | | Let lottle let let let let let let let let let | | 1 | | Off: 1-1-1 | |
| | Complete ONLY if direct expenditure to benefit C/OF | | late/Officeholder name | Office so | ugnt | | Office held | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ms provided by Texas Et | | , and the second | w ethics state tx | | | | 4.1.0.f10d0fd8 |

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 Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 71/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 03/14/2025 | Schlotzskys |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$35.48 | 12073 Grand Pkwy |
| | | |
| ļ | | New Caney, TX 77357 |
| 8 | 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 |
| | | Business lunch |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | -1 |
| | Date | Payee name |
| | 04/24/2025 | Shell |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$9.91 | 23644 US-59 |
| | | |
| | | Porter, TX 77365 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Snacks |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 06/10/2025 | Shouting Grounds Coffee Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$49.34 | 22735 Antique Ln |
| | | |
| | | 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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Staff beverages |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | al Committee | Legal Services The Instruction Guid | Salaries | Wages | s/Contract Labor | OTHER (enter a category not listed | d above) |
|---|--|--------------|---------------------------------------|----------------------|-----------|------------------|---------------------------------------|----------------|
| 1 | Total pages Schedule F1: | 2 FILER | NAME | | | 3 | Filer ID | |
| | Sch: 72/125 Rpt: | Gray, | Matthew | | | | | |
| 4 | Date | 5 Payee | name | | | | | |
| | 06/26/2025 | Smoo | thie King | | | | | |
| 6 | Amount (\$) | 7 Payee | address; City; | State; Zip C | ode | | - | |
| | \$16.51 | 12029 | 9 Grand Pkwy | | | | | |
| | | Ste 1 | 20 | | | | | |
| | | New | Caney, TX 77357 | | | | | |
| 8 | PURPOSE | (a) Categ | Ory (See Categories listed at the t | op of this schedule) | (b) | Description | · · · · · · · · · · · · · · · · · · · | |
| | OF EXPENDITURE | Food | Beverage Expense | | | | tside of Texas, Complete Schedule T. | |
| | | | | | | Staff beverage | X, officeholder living expense | |
| | | | • | | | Otali beverage | 3 | |
| 9 | Complete ONLY if direct | L Candida | ate/Officeholder name | Office so | L ught | | Office held | |
| | expenditure to benefit C/O | H | | | _ | | | |
| | Date | Payee | name | | | | | · |
| | 06/25/2025 | ∙Smoo | thie King | | | | | |
| | Amount (\$) | Payee | address; City; | State; Zip C | ode | | | |
| | \$16.51 | 12029 | Grand Pkwy | | | | | |
| | | Ste 12 | 20 | | | | | |
| | | New (| Caney, TX 77357 | | | | | |
| | PURPOSE | (a) Catego | Dry (See Categories listed at the to | op of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Food/ | Beverage Expense | | | — | tside of Texas. Complete Schedule T. | |
| | | | | | | Staff beverage | X, officeholder living expense | |
| | | | | | | | • | |
| | Complete ONLY if direct | | te/Officeholder name | Office sou | ught | | Office held | |
| | expenditure to benefit C/O | 1 | | | | ·_ ·· • ·· | | |
| | Date | Payee | name | | | | | |
| | 06/23/2025 | Smoo | thie King | | | | | |
| | Amount (\$) | Payee | address; City; | State; Zip Co | ode | | | |
| | \$16.51 | 12029 | Grand Pkwy | | | | | |
| | | Ste 12 | 20 | | | | | |
| | | New 0 | Caney, TX 77357 | | | | | |
| | PURPOSE | (a) Catego | Dry (See Categories listed at the to | op of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Food/ | Beverage Expense | | | | tside of Texas. Complete Schedule T. | |
| | | | | | | Staff beverage | X, officeholder living expense | |
| | | | | | | Jian Deverage | J | |
| | Complete ONLY if direct | Candida | te/Officeholder name | Office sou | Jaht | , | Office held | |
| | expenditure to benefit C/O | | · · · · · · · · · · · · · · · · · · · | | | | - ··· | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | .1.7 | | | | 4 6 24 6 16 16 |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

| l | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| | Sch: 73/125 Rpt: | Gray, Matthew | |
| 4 | Date | 5 Payee name | |
| | 06/20/2025 | Smoothie King | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$16.51 | 12029 Grand Pkwy | |
| | | Ste 120 | |
| | | New Caney, TX 77357 | |
| 8 | PURPOSE OF | | Description |
| | EXPENDITURE | Food/Beverage Expense | Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense |
| | | | Staff beverages |
| | | | _ |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | Н | |
| | Date | Payee name | |
| | 06/17/2025 | Smoothie King | • |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$12.65 | 12029 Grand Pkwy | |
| | | 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 |
| ŀ | | | Staff beverages |
| | | | - |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | Date | Payee name | |
| | 06/17/2025 | Smoothie King | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$3.78 | 12029 Grand Pkwy | |
| | | 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 beverages |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 74/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 06/16/2025 | Smoothie King |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.65 | 12029 Grand Pkwy |
| | | Ste 120 |
| | | New Caney, TX 77357 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Staff beverages |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 3 | expenditure to benefit C/O | |
| | Date | |
| | 06/12/2025 | Payee name Smoothie King |
| | | |
| | Amount (\$) \$12.65 | Payee address; City; State; Zip Code 12029 Grand Pkwy |
| | Φ12.00 | |
| | | Ste 120 |
| | | New Caney, TX 77357 |
| | 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 beverages |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 06/10/2025 | Smoothie King |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$31.56 | 12029 Grand Pkwy |
| | | 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Staff beverages |
| | a character and wife the co | |
| | Complete <u>QNLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | - | |
| | | |
| | | |
| | rms provided by Teyas F | thics Commission www.ethics.state.ty.us. Version V4.1.0 f10d0fd |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By-Candidate/Officeholder/Pollitical Com

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

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

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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: 75/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 06/09/2025 | Smoothie King |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$12.65 | 12029 Grand Pkwy |
| | I | Ste 120 |
| _ | | New Caney, TX 77357 |
| 8 | 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 beverages |
| | ! | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | 4 |
| | Date | Payee name |
| ! | 06/04/2025 | Smoothie King |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.65 | 12029 Grand Pkwy |
| | | 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 beverages |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | 1 |
| | Date | Payee name |
| | 06/02/2025 | Smoothie King |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.65 | 12029 Grand Pkwy |
| | | 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 beverages |
| | | waan no rongoo |
| | 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
Credit Card Payment

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

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

| Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: Sch: 76/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID |
| 4 Date 06/02/2025 | 5 Payee name Smoothie King |
| 6 Amount (\$) \$12.65 | 7 Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 New Caney, TX 77357 |
| 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 beverages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 06/02/2025 | Payee name Smoothie King |
| Amount (\$) \$12.65 | Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 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 beverages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held I |
| Date 05/28/2025 | Payee name Smoothie King |
| Amount (\$) \$14.83 | Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 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 fiving expense Staff beverages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement 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)

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: 77/125 Rpt: Gray, Matthew 4 Date Payee name 05/28/2025 Smoothie King Amount (\$) Payee address; City: State: Zip Code \$18.22 12029 Grand Pkwy 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 beverages Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/27/2025 Smoothie King Amount (\$) Payee address; City; State; Zip Code \$18.22 12029 Grand Pkwy 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 beverages Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/22/2025 Smoothie King Amount (\$) Payee address; City: State; Zip Code \$18.22 12029 Grand Pkwy 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 beverages Candidate/Officeholder name Office held Complete ONLY if direct Office sought 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 Loan Repayment/Relimbu

Fees
Food/Beverage Expense
Gift/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

| 1 | Credit Card Payment | The Instruction Guide explains how to c | _ | ete this form. |
|-----|---|---|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID |
| | Sch: 78/125 Rpt: | Gray, Matthew | | |
| 4 | Date | 5 Payee name | | |
| | 05/19/2025 | Smoothie King | | |
| | Amount (\$) \$16.93 | 7 Payee address; City; State; Zip C 12029 Grand Pkwy Ste 120 New Caney, TX 77357 | ode | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (see Categories fisted 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 beverages |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou H | ught | Office held |
| | Date OF MANAGER | Payee name | | |
| | 05/19/2025 | Smoothie King | | |
| | Amount (\$) \$16.93 | Payee address; City; State; Zip Co 12029 Grand Pkwy Ste 120 New Caney, TX 77357 | ode | |
| | 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 beverages |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ight | Office held |
| | Date 05/19/2025 | Payee name Smoothie King | | |
| | | | -d- | |
| | Amount (\$) \$29.24 | Payee address; City; State; Zlp Co 12029 Grand Pkwy Ste 120 New Caney, TX 77357 | oue | |
| | 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 beverages |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol- | Candidate/Officeholder name Office sou | ıght | Office held |
| For | ms provided by Texas E | thics Commission www.ethics.state.tx.t | ıs | Version V4.1.0.f10d0fd8 |

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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Martes/Contract Labor Solicitation/Fundratising Expense
Transportation Equipment & Related Expense
Travel out of District
OTHER (enter a category not listed above)

Salarles/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 79/125 Rpt: Gray, Matthew 4 Date Payee name 05/16/2025 Smoothie King 6 Amount (\$) Pavee address: City: State; Zip Code \$15.75 12029 Grand Pkwy 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 beverages Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/14/2025 Smoothie King Amount (\$) Payee address; City; State; Zip Code \$19.75 12029 Grand Pkwy 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 beverages Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 05/12/2025 Smoothie King Amount (\$) Payee address; City: State; Zip Code \$19.75 12029 Grand Pkwy 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 beverages Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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 Printing Expense

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

| | Gandidate/Officeholder/Politice Credit Card Payment | al Com | mittee | Legal Services The Instruction Gui | • | | - | cte this form. | | OTHER (enter a category not listed above | e) |
|---|---|--------|----------------|--|-------------------|--------------|------------------|-----------------|------|--|--------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAMI | | | | | · | 3 | Filer ID | |
| | Sch: 80/125 Rpt: | | Gray, Matth | new | | | ٠ | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 05/12/2025 | | Smoothie K | ang | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | ; Zip Co | ode | | | | |
| | \$7.92 | | 2710 W Lal | ke Houston Pkwy | • | | | | | | |
| | | | Suite 200 | | | | | | | | |
| | | | Kingwood, | TX 77339 | | | | | | | |
| 8 | PURPOSE OF | | | ee Categories listed at the | e top of this sch | redule) | (b) | Description | | | |
| | EXPENDITURE | | Food/Beve | rage Expense | | | | | | de of Texas, Complete Schedule T. officeholder living expense | |
| | | | | | | | | Staff beverage | | duiteroider living expense | |
| | | | | | | | | Ottail boverage | | | |
| 9 | Complete ONLY if direct | | andidate/Off | ceholder name | (| Office sou | <u>l</u> ught | | | Office held | |
| | expenditure to benefit C/OI | 1 | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 05/12/2025 | | Smoothie K | ing | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State | ; Zip Co | ode | | | | |
| | \$18.02 | 1 | 2710 W Lal | ke Houston Pkwy | | | | | | | |
| | | | Suite 200 | | | | | | | | |
| | | ı | Kingwood, | TX 77339 | | | | | | | |
| | PURPOSE | (a) (| Category (S | ee Categories listed at the | top of this sch | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | | age Expense | | | | lavel. | | de of Texas. Complete Schedule T. | |
| | COLUMN TO THE TAX AND THE TAX | | | | | | | | | officeholder living expense | |
| | | | | | | | | Staff beverage | 69 | | |
| | Complete ONLY if direct | C | andidate/Offi | ceholder name | | Office sou | ıaht | | | Office held | |
| | expenditure to benefit C/O | | andidate, offi | ocholael hame | | J.II.GC CO. | .9 | | | Omoc Hold | |
| | Date | F | avee name | | | | | | | | |
| | 05/12/2025 | | Smoothie K | ing | | | | | | | |
| | Amount (\$) | | ayee addre | | State: | ; Zip Co | ode | | | | |
| | \$19.75 | | L2029 Gran | | ĺ | | | | | | |
| | , | | Ste 120 | · · · · · · · · · · · · · · | | | | | | | |
| | | | | , TX 77357 | | | | | | | |
| | PURPOSE | | | · · · · · · · · · · · · · · · · · · · | | | (6) | Description | | | |
| | OF | | | ee Categories listed at the age Expense | top of this sch | edule) | \ , | | utsk | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | ı | -0001Devel | age Expense | | | | | | officeholder living expense | |
| | | | | | | | | Staff beverage | es | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Offi | ceholder name | C | Office sou | ıght | | | Office held | |
| | expenditure to benefit C/OF | 1 | | | | | | | | | |
| | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Version V/4.4.0 | (7 G 10 t 10 |

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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Trayel in District Travel Out of District
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: 81/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 05/05/2025 | Smoothie King |
| 6 | Amount (\$) \$31.74 | 7 Payee address; City; State; Zip Code 12029 Grand Pkwy |
| | ФЭ1.74 | Ste 120 |
| | | New Caney, TX 77357 |
| 8 | 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 |
| | | Staff beverages |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Date | Payee name |
| | 05/02/2025 | Smoothie King |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$18.75 | 9360 N Sam Houston Pkwy E |
| | | |
| | | Humble, TX 77396 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Staff beverages |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 04/28/2025 | Smoothie King |
| | Amount (\$) \$23.09 | Payee address; City; State; Zip Code 12029 Grand Pkwy |
| | Ψ23.03 | 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense Staff beverages |
| | | Stall beverages |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol- | |
| | | |
| | | |
| | are musical by Taylor Ch | Vorgion V/4 1.0 f10d0fd0 |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Glft/Awards/Memorials Ex Legal Services The Instruction Guid | S | | ges/Contract I | | Travel Out of District OTHER (enter a category r | not listed above) |
|------------|---|-----------------|--|---------------------------------------|----------|----------------|------------|---|-------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAMI | | • | | • | | Filer ID | |
| | Sch: 82/125 Rpt: | Gray, Matth | | | | | ٦ | Filer ID | |
| 4 | Date | 5 Payee name | · · · · · · · · · · · · · · · · · · · | | | | • | | |
| | 04/23/2025 | Smoothie k | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Z | Zip Cod | • | | | |
| | \$38.50 | 12029 Grai | nd Pkwy | | | | | | |
| Ì | | Ste 120 | | | | | | | |
| | | New Caney | , TX 77 3 57 | | | | | | |
| 8 | PURPOSE | (a) Category (s | ee Categories listed at the t | ton of this schedul | le) {[|) Descrip | otion | | |
| | OF | | age Expense | .op 01 4110 30110441 | | | | tside of Texas. Complete Sche | edule T. |
| | EXPENDITURE | | 5 . | | | ш | | X, officeholder living expense | |
| | | | | | | Staff b | everage | s | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | | ceholder name | Offic | ce sough | it | | Office held | |
| | Date | Payee name | | | | | | | |
| | 04/21/2025 | Smoothie K | ing | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Z | ip Code |) | | | |
| | \$19.75 | 12029 Grar | nd Pkwy | | | | | | |
| | | Ste 120 | - | | | | | | |
| ŀ | | New Caney | TX 77357 | | | | | | |
| <u> </u> - | BURDOOF | | | | 1,, | · · | | | |
| | PURPOSE OF | · · | ee Categories listed at the t | op of this schedul | le) (l | Descrip | | tside of Texas. Complete Sche | dule T |
| | EXPENDITURE | FOOU/Bever | age Expense | | ŀ | l-manuels | | X, officeholder living expense | out 11 |
| | | | | | Ì | | everage | | |
| | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | ceholder name | Offic | e sough | t | | Office held | |
| | Date | Payee name | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 04/17/2025 | Smoothie K | ing | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Z | in Code | | | | |
| | \$13.07 | 12029 Grar | | | | | | | |
| | , | Ste 120 | , , | | | | | | |
| | | | TV 77057 | | | | | | |
| | | New Caney | | | | _ | | | |
| | PURPOSE OF | | ee Categories listed at the t | op of this schedul | e) (t |) Descrip | | tside of Texas. Complete Sche | dula T |
| | EXPENDITURE | Food/Bever | age Expense | | | | | x, officeholder living expense | due 1. |
| | | | | | | | everage: | | |
| | | | | | | | J - | | |
| | Complete ONLY if direct | Candidate/Offi | ceholder name | Offic | e sough | t | ······ | Office held | |
| | expenditure to benefit C/OF | | | OIII. | | - | | | |
| | | | | | · | | • | | |
| | | | | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relmbursement 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 83/125 Rpt: Gray, Matthew 4 Date Payee name 04/15/2025 Smoothie King Payee address; 6 Amount (\$) City: State: Zip Code 12029 Grand Pkwy \$26.14 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 beverages Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/08/2025 Smoothie King Payee address; State; Zip Code Amount (\$) City; \$13.07 12029 Grand Pkwy 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 beverages Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/31/2025 Smoothie King Amount (\$) Payee address; City: State; Zip Code \$29.45 12029 Grand Pkwy 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 beverages Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: Sch: 84/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID |
| 4 Date 03/31/2025 | 5 Payee name Smoothie King |
| 6 Amount (\$) \$13.07 | 7 Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 New Caney, TX 77357 |
| 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 beverages |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held H |
| Date 03/28/2025 | Payee name Smoothie King |
| Amount (\$) \$13.07 | Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 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 beverages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date 03/25/2025 | Payee name Smoothie King |
| Amount (\$) \$13.07 | Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 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, afficeholder living expense Staff beverages |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form.

| 1 Total pages Schedule F1: Sch: 85/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID |
|---|---|
| 4 Date 03/21/2025 | 5 Payee name Smoothie King |
| 6 Amount (\$) \$13.07 | 7 Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 New Caney, TX 77357 |
| 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 beverages |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date 03/17/2025 | Payee name Smoothie King |
| Amount (\$) \$13.07 | Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 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 beverages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/13/2025 | Smoothie King |
| Amount (\$) \$13.31 | Payee address; City; State; Zip Code 12029 Grand Pkwy Ste 120 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 beverages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| Forme provided by Tayas Et | hics Commission Version V4.1.0 f10d0fd9 |

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|---|--|
| | | | |
| 1 | Total pages Schedule F1: Sch: 86/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID | |
| | · · · · · · · · · · · · · · · · · · · | | |
| 4 | Date | 5 Payee name | |
| | 02/24/2025 | Smoothie King | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$11.47 | 12029 Grand Pkwy | |
| | *·· | Ste 120 | |
| | | | |
| | | New Caney, TX 77357 | |
| 8 | 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. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Staff beverages | |
| | | | |
| 9 | Complete ONI_Y if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | |
| | Date | Payee name | |
| | 02/20/2025 | Smoothie King | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | • * | | |
| | \$23.03 | 12029 Grand Pkwy | |
| | | Ste 120 | |
| | | New Caney, TX 77357 | |
| | 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 beverages | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| | | | |
| | Date | Payee name | |
| | 02/18/2025 | Smoothie King | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$56.46 | 12029 Grand Pkwy | |
| | | 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 travel outside of Texas. Complete Schedule T. Check if Austlin, TX, officeholder living expense | |
| | | Staff beverages | |
| | | Stall beverages | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | п | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salartes/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
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: 87/125 Rpt: | Gray, Matthew | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 02/12/2025 | Smoothie King | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | de | | | | | |
| | \$13.09 | 12029 Grand Pkwy | | | | | | |
| | | Ste 120 | | | | | | |
| | | New Caney, TX 77357 | | | | | | |
| 8 | | ` , | (b) | Description | | | | |
| | OF EXPENDITURE | Food/Beverage Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | | | Staff beverages | | | | |
| | l | | | | | | | |
| 9 | | Candidate/Officeholder name Office sout | ght | Office held | | | | |
| | expenditure to benefit C/O | | • | | | | | |
| - | Date | Payee name | | | | | | |
| | 02/10/2025 | Smoothie King | | | | | | |
| H | Amount (\$) | Payee address; City; State; Zip Coo | de | | | | | |
| | \$11.96 | 2710 W Lake Houston Pkwy | | | | | | |
| | | Suite 200 | | | | | | |
| | | Kingwood, TX 77339 | | | | | | |
| | 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. | | | | |
| | EAF MUITOLM | | | Check if Austin, TX, officeholder living expense | | | | |
| | | | | Staff beverages | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | Office held | | | | |
| | expenditure to benefit C/OF | | ,,, , | | | | | |
| _ | Date | Payee name | | | | | | |
| | 02/10/2025 | Smoothie King | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | le. | | | | | |
| | \$45.52 | 12029 Grand Pkwy | 10 | | | | | |
| | · | Ste 120 | | | | | | |
| | | New Caney, TX 77357 | | | | | | |
| | PURPOSE | | /h) | Description | | | | |
| | OF · | Food/Beverage Expense | ر…, ا | Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | 1 004.201.1.go 2po | j | Check if Austin, TX, officeholder living expense | | | | |
| | | 1 | | Staff beverages | | | | |
| | | | | 200 | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office soug | jht | Office held | | | | |
| | | · | | | | | | |
| | | | | | | | | |
| | | | - | | | | | |
| | me provided by Toyac Et | hice Commission was athice state by us | | Version V// 1.0 f10d0fd9 | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | y - al Committee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | e Printing Salarie | • | se s/Contract Labor | Travel in District Travel Out of District OTHER (enter a category not liste | ed above) |
|---|--|---------------------|--|-----------------------|----------|--------------------------------|---|-----------|
| Ŀ | | <u> </u> | The Instruction Guide ex | piains now to | compl | | A 21 15 | |
| 1 | • - | 2 FILER NAME | | | | | 3 Filer ID | |
| | Sch: 88/125 Rpt: | Gray, Matth | ew | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 01/29/2025 | Smoothie K | ing | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Zip (| Code | | | |
| | \$13.09 | 12029 Gran | d Pkwy | | | | | |
| | | Ste 120 | | | | | | |
| | | New Caney | , TX 77357 | | | | | |
| 8 | PURPOSE | | | | (b) | Description | | |
| ľ | OF | | e Categories listed at the top of age Expense | this schedule) | (~) | | outside of Texas, Complete Schedule T. | |
| | EXPENDITURE | 1 GOG/Bever | age Expense | | | Check if Austin, | TX, officeholder living expense | |
| | | | | | | Staff beverage | es | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Offi | ceholder name | Office so | ought | | Office held | |
| _ | D1- | | | | | | | |
| | Date 01/24/2025 | Payee name | ha | | | | | |
| | | Smoothie K | - | | | | | |
| | Amount (\$) | Payee addres | • | State; Zip (| Code | | | |
| | \$13.09 | 12029 Gran | d Pkwy | | | | | |
| | | Ste 120 | | | | | | |
| | | New Caney | TX 77357 | | | | | |
| | PURPOSE | (a) Category (Se | e Categories listed at the top of | this schedule) | (b) | Description | | · |
| | OF EXPENDITURE | | age Expense | · | | <u></u> | utside of Texas. Complete Schedule T. | |
| | ZAF ERDITORE | | | | | — | TX, officeholder living expense | |
| | | | | | | Staff beverage | es | |
| | | | | - 40 | <u></u> | | | • |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | v | |
| | Date | Payee name | | | | | | |
| | 01/21/2025 | Smoothie Ki | ng | | | | | |
| | Amount (\$) | Payee addres | s; City; | State; Zip (| Code | | | |
| | \$11.47 | 12029 Gran | | | | | | |
| | • | Ste 120 | • | | | | | |
| | | New Caney, | TV 77957 | | | | | |
| | | | | | 1,, | | | |
| | PURPOSE OF | | e Categories listed at the top of | this schedule) | (p) | Description Chack if travel o | utside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Food/Bevera | age Expense | | | اسبحا | TX, officeholder living expense | |
| | | | | | 1 | Staff beverage | | |
| | | | | | | · · | | |
| | Complete ONLY if direct | Candidate/Offic | eholder name | Office so | <u> </u> | | Office held | |
| | expenditure to benefit C/OI | | | | a**** | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
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. |
|--|--|---------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID |
| Sch: 89/125 Rpt: | Gray, Matthew | | |
| 4 Date | 5 Payee name | | |
| 01/16/2025 | Smoothie King | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode | |
| \$13.09 | 12029 Grand Pkwy | | |
| | 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 beverages |
| | | <u></u> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office so | ught | Office held |
| | · · | | |
| Date | Payee name | | |
| 01/16/2025 | Smoothie King | | |
| Amount (\$) | Payee address; City; State; Zip C | ode | |
| \$13.09 | 12029 Grand Pkwy | | |
| | 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 beverages |
| | · | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ught | Office held |
| expenditure to benefit C/O | | • | |
| Date | Payee name | | |
| 01/14/2025 | Smoothie King | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | |
| \$13.09 | 12029 Grand Pkwy | 545 | |
| \$20,00 | Ste 120 | | |
| | New Caney, TX 77357 | | |
| DUDDOCE | | (6) | D |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (U) | Description Check If travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Fuourbeverage Expense | | Check If Austin, TX, officeholder living expense |
| | | | Staff beverages |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ıght | Office held |
| expenditure to benefit C/OI | H | | |
| | | | |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage 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

| | Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | | Gift/Awards/Memorials Expensional Services The Instruction Guide expension Gu | Salaries/V | Vages | s/Contract Labor | Travel Out of District OTHER (enter a category not listed | above) |
|---|---|---|--|-------------------|-------|------------------|--|--------|
| - | Total manage Calandula Edu | la cuen nava | | | | 3 | Filer ID | - |
| | Total pages Schedule F1: Sch: 90/125 Rpt: | Gray, Matti | | | | 3 | Pilet ID | |
| 4 | Date 06/02/2025 | 5 Payee name Sofias Italia | | | | _ | | |
| 6 | Amount (\$) \$22.40 | 7 Payee addre 23020 Spe Unit L New Caney | • | State; Zip Co | ode | | | |
| 8 | PURPOSE OF EXPENDITURE | | ee Categories listed at the top o age Expense | of this schedule) | (b) | | elde of Texas. Complete Schedule T. , officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ceholder name | Office sou | ght | | Office held | |
| | Date | Payee name | | | | | | |
| ĺ | 04/04/2025 | Sonic | | | | | | |
| | Amount (\$) \$11.21 | Payee addre 21697 FM 1 Porter, TX | 1314 | State; Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | | ee Categories listed at the top o rage Expense | f this schedule) | (b) | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | |
| | Date 01/17/2025 | Payee name Splendora (| Caf & BBQ | | | | 2000 | |
| | Amount (\$) \$300.00 | Payee addre | ed St | State; Zip Co | de | | | |
| | | New Caney | , IX (1351 | | | | | |
| | PURPOSE OF EXPENDITURE | | ee Categories listed at the top o age Expense | f this schedule) | | II | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | Complete ONLY if direct expenditure to benefit C/O | | ceholder name | Office sou | ght | | Office held | |
| | | | | | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District 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: 91/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 05/30/2025 | Splendora ISD |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 23419 FM 2090 |
| | | |
| | | Splendora, TX 77372 |
| 8 | | (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 |
| ĺ | | Golf Sponsor |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | -1 |
| - | Date | Payee name |
| | 03/11/2025 | Splendora Youth Baseball Association |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$650.00 | Park Rd |
| | | |
| | | Splendora, TX 77372 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Sponsor |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 05/13/2025 | Splendora Youth Sports Association |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | PO Box 173 |
| | | |
| | | Splendora, TX 77372 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ilving expense |
| | | Splendora Baseball Sponsor |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI- | Candidate/Officeholder name Office sought Office held |
| | ONDOTIGINATO TO DISTIGUE O/OF | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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 in District
Travel Out of District

| | Candidate/Officeholder/Politica Credit Card Payment | | ter a category not listed above) |
|-----|--|--|----------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | |
| | Sch: 92/125 Rpt: | Gray, Matthew | |
| 4 | Date | Payee name | |
| | 06/30/2025 | Starbucks | |
| 6 | Amount (\$) \$4.19 | Payee address; City; State; Zip Code 23690 US-59 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. Check if Austin, TX, officeholder Staff beverages | · |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office | e held |
| | Date | Payee name | |
| | 06/27/2025 | Starbucks | |
| | Amount (\$) \$3.52 | Payee address; City; State; Zip Code 23690 US-59 | |
| | | Porter, TX 77365 | |
| | PURPOSE OF EXPENDITURE | a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense Check if Austin, TX, officeholder I Staff beverages | • |
| ٠ | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office | e held |
| | Date | Payee name | |
| | 06/20/2025 | Starbucks | |
| | Amount (\$) \$7.04 | Payee address; City; State; Zip Code 14433 W Lake Houston Pkwy | |
| | | Houston, TX 77044 | |
| | PURPOSE OF EXPENDITURE | (b) Description Food/Beverage Expense (b) Description Check if travel outside of Texas. of Check if Austin, TX, officeholder is Staff beverages | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office | e held |
| | | | |
| - n | me provided by Toyae El | ice Commission www.otbice.etoto.tv.ue | Varcian V/I 1 0 f10d0fds |

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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

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: FILER NAME 3 Filer ID Sch: 93/125 Rpt: Gray, Matthew 4 Date Payee name 06/20/2025 Starbucks 6 Amount (\$) Payee address: State; Zip Code City; \$16.89 4535 Kingwood Dr Kingwood, TX 77345 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 beverages Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 06/03/2025 Starbucks Amount (\$) Payee address; City; State; Zip Code \$3.52 4535 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 Staff beverages Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/27/2025 Starbucks City; Amount (\$) Payee address: State; Zip Code \$3.52 14433 W Lake Houston Pkwy Houston, TX 77044 **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 beverages Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gift/Awards/Memorials Legal Services The Instruction G | • | | /ages | s/Contract Labor | Travel Out of District OTHER (enter a category not I | Isted above) |
|---|--|-----|---|--|---------------------|-------------|-------|------------------|--|--------------|
| 1 | Total pages Schedule F1: Sch: 94/125 Rpt: | 2 | FILER NAME Gray, Matthe | €W | | | | 3 | Filer ID | |
| 4 | Date 05/19/2025 | | Payee name Starbucks | | | · · | | | | |
| 6 | Amount (\$) \$3.52 | 7 | Payee addres 23690 US-59 Porter, TX 7 | 9 | State; | Zip Co | de | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See | e Categorles listed at t age Expense | he tap of this sche | edule) . | (b) | — | de of Texas. Complete Schedule officeholder living expense | ∍Т. |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | 0 | Office sou | ght | | Office held | |
| | Date 05/15/2025 | | Payee name Starbucks | | | | | | | |
| | Amount (\$) \$7.04 | | Payee addres 23690 US-59 Porter, TX 7 | e | State; | Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Food/Bevera | e Categories listed at t uge Expense | he top of this sche | edule) | (b) | | de of Texas. Complete Schedule officeholder living expense | э Т. |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | eholder name | 0 | ffice sou | ght | | Office held | |
| ٠ | Date 05/14/2025 | | Payee name Starbucks | | | | | | MATERIA (1) | |
| | Amount (\$) \$3.19 | | Payee address | ood Dr | State; | Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | (a) | Kingwood, T Category (See Food/Bevera | Categories listed at t | ne top of this sche | edule) | (b) | | ie of Texas. Complete Schedule officeholde r livi ng expense | эт. |
| | Complete ONLY if direct expenditure to benefit C/Ol- | | Candidate/Offic | eholder name | 0 | office soug | ght | | Office held | |
| | | | | | | | | | | |

SCHEDULE F1

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

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

| ľ | Credit Card Payment | The instruction Guide explains how to c | ompl | ete this form. |
|---|-----------------------------|--|------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID |
| l | Sch: 95/125 Rpt: | Gray, Matthew | | |
| 4 | Date | 5 Payee name | İ | |
| | 05/02/2025 | Starbucks | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip C | ode | |
| | \$3.52 | 4535 Kingwood Dr | | |
| l | | | | |
| | | Kingwood, TX 77345 | | |
| 8 | 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 beverages |
| | | | | Olesi bovoregoo |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office so | ught | Office held |
| | expenditure to benefit C/O | | 5 2 | |
| F | Date | Payee name | | |
| | 04/16/2025 | Starbucks | | |
| H | Amount (\$) | Payee address; City; State; Zip C | ode | |
| | \$7.12 | 421 University Dr | | |
| l | | | | |
| | | Prairie View, TX 77445 | | |
| | 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 beverages |
| | | | • | Stall Developes |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | l .ight | Office held |
| | expenditure to benefit C/O | | | |
| ┢ | Date | Payee name | ····· | |
| | 04/04/2025 | Starbucks | | |
| | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$12.99 | 19752 Interstate 45 N | | |
| | | | | |
| | | Spring, TX 77388 | | |
| | 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 beverages |
| | | | | waaa waaaagaa |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | <u>l</u> ight | Office held |
| | expenditure to benefit C/OI | | J- · · · | |
| | | | | |
| | | | | |
| V | me provided by Tayas Et | hice Commission WAANA athice state ty | 10 | Version V// 1.0 f10d0fd8 |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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 in District

| | Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Printing Expending Salarles/Way | Travel Out of District OTHER (enter a category not listed al | pove) | |
|---|---|----------------|---|---|--|---|--------------|
| 1 | Total pages Schedule F1: | 2 FILER NAMI | = | " . · · · · · · · · · · · · · · · · · · | | 3 Filer ID | |
| | Sch: 96/125 Rpt: | Gray, Matti | | | | | |
| 4 | Date | 5 Payee name | ! | | | | |
| İ | 04/02/2025 | Starbucks | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; State; | ; Zip Cod | 9 | | |
| | \$7.12 | 4535 Kingv | vood Dr | | | | |
| | | | | | | | |
| _ | | Kingwood, | TX 77345 | | | | |
| 8 | PURPOSE OF | | ee Categories listed at the top of this sch | _{ledule)} (f | Description | | |
| ĺ | EXPENDITURE | Food/Beve | rage Expense | | | outside of Texas. Complete Schedule T. | |
| | | | | | Staff beverag | , TX, officeholder living expense | |
| | | | | | Otan beverag | ,00 | |
| 9 | Complete ONLY if direct | Candidate/Off | iceholder name C | Office sough | nt | Office held | |
| Ĺ | expenditure to benefit C/OI | | | 9' | | | |
| | Date | Payee name | | | | · · · · · · · · · · · · · · · · · · · | |
| | 03/31/2025 | Starbucks | | | | | |
| Г | Amount (\$) | Payee addre | ss; City; State; | Zip Code | 9 | | |
| | \$7.12 | 8446 FM 19 | 960 | | | | |
| | | | | | | | |
| | | Humble, T | (77338 | | | | |
| | PURPOSE OF | | ee Categories listed at the top of this sch | _{edule)} (k | Description | | |
| | EXPENDITURE | Food/Bever | age Expense | | | outside of Texas. Complete Schedule T., TX, officeholder living expense | |
| | | | | | Staff beverag | | |
| | | | | | Stall Beverag | | |
| | Complete ONLY if direct | Candidate/Off | ceholder name C | Office sough | ıt | Office held | |
| | expenditure to benefit C/OI | 4 | | J | | | |
| H | Date | Payee name | | | 7 2 | | |
| | 03/24/2025 | Starbucks | | | | | |
| | Amount (\$) | Payee addre | ss; City; State; | Zip Code | <u> </u> | | - · · · · · |
| | \$7.47 | 4535 Kingw | = ' | , zip coue | • | | |
| | Φ1.47 | 4000 Killyw | OUG DI | | | | |
| | | Vinau | TV 7724E | | | | |
| | | Kingwood, | | | _ | | |
| | PURPOSE OF | | ee Categories listed at the top of this scho | edule) (k | Description | nutrido of Touro Conselete School de T | |
| | EXPENDITURE | Food/Bevei | age Expense | | ļ— 4 | outside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| | | | | | Staff beverag | | |
| | | | | | | , . | |
| | Complete ONLY if direct | Candidate/Offi | ceholder name C | Office sough | nt | Office held | |
| | expenditure to benefit C/Ol- | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | rms provided by Texas Fi | | on www.ethics.s | 4-5-2 | | Version V4.1 | 0.440-104-10 |
| | | unce i ammueel | NARARA OTINICO O | TO IV HE | | Voreinn V// 1 | |

SCHEDULE F1

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

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 Salarles/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 97/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 03/20/2025 | Starbucks |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$3.52 | 4535 Kingwood Dr |
| | | |
| ŀ | | Kingwood, TX 77345 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | | Check if Austin, TX, officeholder living expense Staff beverages |
| | | Stall beverages |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| _ | Date | Payee name |
| | 03/18/2025 | Starbucks |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4.50 | 235 S Loop 336 W |
| | , | |
| | 1 | Conroe, TX 77304 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Food/Beverage Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Staff beverages |
| | Commiste ONLY if disease | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/Oh | |
| | Data | |
| | Date 03/17/2025 | Payee name Starbucks |
| | | |
| | Amount (\$) \$3.52 | Payee address; City; State; Zip Code 4535 Kingwood Dr |
| | ψ3.02 | 4000 Kingwood Di |
| | | Kingwood, TX 77345 |
| | 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 |
| | | Staff beverages |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | experience to belieft of Of | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense
Citt/Awards/Memorials Ev

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

| Candidate/Officeholder/Politic Credit Card Payment | |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| Sch: 98/125 Rpt: | Gray, Matthew |
| 4 Date | 5 Payee name |
| 03/13/2025 | Starbucks |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; State; Zip Code 20302 US-59 New Caney, TX 77357 |
| 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 beverages |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 03/06/2025 | Starbucks |
| Amount (\$) \$6.44 | Payee address; City; State; Zip Code 20302 US-59 |
| | 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 beverages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 03/04/2025 | Payee name Starbucks |
| Amount (\$) \$19.24 | Payee address; City; State; Zip Code 4535 Kingwood Dr |
| | Kingwood, TX 77345 |
| 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 beverages |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Forms provided by Toyas F | thics Commission www.othics state ty us Version V/ 1.0 f10d0fd |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Relimbu

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to co | mple | ete this form. | |
|---|------------------------------|--|---------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID | |
| | Sch: 99/125 Rpt: | Gray, Matthew | | | |
| 4 | Date | 5 Payee name | | | |
| | 03/03/2025 | Starbucks | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Coo | de | | |
| | \$7.22 | 19752 interstate 45 N | | | |
| | | | | | |
| | | Spring, TX 77388 | | | |
| 8 | 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 beverages | |
| | | | | Ciail Bovolagoo | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office soug | aht | Office held | |
| | expenditure to benefit C/OI | | | | |
| _ | Date | Payee name | | | |
| | 02/26/2025 | Starbucks | | | |
| | Amount (\$) | Payee address; City; State; Zip Coo | de | | |
| | \$6.12 | 8446 FM 1960 | | | |
| | | | | | |
| | | Humble, TX 77338 | | | |
| | 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 | · | | Check if Austin, TX, officeholder living expense Staff beverages | |
| | | | | Stall beverages | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | Office held | |
| | expenditure to benefit C/Ol- | | | 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Date | Payee name | | | |
| | 02/25/2025 | Starbucks | | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | de | | |
| | \$3.52 | 4535 Kingwood Dr | | | |
| | | - | | | |
| | | Kingwood, TX 77345 | | | |
| | 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. | |
| | EXPERDITORE | | | Check If Austin, TX, officeholder living expense | |
| | | | | Staff beverages | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ıht | Office held | |
| | expenditure to benefit C/OF | | ji i L | Office Hein | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Food/Beverage Expense Gift/Awards/Memorials Expense 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 Filer ID Sch: 100/125 Rpt: Gray, Matthew 4 Date Payee name 02/19/2025 Starbucks 6 Amount (\$) Payee address; City; State; Zip Code \$8.06 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 beverages Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 02/10/2025 Starbucks Amount (\$) Payee address; City; State: Zip Code \$13.26 19752 Interstate 45 N Spring, TX 77388 **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 beverages Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2025 Starbucks Amount (\$) Payee address; City; State; Zip Code 23690 US-59 \$4.52 Porter, TX 77365 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 beverages 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 ByCandidate/Officeholder/Political Committee

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

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

| | Credit Card Payment | The Instruction Guide explains how to comp | alete this form. |
|-----|-----------------------------|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| | Sch: 101/125 Rpt: | Gray, Matthew | · |
| 4 | Date | 5 Payee name | |
| | 01/27/2025 | Starbucks | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | 3 |
| | \$4.52 | 20302 US-59 | |
| | | | |
| | | New Caney, TX 77357 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b | Description |
| 1 | OF EXPENDITURE | Food/Beverage Expense | Check If travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Staff beverages |
| | | | Cian bovoragos |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held |
| ľ | expenditure to benefit C/O | | |
| - | Date | Payee name | |
| | 01/27/2025 | Starbucks | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$10.63 | 4535 Kingwood Dr | • |
| | | · | |
| | | Kingwood, TX 77345 | |
| _ | 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. |
| | EXPENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Staff beverages |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held |
| | expenditure to benefit C/O | | . Since here |
| _ | Date | Payee name | |
| | 01/17/2025 | Starbucks | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$12.39 | 4535 Kingwood Dr | |
| | · | | |
| | | Kingwood, TX 77345 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) |) Description |
| | OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | · | Check if Austin, TX, officeholder living expense |
| | | | Staff beverages |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OF | | Onice neid |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| -01 | ms provided by Texas Et | hics Commission www.ethics.state.tx.us | Version V4.1.0.f10d0fd8 |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politic Credit Card Payment | al Co | mmittee | Legal Service The Instruc | | Salarie plains how to | | s/Contract Labor ete this form. | | OTHER (enter a category not listed above |) |
|----------|---|-------------|-------------------------|------------------------------|---------------------|--------------------------|--------|--|-----|--|-----------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | 3 | Filer ID | |
| | Sch: 102/125 Rpt: | | Gray, Matt | hew | | | | | | | |
| 4 | Date | 5 | Payee name | • | | | | | | | |
| | 01/16/2025 | | Starbucks | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City | /; | State; Zip (| Code | • | | | |
| | \$12.88 | | 23690 US- | 59 | | | | | | | |
| | | | | | | | | | | | |
| | | | Porter, TX | 77365 | | | | | | | |
| 8 | PURPOSE | (a) | Category (5 | See Categories I | isted at the top of | this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Beve | | | | | <u>11</u> | | de of Texas. Complete Schedule T. | |
| | | | | | | | | _ | | officeholder living expense | |
| | | | | | | | | Staff beverag | Jes | | |
| 9 | Complete ONLY if direct | | Candidate/Of | ficabaldar na | | Office | aught. | | | Office held | |
| " | expenditure to benefit C/O | | zanuluate/On | ilceriolaer na | ame | Office so | Jugni | | | Office field | |
| <u> </u> | Data | | | | , | | | | | | |
| l | Date 01/13/2025 | | Payee name Stephens, | | | | | | | | |
| | | _ | | | | | | | | - · · · · · · · · · · · · · · · · · · · | |
| | Amount (\$) | | Payee addre | • | <i>r</i> ; | State; Zip (| code | | | | |
| | \$331.00 | | Po Box 176 | 52 | | | | | | | |
| | | | | | _ | | | | | | |
| L | | | New Caney | , TX 7735 | 7 | | | | | de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la | |
| | PURPOSE OF | (a) | | | isted at the top of | this schedule) | (b) | Description | | | |
| | EXPENDITURE | | Event Expe | ense | | | | <u> </u> | | de of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | Employee For | | | |
| | | | | | | | | , , | | • | |
| - | Complete ONLY if direct | | Candidate/Off | iceholder na | ıme | Office so | bught | | | Office held | |
| | expenditure to benefit C/O | Н | | | | | - | | | | |
| | Date | , | Payee name | | | | | | | | **** |
| | 03/24/2025 | | Studio One | Three Me | dia | | | | | i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de | |
| | Amount (\$) | | Payee addre | ss; City | · | State; Zip C | Code | | | | |
| | \$350.00 | | 27384 Wag | on Wheel | | | | | | | |
| | | | | | | | | | | | |
| | | | Splendora, | TX 77372 | | | | | | | |
| | PURPOSE | (a) | Category (S | ee Categories li | sted at the top of | this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Event Expe | | | | | <u></u> | | de of Texas. Complete Schedule T. | |
| | EM EMBITORE | | | | | | | | TX, | officeholder living expense | |
| | | | | | | | | Sponsor | | | |
| | Complete ONLY if direct | | andidate/Off | iooboldor no | ımo. | Office so | u abt | | | Office held | |
| | expenditure to benefit C/O | | anuluate/OII | iosnoidei (18 | unc | Office Sc | uynt | | | Office field | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | ······································ | | • | |
| | | | | | | | | | | | |
| | | .,-,- | | L. 1000 | | | | | | | 40 loz :- |
| ⊢or | ms provided by Texas E | thic | s Commissi | on | www.et | hics.state.tx | .us | | | Version V4.1.0. | rrodOtd8 |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | ly - al Co | nmittee | Legal Serv | | | | Vages | s/Contract Labor | | Travel Out of District OTHER (enter a category not listed about | ove) |
|---------|---|---------------|---------------------|-------------|-------------------------|-------------|-----------|----------|---------------------------------|--------|---|-------------|
| | | | | | ruction Guide ex | kplains h | 10W to co | mpl | ete this form. | | | |
| 1 | , - | 2 | FILER NAME | | | | | | | 3 | Filer ID | |
| | Sch: 103/125 Rpt: | ı | Gray, Matth | iew | | | | | | ١. | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 03/21/2025 | | Studio One | Three M | √ledia | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss: C | City; | State: | Zip Co | de | | | | |
| ľ | \$500.00 | | 27384 Wag | | - | , | | | | | | |
| | φοσ.σσ | | 2100111149 | | | | | | | | | |
| | | | 0-1 | TV 770 | 70 | | | | | | | |
| L | | | Splendora, | 13 773 | 12 | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (Se | ee Categori | es Ilsted at the top o | f this sche | dule) | (b) | Description | | | |
| | EXPENDITURE | | Event Expe | nse | | | | | <u> </u> | | de of Texas. Complete Schedule T. | |
| ĺ | | l | | | | | | | Sponsor | 1, 17, | officeholder living expense | |
| | | | | | | | | | эронзон | | | |
| Ļ | | L | | | | | ,,, | | | | mer: I I. I | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | | Candidate/Offi | ceholder | name | O | ffice sou | ght | | | Office held | |
| <u></u> | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| 1 | 02/03/2025 | i | Sunoco | | | | | | | | | |
| Г | Amount (\$) | | Payee addres | ss; C | City; | State; | Zip Co | de | | | | |
| | \$15.01 | | 23845 FM 1 | .314 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Porter, TX 7 | 77365 | | | | | | | | |
| | | _ | | | | | | <i>a</i> | | | | |
| İ | PURPOSE OF | {a} | | | es listed at the top of | f this sche | dule) | (b) | Description | outol | de of Texas. Complete Schedule T. | |
| | EXPENDITURE | | Food/Bever | age ⊨xp | ense | | | | | | officeholder living expense | |
| | | | - | | | | | | Snacks | | v . | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | <u> </u> | Candidate/Offic | ceholder | name | 01 | ffice sou | nht | | | Office held | |
| | expenditure to benefit C/O | | out talaatto of the | ocholaci | IIIIII | Ů. | | 9 | | | Omoo nola | |
| | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 04/08/2025 | L | Swift Gas S | tation | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; C | ity; | State; | Zip Co | de | | | | |
| | \$19.65 | | 22776 Fm 1 | 314 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Porter, TX 7 | 7365 | | | | | | | | |
| | PURPOSE | | | | | | | /b) | Description | | | |
| | OF : | (a) | Food/Bevera | | s listed at the top of | this sched | dule) | (D) | Description Check if travel of | outsid | le of Texas. Complete Schedule T. | |
| | EXPENDITURE | | ruuu/bever | aye Exp | erise | | | | | | officeholder living expense | |
| | | | | | | | | | Snacks | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Offic | eholder | name | Of | fice soug | aht | | | Office held | <u> </u> |
| | expenditure to benefit C/OF | | IMPARATOR OF CITE | | | ٥, | | 9, | | | *··· | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense

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

| Candidate/Officeholder/Political Committee Credit Card Payment | | Legal Services Salarles/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | | OTHER (enter a categor | ry not listed above) | | |
|--|-----------------------------|---|---------------|-----------------------------|-------------------|------------|-------|------------------------|----------------------|--|-----------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | 3 | Filer ID | ì |
| | Sch: 104/125 Rpt: | | Gray, Mattl | new | | | | | | | |
| 4 | Date | 5 | Payee name | • | | | | | | | |
| | 05/15/2025 | | THE Focac | cia Bakery | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State; | ; Zip Co | de | | • | | |
| | \$27.52 | | 110 Sorters | s McClellan Rd | | | | | | | |
| | | | | | | | | | | | |
| | | | Kingwood, | TX 77339 | | | | | | | |
| 8 | PURPOSE | (a) | Category (S | ee Categories listed at the | e top of this sch | edule) | (b) | Description | • | - | |
| | OF EXPENDITURE | | Food/Bever | rage Expense | | | | | | de of Texas, Complete So | |
| | | | | | | | | Staff breakfas | | officeholder living expens | se |
| | | | | | | | | Stall Dieakias | o. | | |
| 9 | Complete ONLY if direct | Ļ | Candidate/Off | iceholder name | | Office sou | aht | | | Office held | |
| ľ | expenditure to benefit C/Ol | | Januluale/On | icenoidei name | | villee aou | giit | | | Office field | |
| - | Date | _ | Payee name | | | | | | | | |
| | 03/26/2025 | | TJM Promo | | | | | | | | |
| - | Amount (\$) | | Payee addre | ss; City; | State: | Zip Co | de | | | | |
| | \$613.00 | | 511 NW 48 | • | Cultor | _ip 00 | 4.5 | | | | : |
| | 4020100 | | 011 (111 10 | | | | | | | | |
| | 1.00 | | Ocala, FL 3 | 34482 | | | | | | | |
| | PURPOSE OF | (a) | Category (S | ee Categories listed at the | top of this sch | edule) | (b) | Description | | | |
| | EXPENDITURE | | Event Expe | nse | | | | ⊢ ⊸ | | le of Texas. Complete So officeholder living expens | |
| | | | | | | | | Challenge Co | | | |
| | | | | | | | | J | | | |
| | Complete ONLY if direct | | andidate/Offi | ceholder name | C | Office sou | ght | | | Office held | |
| | expenditure to benefit C/O | -1 | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 05/27/2025 | | Taco Bell | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | de | • | | | |
| | \$23.69 | | 24891 FM 1 | L314 | | | | | | | |
| | | | | | | | | | | | |
| | | | Porter, TX 7 | 77365 | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at the | top of this sche | edule) | (b) | Description | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | | | le of Texas. Complete So | |
| | | | | | | | | Business lunc | | officeholder living expens | ie |
| | | | | | | | | PROFITOS INTO | ,,,, | | |
| | Complete ONLY if direct | | andidate/Offi | ceholder name | | Office sou | aht | | | Office held | |
| | expenditure to benefit C/O | | | | | 500 | J. 14 | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | me provided by Toyac E | منط | a Comminai | On Mar | au othice e | tata tu u | | | | Vor | sion V/4 1 0 f10d0fd8 |

SCHEDULE F1

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

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|------------|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 105/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 04/09/2025 | Texas Chili Parlor |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| l | \$116.07 | 1409 Lavaca St |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EVENDITUEE | Food/Beverage Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| ļ | | Business lunch |
| Ļ | Complete ONLY if disect | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/O | v |
| <u> </u> _ | | |
| | Date | Payee name Texas Chili Parlor |
| <u> </u> | 04/09/2025 | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$41.07 | 1409 Lavaca St |
| | | |
| L | | Austin, TX 78701 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Business lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 01/24/2025 | Texas Ts & Vinyl |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$920.12 | 22275 Ford Rd |
| | | |
| | | Porter, TX 77365 |
| _ | 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. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Campaign Hats |
| | OI ON V II dis | |
| | Complete ONLY if direct expenditure to benefit C/OF | 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

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----|---|--|
| 1. | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 106/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 04/23/2025 | Texas Youth Summit |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | P.O. Box 8105 |
| | | |
| | | Spring, TX 77387 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Texas Youth Summit Sponsor |
| _ | Ol. t. ONII V if ili t | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 04/15/2025 | The Capital Grille |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$15.45 | 117 W 4th St |
| | | |
| | | Austin, TX 78701 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | | Check if Austin, TX, officeholder living expense Business lunch |
| | | Dusiliess fuller |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Dayon name |
| | 04/10/2025 | Payee name The Capital Grille |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3.71 | 117 W 4th St |
| | ф3.11 | 117 W 411 31 |
| | | Austin, TX 78701 |
| | 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 Business lunch |
| | | Dadinos ianon |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol- | |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
-

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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed shove)

Legal Services OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 107/125 Rpt: Gray, Matthew 4 Date Payee name 04/10/2025 The Capital Grille 6 Amount (\$) Payee address; City: State; Zip Code \$18.68 117 W 4th St Austin, TX 78701 **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 held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/17/2025 The Core Baseball Amount (\$) Payee address; City; State; Zip Code \$100.00 21675 Mclesky Rd 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 **Baseball Sponsor** Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 05/05/2025 The Pickleball Zone Amount (\$) Payee address; City; State: Zip Code \$6.50 22056 West Ford 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. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Snacks Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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/FundralsIng Expense Transportation Equipment & Related Expense Travel In District

| | Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment | | mmittee | Legal Services The Instruction Gu | · | | /ages | /Contract Labor | | Travel Out of District OTHER (enter a category not listed above) |
|----|--|------|---------------------------------------|--|---------------------|--------------|-------|-----------------|---|--|
| 1 | , - | 2 | FILER NAME | | | | | | 3 | Filer ID |
| | Sch: 108/125 Rpt: | | Gray, Matth | ew | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 03/04/2025 | | The Pickleb | all Zone | | | | | | |
| 6 | Amount (\$) \$4.33 | 7 | Payee addre | ss; City; t Ford Road | State; | Zip Co | de | | | |
| | | | Porter, TX 7 | 7365 | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at th | ne top of this sch | edule) | (b) | Description | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | <u></u> | | de af Texas. Complete Schedule T. officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offi | ceholder name | 0 | Office sou | ght | | | Office held |
| Г | Date | | Payee name | | | | | | | |
| | 02/05/2025 | | The Pickleb | all Zone | | | | | | |
| | Amount (\$) \$6.01 | | Payee addres 22056 West | = | State; | Zip Co | de | | | |
| | | | Porter, TX 7 | | | . | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | e Categories listed at tr age Expense | ne top of this sche | edule) | (b) | <u></u> | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Offic | ceholder name | 0 | Iffice sou(| ght | | | Office held |
| | Date | | Payee name | | | | | | | |
| | 01/31/2025 | | The Winterr | ose Crusade | | | | | | |
| | Amount (\$) \$1,000.00 | 1 | Payee addres 26872 Morg | s; City; an Cemetary Ro | | Zip Coo | de | | | |
| | | | Cleveland, T | X 77328 | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(Se} Event Expe | e Categories listed at th | e top of this sche | edule) | (b) | لسسا | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | andidate/Offic | ceholder name | 0 | ffice souç | ght | | | Office held |
| | (MA) | · | | | | | | | | |
| EΛ | rms provided by Texas Fi | thic | e Commiecia | m wa | MANUETHICS ST | tate ty III | - | | | Version V4.1.0.f10d0fd |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| ĺ | Sch: 109/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 02/10/2025 | The Woodlands Marriott Hotel & Covention Center |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$45.00 | 1601 Lake Robbins Dr |
| | | |
| | | The Woodlands, TX 77380 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | PARKING Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Parking |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| F | Date | Payee name |
| | 06/27/2025 | Toasted Yolk |
| T | Amount (\$) | Payee address; City; State; Zip Code |
| | \$29.51 | 11985 Grand Pkwy |
| | | |
| | | 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 Lustin, TX, officeholder living expense |
| | | Business lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Oi | 1 |
| | Date | Payee name |
| | 06/12/2025 | Toasted Yolk |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$41.66 | 11985 Grand Pkwy |
| | | |
| | | 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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Business lunch |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wates/Contract Labor

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|-----------------------------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 110/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 06/10/2025 | Toasted Yolk |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$20.23 | 11985 Grand Pkwy |
| | | |
| | | New Caney, TX 77357 |
| 8 | 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 Business lunch |
| | | Business iditori |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 06/06/2025 | Toasted Yolk |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$22.54 | 11985 Grand Pkwy |
| | | |
| | | New Caney, TX 77357 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXPERIDITORE | Check if Austin, TX, officeholder living expense Business lunch |
| | | Business functi |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 06/02/2025 | Toasted Yolk |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$45.21 | 11985 Grand Pkwy |
| | | · |
| | | 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 Business lunch |
| | | Dusiness luncii |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OF | |
| - | | |
| | | |
| | me provided by Toyac Et | higo Commission Various athios state by US |

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 Salaries/Wades/Contract Labor

| Candidate/O Credit Card Pay | ment ment | ai Commidee | The Instruction Guide | | | ete this form. | OTHER (enter a catego | ory not ested above) |
|---------------------------------------|---------------|--------------------|-------------------------------|---------------------------------------|----------|----------------|--|----------------------|
| 1 Total pages S | Schedule F1: | 2 FILER NAME | | | <u> </u> | | 3 Filer ID | |
| Sch: 111/ | 125 Rpt: | Gray, Matth | ew | | | | | |
| 4 Date | | 5 Payee name | | | | <u></u> | | |
| 05/28/2025 | | Toasted Yol | k | | | | | |
| 6 Amount (\$) | | 7 Payee addres | ss; City; | State; Zip C | ode | | | |
| | \$19.00 | 11985 Gran | d Pkwy | | | | | |
| | | | | | | | | |
| | | New Caney, | TX 77357 | | | | | |
| 8 PURPOS | E | (a) Category (Se | e Categories listed at the to | op of this schedule) | (b) | Description | · · · · · · · · · · · · · · · · · · · | |
| OF EXPENDITU | JRE | Food/Bever | age Expense | | | <u> </u> | utside of Texas. Complete S TX, officeholder living exper | |
| | | | | | | Business lunc | | 130 |
| | | | | | | | | |
| 9 Complete ON | | Candidate/Offic | eholder name | Office so | ught | , | Office held | |
| expenditure to | o benefit C/O | Н | | | | | | |
| Date | | Payee name | | | | | | |
| 05/22/2025 | | Toasted Yol | k | | | | | |
| Amount (\$) | | Payee addres | s; City; | State; Zip C | ode | | | |
| | \$24.23 | 11985 Grand | d Pkwy | | | | | |
| | | | | | | | | |
| | | New Caney, | TX 77357 | | ., | | | |
| PURPOSE OF | E | | e Categories listed at the to | pp of this schedule) | (b) | Description | talda ef Taura Campulata D | tahandala 77 |
| EXPENDITU | RE | Food/Bevera | age Expense | | | \blacksquare | utside of Texas. Complete S TX, officeholder living exper | |
| | | | | | | Business lunc | | |
| | | | | | | | | |
| Complete <u>ONI</u> expenditure to | LY if direct | Candidate/Offic | eholder name | Office sou | ught | · | Office held | |
| expenditure to | benefit C/O | 1 | | · · · · · · · · · · · · · · · · · · · | | | | |
| Date | | Payee name | | | | | | |
| 05/16/2025 | | Toasted Yoll | < | | | | | |
| Amount (\$) | | Payee addres | - · | State; Zip Co | ode | | | |
| | \$49.11 | 11985 Grand | d Pkwy | | | | | |
| | | | | | | | | |
| | • | New Caney, | TX 77357 | | ,—- | | | |
| PURPOSE OF | | | Categories listed at the to | p of this schedule) | (b) | Description | itside of Texas. Complete S | chedule T |
| EXPENDITU | RE . | Food/Bevera | ge Expense | | | | FX, officeholder living expen | |
| | | | | | | Business luncl | า | |
| | i | | | | | | | |
| Complete ONL | | Candidate/Offic | eholder name | Office sou | ıght | | Office held | |
| expenditure to | benefit C/Of | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | al Co | mmittee | Legal Services The Instruction | Guide explains | | - | s/Contract Labor ete this form. | | OTHER (enter a category not listed above) | |
|---|--|-------|--------------|--------------------------------|-----------------------|------------|-----|------------------------------------|---|---|---|
| 1 | Total pages Schedule F1: | 2 | FILER NAM | Ē | | | | 3 | 3 | Filer ID | _ |
| | Sch: 112/125 Rpt: | | Gray, Matt | hew | | | | | | | |
| 4 | Date | 5 | Payee name | е | | | | | | | |
| | 04/29/2025 | | Toasted Y | olk | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State | ; Zip Co | de | | | | |
| | \$59.06 | | 11985 Gra | nd Pkwy | | | | | | | |
| ĺ | | | | | | | | | | | |
| | | | New Cane | y, TX 77357 | | | | | | | |
| 8 | PURPOSE OF | (a) | | See Categories listed a | t the top of this sch | nedule) | (b) | Description | | | |
| | EXPENDITURE | | Food/Beve | erage Expense | | | | _ | | e of Texas, Complete Schedule T. officeholder living expense | |
| | | | | | | | | Business lunch | | micenolier living expense | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Of | ficeholder name | (| Office sou | ght | | - | Office held | _ |
| | expenditure to benefit C/OI | 1 | | | | | | | | | |
| | Date | | Payee name | 3 | | | | | | | |
| | 04/16/2025 | | Toasted Yo | olk | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State: | ; Zip Co | de | | | | |
| | \$32.43 | | 11985 Gra | nd Pkwy | | | | | | | |
| | | | | | | | | | | | |
| | | | New Caney | y, TX 77357 | | | | | | | |
| | PURPOSE OF | (a) | | See Categories listed a | t the top of this sch | edule) | (b) | Description | | - America Considera Colombia M | |
| | EXPENDITURE | | Food/Beve | rage Expense | | | | | | e of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | | | Business lunch | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Off | ficeholder name | C | Office sou | ght | | | Office held | |
| | expenditure to benefit C/O | 4 | | | | | | | | | |
| | Date | | Payee name |) | | | | | | | |
| | 04/08/2025 | | Toasted Yo | olk | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State; | Zip Co | de | | | | _ |
| | \$32.43 | | 11985 Grai | nd Pkwy | | | | | | | |
| | | | | | | | | | | | |
| | | | New Caney | y, TX 77357 | | | | | | | |
| | PURPOSE OF | | | See Categories listed at | the top of this sch | edule) | (b) | Description | | | |
| | EXPENDITURE | | Food/Bever | rage Expense | | | | | | e of Texas. Complete Schedule T. fficeholder living expense | |
| | | | | | | | | Business lunch | | micenoider myng expense | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Off | iceholder name | | Office sou | ght | | | Office held | _ |
| | expenditure to benefit C/Ol- | | | | | | | | | | |
| | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | | | | | | | | |
| | | | | | | | | | | | |
| | mo provided by Toyon Et | 1 | | | | | | | | Version V/4 1 0 £10d0 | |

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 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 113/125 Rpt: Gray, Matthew Date Payee name 03/27/2025 Toasted Yolk Amount (\$) Payee address; City: State; Zip Code \$25.22 11985 Grand Pkwy 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** Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/21/2025 Toasted Yolk Amount (\$) Payee address; City; State; Zip Code \$41.55 11985 Grand Pkwy 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** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/19/2025 Toasted Yolk City: Amount (\$) Payee address; State; Zip Code \$54.98 11985 Grand Pkwy 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

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting 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

| | Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | By - sal Cor | nmittee | Floor/Beverage Experience Gift/Awards/Memorial Legal Services The Instruction G | s Expense | | kpens /ages | se s/Contract Labor | Travel in District Travel Out of District OTHER (enter a cate | gory not listed above) |
|-----|---|-----------------|----------------|---|----------------------|------------|----------------|------------------------|---|------------------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | - | | | 3 Filer ID | |
| | Sch: 114/125 Rpt: | | Gray, Matth | ew | | | | | <u>. </u> | |
| 4 | Date | 5 | Payee name | | | | | | | |
| | 02/13/2025 | | Toasted Yol | k | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | de | | | |
| | \$62.16 | | 11985 Gran | d Pkwy | | | | | | |
| | | | | | | | | | | |
| | | | New Caney, | TX 77357 | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed at | the top of this sche | dule) | (b) | Description | | |
| | OF EXPENDITURE | | | age Expense | | | | | outside of Texas, Complete | |
| | | | | | | | | — | , TX, officeholder living expe | ense . |
| | | | | | | | | Business lund | 311 | |
| _ | | L | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | H H | andidate/Offic | eholder name | O | ffice sou | ght | | Office held | |
| | | | | | | | | | | |
| | Date | | Payee name | | | | | | | |
| | 02/03/2025 | | Toasted Yol | k | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | Zip Co | de | • | • | |
| | \$50.44 | | 11985 Gran | d Pkwy | | | | | | |
| | | | | | | | | | | |
| | | | New Caney, | TX 77357 | | | | | | |
| | PURPOSE OF | | | e Categories listed at t | he top of this sche | dule) | (b) | Description | | |
| | EXPENDITURE | | Food/Bevera | ige Expense | | | | | outside of Texas. Complete TX, officeholder living expe | |
| | | | | | | | | Business lung | | inst |
| | | | | | | | | 240111000 14111 | | |
| | Complete ONLY if direct | | andidate/Offic | eholder name | 01 | ffice soug | ıht. | | Office held | |
| | expenditure to benefit C/O | | | onoladi namo | 0. | mao oou | g | | Silvo Hola | |
| | Date | | Payee name | | | | | | | |
| | 05/16/2025 | | USPS | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State: | Zip Coo | de | | ···· | |
| | \$312.00 | | 20811 US-59 | | 1 | | | | | |
| | + | | | | | | | | | |
| | | į | New Caney, | TX 77357 | | | | | | |
| | PURPOSE | (a) | Category (See | Categories listed at t | he top of this sched | dule) | (b) | Description | | |
| | OF EXPENDITURE | | | ead/Rental Ex | | | | h | utside of Texas. Complete | |
| | | | | | | | | | TX, officeholder living expe | nse |
| | | | | | | | | Campaign Ma | UIJUX | |
| | A 1. A. (1) 1. | L | p (, r=,** | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI- | | andidate/Offic | eholder name | Of | fice soug | jht | | Office held | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ori | ns provided by Texas Et | thice | Commissio | ri 16 | www.ethics.st | ato tv us | 2 | | Va | rsion V4.1.0.f10d0fd8 |

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/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 115/125 Rpt: | Gray, Matthew |
| 4 | Date | 5 Payee name |
| | 04/10/2025 | Uber |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$29.21 | 1515 3rd St |
| | | San Francisco, CA 94158 |
| Ļ | PLIDDOCE | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas, Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Transportation expense |
| 9 | Complete ONLY If direct | Candidate/Officeholder name Office sought Office held |
| J | expenditure to benefit C/OI | |
| _ | Date | Payee name |
| | 04/10/2025 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$27.17 | 1515 3rd St |
| | | |
| | | San Francisco, CA 94158 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel in District (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel In District Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense |
| | | Transportation expense |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| _ | Date | Daviso nama |
| | 04/08/2025 | Payee name Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.94 | 1515 3rd St |
| | | |
| | | San Francisco, CA 94158 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Transportation expense |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | and a second of the | |
| | | |
| | | |

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to complete this form. | OTHER (cities a bategory not isseed above) |
|--|--|--|
| 1 Total pages Schedule F1: | : 2 FILER NAME | 3 Filer ID |
| Sch: 116/125 Rpt: | Gray, Matthew | |
| 4 Date | 5 Payee name | |
| 03/24/2025 | Uber | |
| 6 Amount (\$) \$22.64 | | |
| | San Francisco, CA 94158 | |
| 8 PURPOSE OF EXPENDITURE | Check If Aust | el outside of Texas, Complete Schedule T. tin, TX, officeholder living expense ion expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought OH | Office held |
| Date | Payee name | |
| 03/24/2025 | Uber | |
| Amount (\$) \$22.85 | Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Travel In District Check if trave | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ion expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought OH | Office held |
| Date | Payee name | |
| 03/24/2025 | Uber | |
| Amount (\$) \$7.00 | Payee address; City; State; Zip Code 1515 3rd St | |
| | San Francisco, CA 94158 | |
| PURPOSE OF EXPENDITURE | Traver in District | el outside of Texas. Complete Schedule T. in, TX, officeholder living expense on expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Event Expense

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

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

| | Cicuit Card Faymont | The Instruction Guide explains how to comp | plete thi | is form. | |
|---|--|--|-----------|--|--------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID | |
| | Sch: 117/125 Rpt: | Gray, Matthew | | | |
| 4 | Date | 5 Payee name | | | |
| | 02/11/2025 | Uber | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | е | | |
| | \$11.73 | 1515 3rd St | | | |
| | | | | | |
| | | San Francisco, CA 94158 | | | |
| 8 | PURPOSE OF | ` | | cription | |
| | EXPENDITURE | Travel In District | | Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | | | nsportation expense | |
| | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sough | ht | Office held | |
| | expenditure to benefit C/OI | | | | |
| | Date | Payee name | | | |
| | 01/29/2025 | Uber | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | е | | |
| | \$10.00 | 1515 3rd St | | | |
| | | | | | |
| | | San Francisco, CA 94158 | | | |
| | PURPOSE OF | (| | cription Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Travel In District | | Check If Austin, TX, officeholder living expense | |
| | | | Trar | nsportation expense | |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol- | Candidate/Officeholder name Office sough | nt | Office held | |
| | expenditure to benefit G/Or | 1 | | | |
| | Date | Payee name | | | |
| | 01/29/2025 | Uber | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | ₽ | | |
| | \$48.87 | 1515 3rd St | | | |
| | | | | | |
| | | San Francisco, CA 94158 | | | |
| | PURPOSE OF | · · · · · · · · · · · · · · · · · · · | Desc | cription Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Travel In District | | Check if Austin, TX, officeholder living expense | |
| | | | Trar | nsportation expense | |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sough | nt | Office held | |
| | expanditure to henent O/OF | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | me provided by Toyon Et | higo Commission units othics state ty us | | Vorsion V/I 1 0 f1 0d | 71E-IO |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Advertising Expense Accounting/Banking Constitling Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|---|---|
| | The Instruction Guide explains how to complete this form. |
| 1 Total pages Schedule F1: | |
| Sch: 118/125 Rpt: | Gray, Matthew |
| 4 Date | 5 Payee name |
| 01/28/2025 | Uber |
| 6 Amount (\$) \$39.40 | 7 Payee address; City; State; Zip Code 1515 3rd St |
| | San Francisco, CA 94158 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel in District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 04/04/2025 | Uni Sushi |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$91.86 | 9595 Six Pines Dr |
| | #860 |
| | The Woodlands, TX 77380 |
| 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/OH | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/03/2025 | Uni Sushi |
| Amount (\$) \$89.28 | Payee address; City; State; Zip Code 9595 Six Pines Dr #860 The Woodlands, TX 77380 |
| 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/OI | Candidate/Officeholder name Office sought Office held |
| Forms provided by Texas Fi | hics Commission www.ethics.state.tx.us Version.V4.1.0.f10d0fd8 |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| ı | Credit Card Payment | The Instruction Guide explains how to c | ompl | ete this form. |
|---|-----------------------------|--|--------------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID |
| | Sch: 119/125 Rpt: | Gray, Matthew | | |
| 4 | Date | 5 Payee name | | |
| | 06/20/2025 | VFW Auxiliary | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip C | ode | |
| | \$250.00 | PO Box 15285 | | |
| | | | | |
| | | Austin, TX 78761 | | |
| 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. |
| İ | | | | Check if Austin, TX, officeholder living expense Sponsor |
| | | | | Сропос |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office so | ught | Office held |
| | expenditure to benefit C/O | | Ū | |
| - | Date | Payee name | | |
| | 05/02/2025 | Walgreens | | |
| | Amount (\$) | Payee address; City; State; Zip C | ode | |
| | \$31.15 | 20824 FM 1485 | | |
| ļ | | | | |
| | | New Caney, TX 77357 | | |
| Г | 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 beverages |
| | | | | Ciali Bavaragaa |
| | Complete ONLY if direct | Candidate/Officeholder name Office so | l Jaht | Office held |
| | expenditure to benefit C/OI | | | |
| - | Date | Payee name | | |
| | 04/24/2025 | Walmart | | |
| H | Amount (\$) | Payee address; City; State; Zip Co | ode | |
| | \$89.50 | 20310 US-59 | | |
| | | | | |
| | | New Caney, TX 77357 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | OFFICE SUPPLIES | l | Check if travel outside of Texas. Complete Schedule T. |
| | | | | Check if Austin, TX, officeholder living expense Office supplies and snacks |
| | | | | ошее зарршез ини знаска |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | laht Jaht | Office held |
| | expenditure to benefit C/OF | | - g- 14 | 5,100 Hold |
| | | | | |
| | | | | |
| | me provided by Teyas Fi | hice Commission MANAN ethics state tv | 10 | Version V4.1.0 f10d0fd8 |

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

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | | | | Food/Beverage Expense Polllr Gift/Awards/Memorials Expense Print | | | | | | Travel in District Travel Out of District OTHER (enter a category not listed above) | |
|--|--|---------|--------------------------|---|-----------------|-----------|--|----------------|------|---|--|
| | Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | | | | | | |
| 1 | Total pages Schedule F1: Sch: 120/125 Rpt: | | LER NAME ray, Matthev | v | | | | | 3 | Filer ID | |
| 4 | Date | 5 Pa | yee name | | | | | | | | |
| | 03/27/2025 | | almart | | | | | | | | |
| 6 | Amount (\$) | 7 Pa | yee address; | City; | State | Zip C | nde | | | | |
| ŭ | \$79.17 | | 310 US-59 | City, | Jidle, | Zip Ci | oue | | | | |
| | ψ19.11 | 20 | OTO 00.09 | | | | | | | | |
| | | Ne | ew Caney, T | X 77357 | | | | | | | |
| 8 | PURPOSE | (a) Ca | tegory (See 0 | Categories listed at the to | p of this sche | dule) | (b) | Description | | | |
| | OF EXPENDITURE | OF | FICE SUPI | PLIES | • | | | | | de of Texas. Complete Schedule T. | |
| | | | | | | | | Office supplie | | officeholder living expense | |
| | | | | | | | | Office Supplie | 75 a | inu snacks | |
| _ | Complete ONLY R. Complet | | all de Arel Coffice d | | | · · · · · | | | | Office held | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | didate/Officel | noider name | OI | ffice sou | ugnt | | | Office held | |
| | Date | Pa | yee name | | | | | | | | |
| | 03/21/2025 | Wa | almart | | | | | | | | |
| • | Amount (\$) | Pa | yee address; | City; | State; | Zip C | ode | | | | |
| | \$365.56 | 20 | 310 US-59 | | | | | | | | |
| | | | | | | | | | | | |
| | | Ne | w Caney, T | X 77357 | | | | | | | |
| | PURPOSE OF | | | Categories listed at the to | p of this sched | dule) | (b) | Description | | | |
| | EXPENDITURE | OF | FICE SUP | PLIES | | | Check if travel outside of Texas. Complete Schedule T. 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/OI | 4 | | | | | • | | | | |
| | Data | - | | | | | · | | | | |
| | Date | | yee name | | | | | | | | |
| | 01/27/2025 | | nataburger | | | | | | | - AND AND AND AND AND AND AND AND AND AND | |
| | Amount (\$) | _ | yee address; | City; | State; | Zip Co | ode | | | | |
| | \$12.21 | 120 | 083 Grand I | Pkwy | | | | | | | |
| | | | | | | | | | | | |
| | | Ne | w Caney, T | X 77357 | | | | | | | |
| | PURPOSE | (a) Cat | tegory (See C | ategories listed at the to | p of this sched | lule) | (b) | Description | | | |
| | OF EXPENDITURE | | od/Beverag | | | • | | I | | le of Texas. Complete Schedule T. | |
| | EXPENDITORE | | | | | | | | | officeholder living expense | |
| | | | | | | | | Business lund | cn | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeh | older name | Of | fice sou | ight | | | Office held | |
| | expenditure to beliefit C/OF | 1 | | | | | | | | | |
| | | | | - | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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 Glift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | | |
|----|--|---|--|--|--|--|--|--|--|--|
| 1. | Total pages Schedule F1: Sch: 121/125 Rpt: | 2 FILER NAME Gray, Matthew 3 Filer ID | | | | | | | | |
| 4 | Date 06/30/2025 | 5 Payee name Whitewater Express Car Wash | | | | | | | | |
| 6 | Amount (\$) \$15.00 | 7 Payee address; City; State; Zip Code 23615 US-59 Porter, TX 77365 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Auto Car Wash (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Auto Car Wash | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date 06/20/2025 | Payee name Whitewater Express Car Wash | | | | | | | | |
| | Amount (\$) \$15.00 | Payee address; City; State; Zip Code 23615 US-59 Porter, TX 77365 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Auto Car Wash (b) Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Auto Car Wash | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date 05/12/2025 | Payee name Whitewater Express Car Wash | | | | | | | | |
| | Amount (\$) \$15.00 | Payee address; City; State; Zip Code 23615 US-59 | | | | | | | | |
| | | Porter, TX 77365 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Auto Car Wash (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Auto Car Wash | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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/Memorials Expen Legal Services The Instruction Guide e | Salaries/ | Expens Wages | s/Contract Labor | Travel Out of District OTHER (enter a category not listed abov | е) |
|-----|---|---------------------|--|-------------------|------------------|---------------------------------|--|----------|
| ب | Total pages Calculated | | mad dettor Guide e | VAINIUS HOM TO C | ompti | | 9 Files ID | |
| 1 | Total pages Schedule F1: | | | | | | 3 Filer ID | |
| L | Sch: 122/125 Rpt: | Gray, Matthe | | | | | | |
| 4 | Date | 5 Payee name | | | _ | | | |
| | 04/30/2025 | Whitewater | Express Car Wash | | | | | |
| 6 | Amount (\$) | 7 Payee addres | s; City; | State; Zip C | ode | | · · · · · · · · · · · · · · · · · · · | |
| | \$15.00 | 23615 US-5 | 9 | | | | | |
| | | | | | | | | |
| | | Porter, TX 7 | 7265 | | | | | |
| Ļ | ************************************** | | | | [,, | | | |
| 8 | PURPOSE OF | | Categories listed at the top o | of this schedule) | (t) | Description | sald- of Taylor Carried Calcadala T | |
| | EXPENDITURE | Auto Car Wa | ish | | | <u></u> | utside of Texas, Complete Schedule T. TX, officeholder living expense | |
| | | | | | | Auto Car Was | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Offic | eholder name | Office so | <u>l</u> ught | | Office held | |
| L | experience to beliefit G/OI | | | | | | | |
| | Date | Payee name | | | | | | |
| | 04/08/2025 | Whitewater I | Express Car Wash | | | | | |
| | Amount (\$) | Payee addres | s; City; | State; Zip Co | ode | | | |
| | \$15.00 | 23615 US-59 | " | • | | | | |
| | • | | | | | | | |
| | | Porter, TX 7 | 7365 | | | | | |
| | PURPOSE | (a) Category (See | Categories listed at the top o | of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Auto Car Wa | sh | | | | utside of Texas, Complete Schedule T. | |
| | | | | | | L Check if Austin, Auto Car Was | TX, officeholder living expense h | |
| | | | | | | AGIO CAI WAS | II | |
| | Complete ONLY if direct | Candidate/Offic | eholder name | Office | labt. | | Office held | |
| | expenditure to benefit C/O | | Enoluer Haille | Office sou | ayat | | Office field | |
| | | | | | | | | |
| | Date | Payee name | _ | | | | | |
| | 03/26/2025 | Whitewater E | Express Car Wash | | | | | |
| | Amount (\$) | Payee address | s; City; | State; Zip Co | ode | | | |
| | \$15.00 | 23615 US-59 |) | | | | | |
| | | | | | | | | |
| | | Porter, TX 77 | 7365 | | | | | |
| | PURPOSE | | | | (6) | Dacarintian | | |
| | OF | Auto Car Wa | Categories listed at the top o | r inis schedule) | ν., | Description Check if travel o | itside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Auto Cai Wa | JII | | | | TX, officeholder living expense | |
| | | | | | | Auto Car Was | h | |
| | | | | | | | | |
| | Complete ONLY if direct | Candidate/Office | eholder name | Office sou | ı <u> </u> | | Office held | |
| | expenditure to benefit C/OF | | | | - | | | |
| | | | | · · · · · · | | · | , <u>, , , , , , , , , , , , , , , , , , </u> | |
| | | | | | | | | |
| | me provided by Tayas Fi | | | aletie od t | | | Version V4.1.0 | 44040640 |
| _^_ | me provided by Levec El | MIDDALMARIA I AMINI | n USSESS A | TM:AA AFAFA 11/1 | | | VOPOLON V(4 1 O | TITION |

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 Gift/Awards/Memorials Expense Loan Repayment/Relmbursement 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)

OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 123/125 Rpt: Gray, Matthew Date Payee name 03/20/2025 Whitewater Express Car Wash 6 Amount (\$) Payee address; City: State; Zip Code \$15.00 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. Auto Car Wash **EXPENDITURE** Check if Austin, TX, officeholder living expense Auto Car Wash Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/14/2025 Whitewater Express Car Wash Amount (\$) Payee address; City; State; Zip Code \$15.00 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. Auto Car Wash **EXPENDITURE** Check if Austin, TX, officeholder living expense Auto Car Wash Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/12/2025 Whitewater Express Car Wash City; Payee address; Amount (\$) State; Zip Code 23615 US-59 \$15.00 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. Auto Car Wash EXPENDITURE Check if Austin, TX, officeholder living expense Auto 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Gift/Award Legal Serv | erage Expense Is/Memorials Exp vices Iruction Guide | | | xpens Wages | se s/Contract Labor | | Travel in District Travel Out of District OTHER (enter a category not listed ab | ove) |
|---|---|--------------|--|--------------------------|--|-----------------|-----------|----------------|---------------------------------|--------|---|-------------|
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | | 3 | Filer ID | |
| | Sch: 124/125 Rpt: | $oxed{oxed}$ | Gray, Matth | ew | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 03/10/2025 | | Whitewater | Expres | s Car Wash | า | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; (| City; | State; | Zip Co | ode | | | | |
| | \$15.00 | | 23615 US-5 | 9 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Porter, TX 7 | 7365 | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (Se | | ies listed at the to | op of this sche | edule) | (b) | Description | | de estaco e provenes per per della T | |
| | EXPENDITURE | | Auto Car W | ash | | | | | <u> </u> | | de of Texas. Complete Schedule T. officeholder living expense | |
| | ļ | | | | | | | | Auto Car Was | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | andidate/Offi | ceholder | name | 0 | ffice sou | ıght | | • | Office held | |
| | Date | | Payee name | | | | | | | | | |
| | 02/28/2025 | | Whitewater | Expres | s Car Wash | า | | | | | ÷ | |
| | Amount (\$) | | Payee addres | ss; C | City; | State; | Zip Co | ode | | | | |
| | \$15.00 | | 23615 US-5 | 9 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Porter, TX 7 | 7365 | | | | | | | | |
| | PURPOSE OF | | Category (Se | | es listed at the to | p of this sche | dule) | (b) | Description | | | |
| | EXPENDITURE | | Auto Car W | ash | | | | | | | de of Texas. Complete Schedule T. officeholder living expense | |
| | · | | | | | | | | Auto Car Was | | | |
| | | | | | | | | | | | | |
| · | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Offic | ceholder | name | 0 | ffice sou | ight | | | Office held | |
| | Date | | Payee name | | | | | -: | | | | |
| | 02/19/2025 | | Whitewater | Express | s Car Wash | 1 | | | | | | |
| | Amount (\$) | *** | Payee addres | s; C | City; | State; | Zip Co | de | | | | · |
| | \$15.00 | | 23615 US-5 | 9 | | | | | | | | |
| | | | Dortor TV 7 | 7965 | | | | | | | | |
| | PURPOSE | | Porter, TX 7 | | | | | 7. | | | | |
| | OF | | Category _{(Se} Auto Car Wa | | es listed at the to | p of this sche | dule) | (a) | Description Check if travel of | outsio | ie of Texas. Complete Schedule T. | |
| | EXPENDITURE | ' | Auto Cai Wi | X31 I | | | | | <u>—</u> | | officeholder living expense | |
| | | | | | | | | | Auto Car Was | sh | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Offic | eholder | name | Of | ffice sou | ght | | | Office held | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | d: - | | | | | | | | _ | Vision VA 1 | 0.40-105-10 |

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 Solaries/Marries/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not lister) shove)

Printing Expense Salarles/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: FILER NAME Sch: 125/125 Rpt: Gray, Matthew Date Payee name 02/03/2025 Whitewater Express Car Wash 6 Amount (\$) Payee address; City; State; Zip Code \$15.00 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. Auto Car Wash **EXPENDITURE** Check if Austin, TX, officeholder living expense Auto Car Wash Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/27/2025 Whitewater Express Car Wash Amount (\$) Payee address; City; State; Zip Code \$15.00 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. Auto Car Wash **EXPENDITURE** Check if Austin, TX, officeholder living expense Auto Car Wash Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Date Payee name 04/11/2025 Zees Car Wash Amount (\$) Payee address; City; State; Zip Code \$64.95 2 Bremond St Hempstead, TX 77445 **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