	E / OFFICEHOLDER N FINANCE REPORT	COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	2 Total pages filed: 115
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Matthew	Date Represent FLECTIONS
	NICKNAME LAST Gray	SUFFIX  Date Receiver V FLECTIONS  PECEIVED RESERVED RESE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 22936 Brazos Dr.	ZIP CODE Ste Hand-delivered of Date Postmarked S S Dages Anount
Change of Address	Porter, TX 77365	Date Processed  Date Imaged
5 CAMPAIGN TREASURER NAME	MS/MRS/ <u>MR</u> FIRST  Eric	MI
	NICKNAME LAST  Day	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 15501 China Grave Ln.	APT/SUITE#; CITY; STATE; ZIP CODE  WINIS TX 77378
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSIO  832 746-5613	N
8 REPORT TYPE	X January 15 30th day before election  July 15 8th day before election	Runoff  15th day after campaign treasurer appointment (officeholder only)  Exceeded modified reporting limit  Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH	Month Day Year 12/31/2024
10 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Runoff  Other  Special
11 OFFICE	OFFICE HELD (if any) County Commissioner District Precinct 4 Montgome	12 OFFICE SOUGHT (if known) ery
	GO TO PAGE	≣ 2
orms provided by Te	xas Ethics Commission www.ethics.state	.tx.us Version V4.1.0.5dd2ac

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

			<u>-</u>		2 of 115					
13 C / OH NAME	Gray, Matthew		14 Filer ID							
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or office POLITICAL consent. Candidates and officeholders are required to report this information only if they receive n									
Additional Pages	COMMITTEE TYPE  GENERAL	COMMITTEE NAME								
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	55,750.00					
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$	0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$	88,050.27					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 3	342,338.41					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00					
	00/65	Signature of		er L d	y me					
Signature of offic	zer administering	Printed name of officer administering	Title of officer a	taministe <b>ri</b> ng c	Jaiii					

# FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 115 18 FILER NAME 19 Filer ID Gray, Matthew 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 55,750.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ 5. Х SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 88,050.27 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ 11, SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER.

	MONE	ARY POLITICAL CONTRIBUTIONS		SCHEDU	LE A1			
	The Instru	ction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/115				
2	FILER NAME Gray, Matth			3 Filer ID	<del></del>			
4	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:  Alford Sr., Aaron	5 Full name of contributor out-of-state PAC (ID#:)  Alford Sr., Aaron  6 Contributor address; City; State; Zip Code					
		Spring, TX 77386						
8	Principal occu	pation / Job title (See Instructions) 9 Er	mployer (See Instructions)					
	Date 12/16/2024	Full name of contributor out-of-state PAC (ID#: Allen Boone Humphries Robinson LLP  Contributor address; City; State; Zip Code 3200 Southwest Freeway Suite 2600 Houston, TX 77027	Amount of Contribution (\$)	\$500.00				
	Principal occu	pation / Job title (See Instructions)						
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: Allen Boone Humphries Robinson LLP  Contributor address; City; State; Zip Code  3200 Southwest Freeway  Suite 2600	Amount of Contribution (\$)	\$2,500.00				
	Drincinal occu	Houston, TX 77027 pation / Job title (See Instructions)	nployer (See Instructions)	!				
	Timorpai cocc	patient, oss title (ese metadaene)	The section of the section of					
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#: Alvis, Austin  Contributor address; City; State; Zip Code 6203 Lynbrook Dr  Houston, TX 77057	Amount of Contribution (\$)	\$1,000.00				
	Principal occu	pation / Job title (See Instructions)						
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#: Anderson, Andrew Contributor address; City; State; Zip Code 19 Cowboy Way		Amount of Contribution (\$)	\$1,000.00			
	Principal occu		nployer (See Instructions)					
		<u> </u>						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/9 Rpt: 5/115 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 11/25/2024 \$2,500.00 Barnhart, Peter 6 Contributor address; City; State; Zip Code 14002 Blanco Falls Lane Cypress, TX 77429 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) VP, Land Development Caldwell Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 Brannen, Elizabeth \$500.00 Contributor address; City; State; Zip Code 19505 N Comal River Dr Cypress, TX 77433 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 11/25/2024 \$500.00 Buscha, Timothy Contributor address; City; State; Zip Code 13214 Lake Mist Ct Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$2,500.00 11/25/2024 Caldwell, Fred Contributor address; City; State; Zip Code 15330 Hilltop View Dr Cypress, TX 77429 Principal occupation / Job title (See Instructions) Employer (See Instructions) President, Land Development Caldwell Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/25/2024 \$2,500,00 Creel, Chad Contributor address; City; State; Zip Code 28511 Kevington Ct. Spring, TX 77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) VP, Land Development **ASGI**

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/115			
2	FILER NAME Gray, Matth	ew	3 Filer ID			
4	Date 11/25/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#;_Dean, John</li> <li>6 Contributor address; City; State; Zip Code 3027 E Legends Bend Dr</li> <li>Spring, TX 77386</li> </ul>	7 Amount of Contribution (\$)	\$250.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ EHRA Engineering PAC Contributor address; City; State; Zip Code 10011 Meadowglen Lane Houston, TX 77042	)	Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000,00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions ASGI	)			
Date Full name of contri 09/20/2024 Gehringer, Mark  Contributor addres 5714 Ashley Spr		Full name of contributor out-of-state PAC (ID#:_ Gehringer, Mark  Contributor address; City; State; Zip Code 571.4 Ashley Spring Ct  Katy, TX 77494		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#: Griffin, BD Contributor address; City; State; Zip Code 140 Wade Pointe Dr Montgomery, TX 77316	)	Amount of Contribution (\$)	\$500,00	
	Principal occu	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: 4/9 Rpt: 7/115 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor X out-of-state PAC (ID#: C00386029 7 Amount of Contribution (\$) \$2,500.00 11/25/2024 **HNTB Holdings LTD PAC** 6 Contributor address; City; State; Zip Code 715 Kirk Drive Kansas City, MO 54105 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: \$500.00 11/25/2024 Hablinski, Chad Contributor address; City; State; Zip Code 26603 Wildwood Ct Katy, TX 77494 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$1,500.00 Halff Associates - State PAC Contributor address; City; State; Zip Code 1201 N Bowser Road Richardson, TX 75081 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000.00 09/20/2024 Heisch, Rodney Contributor address; City; State; Zip Code 931 Euclid Street Houston, TX 77009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,500.00 11/25/2024 Home-PAC Greater Houston Builders Association Contributor address; City; State; Zip Code 9511 W Sam Houston Parkway N Houston, TX 77064 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/9 Rpt: 8/115 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) \$1,000.00 11/25/2024 Houston Apartment Association Polication Action Committee 6 Contributor address; City; State; Zip Code 4810 Westway Park Blvd Houston, TX 77041 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 09/20/2024 \$2,500.00 John, Telfryn Contributor address; City; State; Zip Code 15430 Woodland Orchard Lane Cypress, TX 77433 Principal occupation / Job title (See Instructions) Employer (See Instructions) VP Geotech Geoscience & Engineering Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$500.00 09/20/2024 Kotlan, Anthea Contributor address; City; State; Zip Code 8 Lake Forest Dr Conroe, TX 77384 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,500.00 11/25/2024 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) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$2,500.00 11/25/2024 Plowman, Glenn Contributor address; City; State; Zip Code PO Box 649 Simonton, TX 77476 Principal occupation / Job title (See Instructions) Employer (See Instructions) President, Land Development Twinwood Development

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/9 Rpt: 9/115 2 FILER NAME 3 Filter ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) \$500.00 09/20/2024 Raba-Kistner 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) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$2,500.00 Salazar III, Vicente Contributor address; City; State; Zip Code 21422 Winding Path Way Richmond, TX 77406 Principal occupation / Job title (See Instructions) Employer (See Instructions) VP Land Development LJA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,500.00 09/20/2024 Sass, Taylor Contributor address; City; State; Zip Code 5602 Green Springs Drive Houston, TX 77066 Principal occupation / Job title (See Instructions) Employer (See Instructions) President Engineering & Surveying Weisser Engineering & Surveying Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) \$1,000.00 11/25/2024 Sass, Walter Contributor address; City; State; Zip Code 2707 Autumn Lake Dr Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor ut-of-state PAC (ID#: \$500.00 11/25/2024 Sendero Real Estate Contributor address; City; State; Zip Code PO Box 130843 Spring, TX 77393 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: 7/9 Rpt: 10/115 2 FILER NAME 3 Filer ID Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 \$500.00 Siercks, Megan 6 Contributor address; City; State; Zip Code 9702 Willowbridge Park Blvd Houston, TX 77064 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$2,500.00 Signorelli, Daniel Contributor address; City; State; Zip Code 1401 Woodlands Parkway The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner - Land Development Signorrelli Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/25/2024 \$1,500.00 Stone, Travis Contributor address; City; State; Zip Code 1007 Village Shores Ln Pinehurst, TX 77362 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Owner AIRIA Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$500.00 11/25/2024 Stone, Tyler Contributor address; City; State; Zip Code 611 Running Iron Ln Magnolia, TX 77354 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Contribution (\$) Full name of contributor ut-of-state PAC (ID#: 09/20/2024 \$2,500.00 TNP Political Action Committee Contributor address; City; State; Zip Code 5237 N Riverside Dr Ste 100 Fort Worth, TX 76137 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: 8/9 Rpt: 11/115 Filer ID FILER NAME Gray, Matthew 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/22/2024 \$2,500.00 TNP Political Action Committee 6 Contributor address; City; State; Zip Code 5237 N Riverside Dr Ste 100 Fort Worth, TX 76137 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00457853 Amount of Contribution (\$) 10/04/2024 \$500.00 TSVC Inc Politcal Action Committee Contributor address; City; State; Zip Code 10841 S Ridgeview Road Olathe, KS 66061 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/20/2024 \$250.00 Taylor, James Contributor address; City; State; Zip Code 8602 Sunny Ridge Dr Houston, TX 77095 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor \$1,500.00 11/25/2024 Unterreiner, Jonathan Contributor address; City; State; Zip Code 21994 Whitetail Xing New Caney, TX 77357 Principal occupation / Job title (See Instructions) Employer (See Instructions) Partner **Elevation Land Solutions** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 11/25/2024 Vedra, Patrick Contributor address; City; State; Zip Code 11363 Altamont Dr Frisco, TX 75033 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONET	TARY POLITICAL CONTRI	SCHEDULE A1	
The Instru	ection Guide explains how to comple	1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/115	
2 FILER NAME Gray, Matth		3 Filer ID	
4 Date 12/16/2024	Full name of contributor	7 Amount of Contribution (\$) \$250.00	
	Houston, TX 77094		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)
	by Texas Ethics Commission w	ww.ethics.state.tx.us	Version V4.1.0.5dd2ace

# 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 Trayel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Sala	-	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAM	E	-		T	3 Filer ID
Sch: 1/103 Rpt:						
Date	5 Payee name	)			•	
12/03/2024	Academy					
Amount (\$)	7 Pavee addre	ess: Citv:	State: Zin	Code		
` ′	i i		, <u>-</u>			
4555,55						
PURPOSE	(a) Category (5	See Categories listed at the t	top of this schedule)	(b)	Description	
						utside of Texas. Complete Schedule T.
TYLEIADIIOKE					ш	TX, officeholder living expense
					Christmas gift	s and giveaways
	-					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office	sought		Office held
Date	Payee name	<b>;</b>				
09/03/2024	Academy					
Amount (\$)	Pavee addre	ess: City:	State: Zip	Code		
` '	-	•				
400.00	2177017101	NOVI I D.				
	New Cane	y, TX 77357				
PURPOSE	(a) Category (s	see Categories listed at the t	on of this schedule)	(b)	Description	• 40
			,		Check if travel o	utside of Texas, Complete Schedule T.
EXPENDITURE						TX, officeholder living expense
					Field gear dur	ing storm
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office	sought		Office held
Date	Pavee name					
09/03/2024	Academy					•
Amount (\$)	Pavee addre	ess' City:	State: Zin	Code		
· ·			oute, zip	Oddo		
φυ,40	ZITTO Mai	KG( F I DI				
İ	New Caney	, TX 77357				
PURPOSE	(a) Category (s	ee Categories listed at the t	op of this schedule)	(b)	Description	
					_	utside of Texas. Complete Schedule T.
LAPENDITURE		-				TX, officeholder living expense
,					Staff beverag	es
ŀ				1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office	sought		Office held
	Total pages Schedule F1: Sch: 1/103 Rpt;  Date 12/03/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 09/03/2024  Amount (\$)  \$39.98  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 09/03/2024  Amount (\$)  \$46.48  PURPOSE OF EXPENDITURE	Total pages Schedule F1: 2 FILER NAM Gray, Mattle Sch: 1/103 Rpt: 5 Payee name Academy  Amount (\$) 7 Payee address 21770 Mar New Caney  PURPOSE OF EXPENDITURE (a) Candidate/Offeexpenditure to benefit C/OH  Date Purpose OF Supplies (a) Category (\$\frac{1}{2}\$ Complete ONLY if direct expenditure to benefit C/OH  PURPOSE OF Supplies (a) Category (\$\frac{1}{2}\$ Supplies Supplies Supplies Supplies Offeexpenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct exp	The Instruction Guid  Total pages Schedule F1: Sch: 1/103 Rpt:  Date 12/03/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Category (see Categories listed at the top of the complete o	Trotal pages Schedule F1: Sch: 1/103 Rpt:  Date Sch: 1/103 Rpt:  Date 12/03/2024  Amount (\$) S833.00  FURPOSE OF EXPENDITURE  Candidate/Officeholder name  Payee address; City; State; Zig 21770 Market PI Dr New Caney, TX 77357  Purpose OF EXPENDITURE  Candidate/Officeholder name  Payee address; City; State; Zig 21770 Market PI Dr New Caney, TX 77357  Purpose OF EXPENDITURE  Candidate/Officeholder name  Office Supenditure to benefit C/OH  Date Date Date Daylo3/2024  Academy  Amount (\$) S39.98  21770 Market PI Dr New Caney, TX 77357  Purpose OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule) SUPPLIES  Complete ONLY if direct EXPENDITURE  Candidate/Officeholder name  Office Office Office Officeholder name  Office Candidate/Officeholder name  Office Officeholder name  Office SUPPLIES  Complete ONLY if direct Expenditure to benefit C/OH  Amount (\$) Payee name Academy  Academy  Amount (\$) Payee address; City; State; Zig 21770 Market PI Dr New Caney, TX 77357  Purpose OF OF New Caney, TX 77357  Purpose OF OF New Caney, TX 77357  Purpose OF OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense	Total pages Schedule F1: 2 FILER NAME Sch: 1/103 Rpt: 5 Payee name Academy  Amount (\$) 7 Payee address; City; State; Zip Code 21770 Market Pl Dr New Caney, TX 77357  PURPOSE OF EXPENDITURE  Candidate/Officeholder name  Academy  Amount (\$) Payee name Academy  Candidate/Officeholder name  Academy  Arrount (\$) Payee name Academy  Candidate/Officeholder name  Date D9/03/2024  Academy  Arrount (\$) Payee name Academy  Academy  Academy  Arrount (\$) Payee name Academy  Academy  Arrount (\$) Payee name Academy  Academy  Arrount (\$) Payee name Academy  Academy  Arrount (\$) Payee address; City; State; Zip Code 21770 Market Pl Dr New Caney, TX 77357  PURPOSE OF EXPENDITURE  Candidate/Officeholder name  Office sought  Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH  Academy  Academy  Academy  Academy  Academy  Academy  Academy  Academy  Arrount (\$) Payee address; City; State; Zip Code Academy  Arrount (\$) Payee address; City; State; Zip Code 21770 Market Pl Dr New Caney, TX 77357  PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule)  Arrount (\$) Payee address; City; State; Zip Code 21770 Market Pl Dr New Caney, TX 77357  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Academy   Total pages Schedule F1: Sch: 1/103 Rpt: Sch: 1/103 Rpt: Gray, Matthew  Date	

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	09/16/2024	Ace Parking Lot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	1600 Springwoods Plaza Dr
	4	
	i	Spring, TX 77389
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EVENDITUDE	PARKING Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Data	A CONTRACT OF THE CONTRACT OF
	Date	Payee name
	12/04/2024	Addi's Faith Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2410 Riverway Oaks Dr
		Kingwood, TX 77345
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EN ENDITORE	Check if Austin, TX, officeholder living expense
		Foundation sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/03/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.46	345 Park Ave.
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	OFFICE SOFTWARE  Check if travel outside of Texas, Complete Schedule T.
	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/OF	•

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	7 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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:	2 FILER NAME 3 Filer ID
	Sch: 3/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	11/04/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.46	345 Park Ave.
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	OFFICE SOFTWARE Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software costs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/03/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	• •	
	\$32.46	345 Park Ave.
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	OFFICE SOFTWARE Check if travel outside of Texas. Complete Schedule T.
	LAPLINDITORE	Check If Austin, TX, officeholder living expense
		Software costs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	1
	Date	Payee name
	09/03/2024	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32,46	345 Park Ave.
	φο <b>2,4</b> 0	343 Fair Ave.
		San Jose, CA 95110
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	OFFICE SOFTWARE Check if travel outside of Texas. Complete Schedule T.
	LAI LIMITORE	Check if Austin, TX, officeholder living expense
		Software costs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	ı

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/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: 4/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	08/05/2024	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$32,46	345 Park Ave.
	<b>402.</b> 110	
		San Jana CA 0E110
Ļ		San Jose, CA 95110
8	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule)  OFFICE SOFTWARE  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	OFFICE SOFTWARE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software costs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
-	Date	Payee name
	07/01/2024	Ageint Security
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$2,819.97	15487 Pin Oak Dr
	ΦΖ,019.91	15467 PIII Oak DI
		Conroe, TX 77384
ľ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	OFFICE SECURITY  Check if travel outside of Texas. Complete Schedule T.  Check if Austln, TX, officeholder living expense
		Office security system
		The seamy years
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	
	09/10/2024	Payee name Alexander Tent Rentals
	Amount (\$)	Payee address; City; State; Zip Code
	\$882.24	16820 Lee Rd
		Ste B
		Humble, TX 77396
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense . Check If travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Cookoff tent sponsor
		Sound to the openion
$\vdash$	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 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/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a category pet listed shows)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 5/103 Rpt:	2 FILER NAME Gray, Matthew 3 Filer ID
4	Date 12/05/2024	5 Payee name Amazon Marketplace
6	Amount (\$) \$332.40	7 Payee address; City; State; Zip Code 325 9th Ave. N Seattle, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas gifts and giveaways
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 08/09/2024	Payee name Amazon Marketplace
	Amount (\$) \$118.20	Payee address; City; State; Zip Code  325 9th Ave. N  Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff gifts and leadership books
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/31/2024 Amount (\$) \$3.50	Payee name Amegy Bank Payee address; City; State; Zip Code 23593 Commerce Avenue
	ψ0.00	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 Bank Fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

# SCHEDULE F1

Advertising Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Cancidate/Officeholder/Political Committee Cancidate/Officeholder/Political Committee			Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Offit/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
ĺ	Credit Card Payment			The Instruction Guide	e explains l	how to cor	nple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAMI	Ξ					3	Filer ID	
ŀ	Sch: 6/103 Rpt:		Gray, Matth	new							
4	Date	5	Payee name	•							
	11/29/2024		Amegy Bar	nk							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de			· » <del>-</del> · · · · · · · · · · · · · · · · · · ·	
	\$12.00		23593 Com	nmerce Avenue							
			Porter, TX	77365							
8	PURPOSE	(a)	Category (s	see Categories listed at the to	on of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees	as saysgoned letting at the t	op o, and our	044,0)			outsi	de of Texas, Complete Schedule T.	
	EXPENDITORE								<b>,</b> TX,	officeholder living expense	
								Bank Fee			
Ļ	Complete ONLY if alice of	<u> </u>	Canalidate 1011	ionboidos rama		Yffino acc				Office hold	
9	Complete ONLY if direct expenditure to benefit C/O		Januluate/Off	iceholder name	C	Office soug	յու			Office held	
_	D-4-	г -									
	Date 10/31/2024		Payee name								
	•		Amegy Bar		D1-1	75- 0					
	Amount (\$)		Payee addre	• •	State;	Zip Co	e				
	\$1.00		23393 CUII	nmerce Avenue							
			Porter, TX	77365							
	PURPOSE	(a)		ee Categories listed at the to	on of this eah	adula)	(b)	Description			
	OF	` '	Fees	ee Calegories isted at the i	op or una acin	edule)	• •		outsi	de of Texas. Complete Schedule T,	
	EXPENDITURE								, TX,	officeholder living expense	
								Bank Fee			
	0 14 000475	L.,								Office health	
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Off	iceholder name	C	Office soug	gnt			Office held	
	Date		Payee name								
	09/30/2024		Amegy Bar	ık							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Cod	de			1886	
	\$12.50		23593 Com	imerce Avenue							
			Porter, TX	77365							
	PURPOSE	(a)	Category (s	ee Categories listed at the to	op of this sch	edule)	(b)	Description		***************************************	
	OF EXPENDITURE		Fees							ide of Texas, Complete Schedule T.	
								Bank Fee	i, IX,	officeholder living expense	
						ŀ		Dain 100			
	Complete <u>ONLY</u> if direct	Ц,	Candidate/Offi	iceholder name	^	Office soug	trit			Office held	
	expenditure to benefit C/O		-aranaatt/OIII	IOOHO(GOLHGIARE		oc soul	y• 16			Cition Hole	
										<u> </u>	

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Me Candidate/Officeholder/F Credit Card Payment	ade By - Political Committee	Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	Expens /Wages	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed al	oove)
1 Total pages Schedule	F1: 2 FILER NAM	1E				3 Filer ID	
Sch: 7/103 Rpt:	Gray, Mat	thew					
4 Date	5 Payee nam	е					
08/30/2024	Amegy Ba	nk					
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode			
\$1.	00 23593 Cor	mmerce Avenue					
	Porter, TX	77365					
8 PURPOSE	(a) Category	See Categories listed at the to	p of this schedule)	(b)	Description		1.0
OF EXPENDITURE	Fees					outside of Texas, Complete Schedule T.	
					LI	, TX, officeholder living expense	
					Bank Fee		
				<u> </u>			
9 Complete ONLY if dire expenditure to benefit		fficeholder name	Office so	ught		Office held	
Date	Payee nam	<del></del>					
09/03/2024	Apricity Fo						
Amount (\$)	Payee addr	ess; City;	State; Zip C	ode			
\$316.	- I	• • • • • • • • • • • • • • • • • • • •					
	Ste 140	op 000 11					
		v 7790 <i>4</i>					
	Conroe, T.			1			
PURPOSE OF		See Categories listed at the to		(b)	Description	outoldo of Toyan, Complete Sabaduia T	
EXPENDITURE		ons/Donations Made /Officeholder/Politica				outside of Texas. Complete Schedule T., TX, officeholder living expense	
	Canadac	TO III CO TO III CO	a Committee		Foundation s		
Complete ONLY if dire	ct Candidate/O	ficeholder name	Office so	ught		Office held	
expenditure to benefit	C/OH						
Date	Payee nam	9					
10/07/2024	Attention t	o Detail					
Amount (\$)	Payee addr	ess; City;	State; Zip C	ode			
\$259,	80 28340 May	/ Rd					
	Splendora	, TX 77372					
PURPOSE	(a) Category	See Categories listed at the to	n af this schodula)	(b)	Description		
OF	I	RTATION MAINTE		'		outside of Texas. Complete Schedule T.	
EXPENDITURE					_	, TX, officeholder living expense	
					Car wash		
Complete ONLY if dire		ficeholder name	Office so	ught		Office held	
expenditure to benefit	J/OH						
							···

# SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donattions Made By Candidate/Officeholder/Political Committee
Credit Card Bayeanst

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

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1.	Total pages Schedule F1: Sch: 8/103 Rpt:	2 FILER NAME Gray, Matthew 3 Filer ID
4	Date 08/14/2024	5 Payee name Basset, Jason
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 15591 Pinewood Dr Porter, TX 77357
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  Cookoff tent sponsor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/30/2024	Payee name Brett Ligon Campaign
	Amount (\$) \$535.38	Payee address; City; State; Zip Code PO Box 805  Montgomery, TX 77356
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign support and donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/07/2024	Payee name Brogdon, Tiffancy
	Amount (\$) \$500.00	Payee address; City; State; Zip Code  22922 Yukon River Dr  Porter, TX 77357
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign commercial shoot
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	Sal	•	/Contract Labor	Travel Out of District OTHER (enter a category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	_		-		3 Filer ID	
!	Sch: 9/103 Rpt:	Gray, Mattl						
4	Date	5 Payee name	ı.					
	11/12/2024	Burk Indus	tries LLC					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zi	ip Code			
	\$2,000.00	23708 Cros	ssworth Dr					
		New Caney	, TX 77357					
8	PURPOSE	(a) Category (s	ee Categories listed at the t	top of this schedule	<sub>e)</sub> (b)	Description		
	OF EXPENDITURE	Event Expe	ense				outside of Texas. Complete Schedule T.	
						Sponsorship	TX, officeholder living expense	
						оролоололир		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office	e sought		Office held	
L	expenditure to benefit C/OI	H						
	Date	Payee name						
	07/15/2024	CCHS Che	er Booster					
	Amount (\$)	Payee addre	ss; City;	State; Zi	ip Code			
	\$150.00	13470 FM :	1485					
		Conroe, TX	77306					
	PURPOSE	(a) Category (s	ee Categories listed at the t	top of this schedule	, (b)	Description		
	OF EXPENDITURE	Event Expe			´	Check if travel of	outside of Texas. Complete Schedule T.	
	EXPENDITORE	·				_	TX, officeholder living expense	
	ļ					Sponsor		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office	e sought		Office held	
	expenditure to benefit C/O		echolder harre	Onici	c sought		Office field	
-	Date	Payee name						
	11/01/2024	Cava						
	Amount (\$)	Payee addre	ss; City;	State; Zi	p Code		· ·	
	\$8.19	1099 Unive	rsity Dr					
		Suite 115						
		College Sta	tion, TX 77840					
	PURPOSE	(a) Category (s	ee Categories listed at the t	on of this schedule	, (b)	Description	<del></del>	
	OF		age Expense	op of title contention	"	Check if travel of	outside of Texas, Complete Schedule T.	
	EXPENDITURE						TX, officeholder living expense	
						Staff beverag	es	
		A					Office health	
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office	e sought		Office held	
		-						

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	ū	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
	·		The Instruction Guide explai	ns how to compl	ete this form.	
1	Total pages Schedule F1: Sch: 10/103 Rpt:	2 FILER NAM Gray, Mat			3	Filer ID
_	Date	•				
4	08/07/2024	5 Payee nam Cava	e ·			
6	Amount (\$) \$7,69	7 Payee addr 4505 King Suite 100 Kingwood	•	ite; Zip Code		
8	PURPOSE OF EXPENDITURE		See Categories listed at the top of this erage Expense	schedule) (b)	<u> </u>	side of Texas. Complete Schedule T. K, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sought		Office held
	Date	Payee nam	е			
	11/21/2024	Chick Fil A				
	Amount (\$) \$47.58	Payee addr 11877 Gra	* **	ite; Zip Code		
		New Cane	y, TX 77357			
	PURPOSE OF EXPENDITURE		See Categorles listed at the top of this prage Expense	schedule) (b)		side of Texas, Complete Schedule T. K, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	Office sought		Office held
	Date 09/30/2024	Payee nam Chick Fil A				
	Amount (\$) \$109.50	Payee addr 11877 Gra		te; Zip Code		
		New Cane	y, TX 77357			
	PURPOSE OF EXPENDITURE		See Categories listed at the top of this prage Expense	schedule) (b)		side of Texas. Complete Schedule T. K, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Office sought		Office held
			••••			

# SCHEDULE F1

Advertising Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expen Printing Exper Salaries/Wage	ns <del>e</del> es/Contract Labor	Trav	sportation Equipment & Related Expense al In District el Out of District ER (enter a category not listed above)
L			The Instruction Guide explains	s how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAM	E			3 File	rID
	Sch: 11/103 Rpt:	Gray, Matt	hew				
4	Date	5 Payee name	<del>)</del>			-	
	09/09/2024	Chick Fil A					
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Code			
	\$97.97	11877 Gra	•	• •			
			•				
		New Cane	y, TX 77357				
Ļ				Land			
8	PURPOSE OF	1	See Categories listed at the top of this so	hedule) (b)	Description	outaido af T	Foyce Complete Schodule T
	EXPENDITURE	Food/Beve	rage Expense		<u> </u>		exas. Complete Schedule T. holder living expense
					Business lun		, <b>g</b> <del>-</del>
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sought			Office held
ľ	expenditure to benefit C/OI		ioonolaar hama	omoc sougm	•		
_	Data						
	Date 08/12/2024	Payee name Chick Fil A					
L		·					
	Amount (\$)	Payee addre	•	e; Zip Code			
	\$11.95	12310 Old	Montgomery Rd				
		Willis, TX 7	7318				
	PURPOSE	(a) Category (s	see Categories listed at the top of this sc	hedule) (b)	Description		
	OF EXPENDITURE		rage Expense		Check if travel	outside of 1	fexas, Complete Schedule T.
	EXPENDITURE		- •				holder living expense
	,				Business lun	ch	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office sought	:		Office held
	experiulture to beriefit C/Or	1					
	Date	Payee name					
	10/16/2024	Chicken Sa	alad Chick				
H	Amount (\$)	Payee addre	ess; City; State	: Zip Code			
	\$34.93	3026 Colle	•				
	,	Suite A	<b>9</b>				
		Conroe, TX	77704				
_				1			
	PURPOSE OF	,	ee Categories listed at the top of this so	hedule) (b)	Description		Constitution of the state of
	EXPENDITURE	Food/Beve	rage Expense				exas. Complete Schedule T. holder living expense
					Business lun		todas wing saperios
						- / •	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sought			Office held
	expenditure to benefit C/O		renoluei hame	onice sought		•	Onice Held
	•						

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made 8y -Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 12/103 Rpt: Gray, Matthew 4 Date Payee name 07/31/2024 Chimichurris South American Grill Payee address: 6 Amount (\$) City; State; Zip Code \$39.23 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 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 07/01/2024 Chipotle Mexican Grill Amount (\$) Payee address; State; Zip Code 21360 US-59 \$14.88 #100 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 Date Payee name 10/07/2024 Chuys Amount (\$) Payee address; City; State; Zip Code \$149.71 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

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Scilcitation/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:	2 FILER NAME 3 Filer 1D	
L	Sch: 13/103 Rpt:	Gray, Matthew	
4	Date	5 Payee name	
	10/04/2024	Circle K	
6	Amount (\$) \$22.45	7 Payee address; City; State; Zip Code 21997 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 Austlin, TX, officeholder living expense Staff beverages	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/23/2024	Colon & Co	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	3405 Edloe St	
		Ste 300	
		Houston, TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign consultant	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/12/2024	Colon & Co	
	Amount (\$) \$2,100.00	Payee address; City; State; Zip Code 3405 Edloe St Ste 300 Houston, TX 77027	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign consultant	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expens Legal Services The Instruction Guide e.	se Prin Sala	-	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not	listed above)
1	Total pages Schedule F1:	2 FILER NAMI		-			3 Filer ID	
Ĺ	Sch: 14/103 Rpt:	Gray, Matti						
4	Date	5 Payee name	•					
İ	11/08/2024	Colon & Co	)					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	p Code			
	\$1,000.00	3405 Edloe	St					
		Ste 300						
		Houston, T	X 77027					
8	PURPOSE	(a) Category (s	ee Categories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Consulting		,		I	outside of Texas. Complete Schedu	ile T.
							, TX, officeholder living expense	
						Campaign co	msullani	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought		Office held	
	expenditure to benefit C/OI		cenoider name	Office	sougni		Office Held	
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	11/08/2024	Colon & Co	1					
	Amount (\$)	Payee addre	ss; City;	State; Zip	p Code			•
	\$995.00	3405 Edloe	-St					
		Ste 300						
		Houston, T.	X 77027					
	PURPOSE	(a) Category (s	ee Categories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Consulting	Expense			<u> </u>	outside of Texas. Complete Schedu , TX, officeholder living expense	ıle T.
						Campaign co		
					ļ			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office	sought		Office held	
-	Date	Payee name						
	11/08/2024	Colon & Co						
_	Amount (\$)	Payee addre	ss; City;	State; Zir	Code			
	\$5.00	3405 Edloe	St					
		Ste 300						
		Houston, T	X 77027					
-	PURPOSE	(a) Category (s	ee Categories listed at the top o	of this schedule)	(b)	Description		
	OF EXPENDITURE	Consulting				Check if travel	outside of Texas, Complete Schedu	ıle T.
	EN ENDITONE					<u> </u>	, TX, officeholder living expense	
						Campaign co	maultan	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office	sought		Office held	· · · · · · · · · · · · · · · · · · ·
	complete <u>ONLY</u> it direct expenditure to benefit C/OI		cenolael name	Onice	<sub>ร</sub> องนมูกเ		Office field	

#### 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 Travel Out of District

Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 15/103 Rpt: Gray, Matthew 4 Date Payee name 11/07/2024 Colon & Co 6 Amount (\$) Payee address; City; State; Zip Code \$4,900.00 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 consultant Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/07/2024 Colon & Co Amount (\$) Payee address; City; State; Zip Code \$100.00 3405 Edloe St Ste 300 Houston, TX 77027 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign consultant Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/04/2024 Community Hardware Amount (\$) Payee address: State; Zip Code \$1,894.27 22480 Community 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. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Christmas gifts and giveaways 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)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Glft/Awards/Memorials Expens Legal Services  The Instruction Guide ex	Salaries/\	Nages/	Contract Labor	Travel Out of District OTHER (enter a category not list	ed above)
Ļ	Total Commence College Indian	le ======		piano non to oc	mpic		6 Files ID	· <del>-</del> -
1	Total pages Schedule F1: Sch: 16/103 Rpt:	Gray, Matt					3 Filer ID	
4	Date							
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							<u> </u>	
6	Amount (\$)	7 Payee addre		State; Zip Co	ode			
	\$12.48	20420 TX-	494 Loop					
		New Cane	y, TX 77357					
8	PURPOSE	(a) Category (s	See Categories listed at the top o	f this schedule)	(b)	Description		
	OF EXPENDITURE	1	rage Expense		1	<u> </u>	outside of Texas. Complete Schedule T	•
	EXI ENDITORE					<b></b>	TX, officeholder living expense	
						Staff beverag	es	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght		Office held	
	experiulibre to beliefit c/O	I						
	Date	Payee name	<del>}</del>					
ŀ	09/18/2024	Cue Club						
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	\$41.60	20420 TX-	494 Loop					
			·					
		New Cane	y, TX 77357					
	PURPOSE	(a) Category (s	See Categories listed at the top o	this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	rage Expense			<b></b>	outside of Texas, Complete Schedule T	
						Staff beverage	TX, officeholder living expense	
						Stall Develay	<del>63</del>	
	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ıaht	<u>.</u>	Office held	····.
	expenditure to benefit C/O		iceriolaer name	Onico 3ou	giii		Office field	
_	Data	<u> </u>					<u> </u>	
	Date	Payee name	1					
	12/27/2024	Culvers						
	Amount (\$)	Payee addre		State; Zip Co	ode			
	\$38.93	331 Northp	ark Dr					
		Kingwood,	TX 77339					
	PURPOSE	(a) Category (s	ee Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		rage Expense	,		Check if travel of	outside of Texas. Complete Schedule T	•.
	EXPENDITORE					_	TX, officeholder living expense	•
						Business lunc	en .	
L					<u> </u>			
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght		Office held	
	ovbetterre to believe O/O	•						
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### 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/Fundralsing Expense

Transportation Equipment & Related Expense
Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 17/103 Rpt: Gray, Matthew 4 Date Payee name 07/29/2024 Dollar General 6 Amount (\$) Payee address; City; State; Zip Code \$30.80 2425 Appian Way New Caney, TX 77357 8 **PURPOSE** (a) Category (see Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverages Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 09/26/2024 **Dublin Hound Cigars** Amount (\$) Payee address; State; Zip Code \$19.99 22704 TX-494 Loop Suite-A Kingwood, TX 77339 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business supplies** Candidate/Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH Date Pavee name 11/25/2024 **Dutch Bros Coffee** Amount (\$) Payee address; City; State; Zip Code \$30.00 9778 TX-242 Conroe, TX 77385 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 Candidate/Officeholder name Office sought Office held 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

Food/Beverage Expense Glft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee
Credit Card Payment OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 18/103 Rpt: Gray, Matthew 4 Date Payee name 11/20/2024 **Dutch Bros Coffee** 6 Amount (\$) State; Zip Code Payee address; City; \$30.00 9778 TX-242 Conroe, TX 77385 **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 Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 11/18/2024 **Dutch Bros Coffee** Amount (\$) Payee address; City; State; Zip Code \$25.00 9778 TX-242 Conroe, TX 77385 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 Date Payee name 08/29/2024 **Dutch Bros Coffee** Payee address; State; Zip Code Amount (\$) City; \$30.00 9778 TX-242 Conroe, TX 77385 **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 Candidate/Officeholder name Office sought Office held 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guid	Salaries/\	Vages	/Contract Labor	OTHER (enter a category not listed above	/e)
1	Total pages Schedule F1:	2 FILER NAM	F			3	Filer ID	
	Sch: 19/103 Rpt:	Gray, Matt					110115	
4	Date	5 Payee name	<del>}</del> .					
	08/29/2024	Dutch Bros						
6	Amount (\$) \$13.44	7 Payee addre 9778 TX-2 Conroe, TX	42	State; Zip Co	ode			
8	PURPOSE	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	Description		
	OF EXPENDITURE		rage Expense	,		<u></u>	de of Texas. Complete Schedule T. officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght	W 10 M	Office held	
Γ	Date	Payee name	)					
	08/28/2024	Dutch Bros						
	Amount (\$) \$1.1.67	Payee addre 9778 TX-2 Conroe, TX	42	State; Zip Co	ode			
	PURPOSE OF EXPENDITURE		see Categories listed at the t rage Expense	op of this schedule)	(b)	<u> </u>	de of Texas. Complete Schedule T. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght		Office held	
	Date	Payee name						<del></del>
	08/12/2024	Dutch Bros	Coffee					
	Amount (\$) \$8.51	Payee addre 9778 TX-24	42	State; Zip Co	ode			
		Conroe, TX	77385					
	PURPOSE OF EXPENDITURE		iee Categories listed at the t rage Expense	op of this schedule)	(b)	ш	de of Texas. Complete Schedule ⊤. officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght		Office held	
	,							

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	mmittee	Glft/Awards/Memorials Legal Services The Instruction Gu			Mages	s/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: 20/103 Rpt:		Gray, Matth	new						
4	Date	5	Payee name							
	07/25/2024		<b>Dutch Bros</b>	Coffee						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$12.27		9778 TX-24	12						
			Conroe, TX	77385						
8	PURPOSE	(a)	Category (s	ee Categories listed at th	e top of this sche	dule)	(b)	Description		
	OF EXPENDITURE		Food/Bever	age Expense				<u> </u>	utside of Texas, Complete Schedule T.	
								Staff beverage	TX, officeholder living expense	
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9	Complete ONLY if direct	<u> </u>		ceholder name	Ot	ffice sou	ıaht		Office held	
	expenditure to benefit C/O			octoract harris	O.				Sillos Hold	
=	Date		Payee name							
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	40.5		01.0 1 2.	-						!
			Conroe, TX	77385						
	DUDDOCT	/=\					765			
	PURPOSE OF	(a)		ee Categories listed at th	e top of this sched	dule)	(D)	Description Check if travel or	utside of Texas. Complete Schedule T.	
	EXPENDITURE		roou/bever	age Expense					TX, officeholder living expense	
								Staff beverage	es	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	ffice sou	ight		Office held	
	expenditure to benefit C/O	٦								
	Date		Payee name						······································	
	07/05/2024		Dutch Bros	Coffee						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode		·· <del>·</del>	
	\$12.27		9778 TX-24	2						
			Conroe, TX	77385						
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sched	dule)	(b)	Description		
	OF EXPENDITURE			age Expense	•	,			utside of Texas. Complete Schedule T.	
	EM EMBITORE							hamal .	TX, officeholder living expense	
								Staff beverage	:5	
	Complete ONLY if direct	Щ	andidate/Off	ceholder name		ffice sou	lab+		Office held	
	Complete ONLY if direct expenditure to benefit C/OF		anuluale/OIII	ceriolder Hame	O	mce sou	ıyııl		Onice rielu	
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# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		ense ges/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	4)
1 Total pages Schedule F1:	2 FILER NAM	IE			3 Filer ID	
Sch: 21/103 Rpt:	Gray, Mat	thew				
4 Date	5 Payee nam	e				
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6 Amount (\$)	7 Payee addr	ess; City; S	tate; Zip Code	3		-
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410.00	011017	·-•				
	Conroe, T	X 77385				
8 PURPOSE	(a) Category	See Categories listed at the top of th	is schedule) (I	Description		
OF EXPENDITURE	Food/Beve	erage Expense			outside of Texas, Complete Schedule T.	
				Staff bevera	n, TX, officeholder living expense	
				Stall bevera	903	
n Garanta Oni V & dia at	0	(!'L	O#:		Office held	
9 Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office sough	п	Office held	
Date	Payee nam	e				
08/27/2024	East Mont	gomery County Buyers G	Group			
Amount (\$)	Payee addr	ess; City; S	tate; Zip Code	9	· ***	
\$350.00	PO Box 18	31				
	Splendora	, TX 77372				
PURPOSE	· · · · · · · · · · · · · · · · · · ·			) Description		-
OF	Event Exp	See Categories listed at the top of thi	is schedule)	`	outside of Texas, Complete Schedule T.	
EXPENDITURE	Evont Exp	CHOC		Check if Austi	n, TX, officeholder living expense	
				Sponsor		
Complete ONLY if direct		ficeholder name	Office sough	nt	Office held	
expenditure to benefit C/OH						
Date	Payee nam	e				
11/25/2024	-	- gomery County Fair Asso	ociation			
Amount (\$)	Payee addr	· · · · · · · · · · · · · · · · · · ·	tate; Zip Code	9		
\$80.00		Cleskey Rd	idio, Zip Oodi	-		
Ψ00.00	7,1010 MO	· ·				
	New Cane	y, TX 77357				
PURPOSE (	( <b>a)</b> Category (	See Categories listed at the top of thi	is schedule) (I	Description		
OF EXPENDITURE	Event Exp	ense		<b>—</b>	l outside of Texas, Complete Schedule T.	
			ı		n, TX, officeholder living expense	
				Sponsor		
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Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sough	ıt	Office held	
- Postalizaro so postone o/OTT						

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Departic

**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 Travel Out of District

ĺ	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Sen		,		Vages	se Contract Labor ete this form.		OTHER (enter a category no	t listed above)
1	Total pages Schedule F1:	2	EII ER NAME	:						3	Filer ID	
Ĺ	Sch: 22/103 Rpt:	-	Gray, Matth								THE TO	
4	Date	5	Payee name									
Ĺ	10/22/2024		East Montg	omery (	County Fa							
6	Amount (\$) \$363.97	7	Payee addre 21679 McC New Caney	leskey		State	e; Zip Ce	ode				
8	PURPOSE	(a)	Category (Se	ee Categor	ies listed at the	e top of this sci	nedule)	(b)	Description			
1	OF		Event Expe		100 (10100 01 01	0 100 01 1110 001	iouuio,		_ ′	outsi	de of Texas, Complete Schedi	ıle T.
	EXPENDITURE		Evone Expo	1100				1	Check if Austin	, TX	officeholder living expense	
									Sponsor			
												_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholde	r лате 	,	Office sou	l Ight			Office held	
	Date		Payee name									
	10/15/2024		East Montg	omery (	County Fa	air Associa	ation					
	Amount (\$)		Payee addre	ss; (	City;	State	; Zip Co	ode				
	\$150.00		21679 McC	leskev I	Rd ·				•			
	,											
			New Caney									
	PURPOSE OF	(a)	Category (se		ies listed at the	e top of this sch	redule)	(b)	Description			
	EXPENDITURE		Event Expe	nse							de of Texas, Complete Sched	Jle T.
									_	, TX,	officeholder living expense	
									Sponsor			
ŀ											•	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder	r name	(	Office sou	ght			Office held	
	Date		Payee name									
	09/24/2024		East Montge	omery (	County Ea	ir Associa	ition					
			Last Works	onici y c	Journey 1 b							
	Amount (\$)		Payee addres	ss; C	City;	State	; Zip Co	de				
	\$19,824.00		21679 McC	leskey f	Rd							
			New Caney	, TX 77	357							
	PURPOSE OF		Category (Se		es listed at the	top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Event Exper	nse							de of Texas. Complete Schedu	ule T.
	L/M LINDITORE								_		officeholder living expense	
							į		Livestock aud	ction	n	
							İ					
	Complete ONLY if direct	r	andidate/Offic	ceholder	name		Office sou	ahr			Office held	
	expenditure to benefit C/OF					`		J. **				

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Glit/Awards/Memorials Exp Legal Services The Instruction Guide	oense Print Sa <b>j</b> a	_	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed abo	we)
1	Total pages Schedule F1:	2 FILER NAM					3 Filer ID	-
	Sch: 23/103 Rpt:	Gray, Mattl						
4	Date	5 Payee name	!					
	09/17/2024	East Montg	omery County Rota	ary				
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code			
	\$250.00	PO Box 29						
		Porter, TX	77365					
8	PURPOSE	(a) Category (s	ee Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Event Expe	ense			<u> </u>	outside of Texas, Complete Schedule T.	
						Event spons	n, TX, officeholder living expense	
ı						Event opens	<b>.</b>	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought		Office held	
ľ	expenditure to benefit C/O		icentiaet name	Onide	Jougin		Omoo Noid	
-	Date	Payee name					- Allower	
	08/27/2024	1 2	omery County Spo	rts Associatio	m			
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		Now Cons	, TV 770E7					
L			v, TX 77357					
	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description  Check if travel	outside of Texas. Complete Schedule T,	
	EXPENDITURE	Event Exp€	ense			<u> </u>	n, TX, officeholder living expense	•
						Sponsor		
							•	
	Complete ONLY if direct		iceholder name	Office	sought		Office held	
	expenditure to benefit C/OI	Ħ						
	Date	Payee name		0_0000				
	08/27/2024	East Montg	omery County Spo	rts Associatio	n			
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code			
	\$1,000.00	21845 Leoi	nard					
		New Caney	, TX 77357					
	PURPOSE	(a) Category (s	ee Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Event Expe		,			outside of Texas, Complete Schedule T.	
	EXI ENDITORE					ш	n, TX, officeholder living expense	
						Sponsor		
	Complete ONLY if direct	Candidata/Off	ceholder name	Office	sought		Office held	
	expenditure to benefit C/OI		CENUICE HAITIE	Onice	avuynt		Onice rigiu	
			<del></del>					

# 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		Gift/Awards/Memorials Expo Legal Services The Instruction Guide	Salarles	/Wages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 24/103 Rpt:	2 FILER NA Gray, Ma				3	Filer ID	
4	Date 10/21/2024	5 Payee na						
6	Amount (\$) \$230,66		dress; City; igwood Dr d, TX 77339	State; Zip C	ode			
8	PURPOSE OF EXPENDITURE		(See Categories listed at the to verage Expense	p of this schedule)	(b)		de of Texas, Complete Schedule T. officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	Office so	ught		Office held	
	Date 07/29/2024	Payee na Fielder, I						
	Amount (\$) \$1,000.00		dress; City; oodson Rd ra, TX 77372	State; Zip C	ode			
	PURPOSE OF EXPENDITURE	(a) Category Event Ex	(See Categories listed at the to pense	p of this schedule)	(b)	<u></u>	de of Texas. Complete Schedule T. officeholder living expense SIC Sponsor	
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office so	ught		Office held	
	Date 08/08/2024	Payee na First Wat				. 1 - 4 - 8/41007		
	Amount (\$) \$37.10	9526 N S Ste 3120	dress; City; Sam Houston Pkwy E TX 77396	State; Zip C	ode			
	PURPOSE OF EXPENDITURE		(See Categories listed at the to verage Expense	p of this schedule)	(b)		de of Texas. Complete Schedule T. officeholder living expense	
-	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name	Office so	ught		Office held	

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 25/103 Rpt: Gray, Matthew 4 Date Payee name 07/17/2024 First Watch 6 Amount (\$) Payee address; City; State; Zip Code \$17.53 449 S Loop 336 W Conroe, TX 77304 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Check if travel outside of Texas, Complete Schedule T. 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 12/09/2024 Flowers of Kingwood Payee address: Amount (\$) City; State: Zip Code \$231.60 1962 Northpark Dr Suite B 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. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Condolence flowers Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 11/20/2024 Flywheel Payee address; City; State; Zip Code Amount (\$) \$150.00 504 Lavaca Streete Suite 1000 Austin, TX 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OFFICE SOFTWARE **EXPENDITURE** Check if Austin, TX, officeholder living expense Word press website Office sought Office held Complete ONLY if direct Candidate/Officeholder name 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

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services			pens ages	/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
L		I	The Instruction Guide	e explains n	ow to cor	пріє		
1	Total pages Schedule F1:	1					3	Filer ID
	Sch: 26/103 Rpt:	Gray, Matt	new					
4	Date	5 Payee name	;					
	11/20/2024	Freddys Ta	aco Shack					
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Cod	de		
	\$1.8.58	23736 US-	-		•			
		Suite 103						
		Porter, TX	77365					
Ļ	2112222	· ·				71-3		
8	PURPOSE OF	1	See Categories listed at the to	op of this sched	dule)	(0)	Description  Check if travel out	side of Texas, Complete Schedule T.
	EXPENDITURE	Food/Beve	rage Expense				<u> </u>	K, officeholder living expense
							Business lunch	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Of	fice soug	aht		Office held
	expenditure to benefit C/O	H			•			
<b> </b>	Date	Payee name						
	11/04/2024	Freddys Ta						
	Amount (\$)	Payee addre		State;	Zip Co	de		
	\$15.00	23736 US-	59					
		Suite 103	-					
		Porter, TX	77365					
	PURPOSE	(a) Category (s	ee Categories listed at the to	op of this sched	ule)	(b)	Description	
	OF EXPENDITURE		rage Expense				브	side of Texas. Complete Schedule T.
	LA LIBITORE						ш.	K, officeholder living expense
							Business lunch	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	.Of	fice soug	ght		Office held
	oxportations to portati co	'						
	Date	Payee name						<del></del>
	10/10/2024	Freddys Ta	co Shack					
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	de		
	\$15.48	23736 US-						
		Suite 103						
		Porter, TX	77265					
	PURPOSE OF	-	ee Categories listed at the to	op of this sched	tule)	(b)	Description	side of Texas, Complete Schedule T.
	EXPENDITURE	Food/Beve	rage Expense				<b>—</b>	K, officeholder living expense
							Business lunch	
	Complete ONLY if direct	Candidate/Off	iceholder name	Of	fice soug	th		Office held
	expenditure to benefit C/O			31		y• ••		
		··· · · · · · · · · · · · · · · · · ·		<del></del>				

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 27/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	08/05/2024	Freddys Taco Shack
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.57	23736 US-59
		Suite 103
		Porter, TX 77365
8	PURPOSE	
ľ	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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/18/2024	Freddys Taco Shack
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.51	23736 US-59
	•	Suite 103
		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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/08/2024	Freddys Taco Shack
	Amount (\$)	Payee address; City; State; Zip Code
	\$33,21	23736 US-59
	·	Suite 103
		Porter, TX 77365
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description    Check   France   Categories   Categor
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austln, TX, officeholder living expense
		Business lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gilt/Awards/Memorials Expel Legal Services  The Instruction Guide	nse Printin Salarie	_	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	=		-		3 Filer ID	
-	Sch: 28/103 Rpt:	Gray, Mattl					S 1 1.5. 1.2	
4	Date	5 Payee name						
	12/12/2024	Freebirds						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code			
	\$41.12	1188 W Da	llas St A					
ŀ								
		Conroe, TX	77301					
8	PURPOSE	(a) Category (s	ee Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	rage Expense			<u> </u>	outside of Texas. Complete Schedule T.	
						ш	, TX, officeholder living expense	
						Business lun	un .	
							** ** ** ** ** ** ** ** ** ** ** ** **	
9	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office s	ought		Office held	
	Date	Payee name						
	10/24/2024	Freebirds						
	Amount (\$)	Payee addre	ss; City;	State; Zip	Corle			
	\$19.39	1188 W Da	* **	Otato, Esp				
	Ψ10,00	1100 11 00	iido Ot71					-
		Conroe, TX	77301					
	PURPOSE	(a) Category (s	ee Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	rage Expense			<u>—</u>	outside of Texas, Complete Schedule T.	
	EXI ENDITORE	•				L-1	, TX, officeholder living expense	
						Business lun	en	
	Complete ONLY if direct		iceholder name	Office s	ought		Office held	
	expenditure to benefit C/OI	al.						
	Date	Payee name						
	10/23/2024	Freebirds						
	Amount (\$)		ss; City;	State; Zip	Code			
	Amount (\$) \$36.39	Payee addre 2825 Riley		olate, Zip	Couc			
	φου.σσ	ZOZO MICY	ruzzei Nu					
		Spring, TX	77386					
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		age Expense				outside of Texas. Complete Schedule T.	
	EXPENDITORE					ш	, TX, officeholder living expense	
						Business lun	cn	
	Complete ONLY if direct		iceholder name	Office s	ought		Office held	
	expenditure to benefit C/Ol	٦						
				****				
				•				

# 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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	
1	Total pages Schedule F1: Sch: 29/103 Rpt:	2 FILER NAME Gray, Matthew 3 Filer ID
4	Date 10/15/2024	5 Payee name Freebirds
6	Amount (\$) \$29.49	7 Payee address; City; State; Zip Code 9490 FM 1960 Bypass Rd W Ste 100 Humble, TX 77338
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
	Date 10/03/2024	Payee name Freebirds
	Amount (\$) \$37.94	Payee address; City; State; Zip Code 2825 Riley Fuzzel Rd Spring, TX 77386
	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 09/13/2024	Payee name Freebirds
	Amount (\$) \$21.65	Payee address; City; State; Zip Code 9490 FM 1960 Bypass Rd W Ste 100 Humble, TX 77338
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Business lunch
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	
1	Total pages Schedule F1:	
L	Sch: 30/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	09/09/2024	Fronteras Mexican Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60,09	3555 Rayford Rd
		Spring, TX 77386
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Food/Reverge Expanse  (c) 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 travel outside of Texas, Complete Schedule T.  Check if Austln, 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	Payee name
	12/06/2024	Gallery of the Republic
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,975.56	2600 US-290
		Dripping Springs, TX 78620
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	OFFICE FURNITURE Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office furniture and dcor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/13/2024	GoDaddy.com LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.13	2155 E GoDaddy Way
		Tempe, AZ 85284
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	WEBSITE Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder llving expense
		Domain name
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
		_

# 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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		nittee L	egal Services				Wages	e /Contract Labor ete this form.		Travel Out of District OTHER (enter a category not listed above	/e)
1	Total pages Schedule F1:	2 F	ILER NAME						*** *****	3	Filer ID	
	Sch: 31/103 Rpt:	G	Pray, Matthe	w								
4	Date	<b>5</b> P	ayee name									
	1.1/08/2024	G	Freater East	Montgon	nery Cour	nty Cha	mber of	f Cor	nmerce			
6	Amount (\$)	<b>7</b> P	ayee address	; City	;	State;	Zip C	ode				
	\$150,00	2	1575 Hwy 5	9 N								
		l s	Suite 100									
		N	lew Caney,	TX 7735	7							
8	PURPOSE							/h)	Description			
ŭ	OF		ategory <sub>(See</sub> /IEMBERSH		sted at the top	of this sche	edule)	(")		Loutsic	de of Texas, Complete Schedule T.	
	EXPENDITURE	'*	ILIVIDENSIT	11					ш		officeholder living expense	
									Membership	Ove	erhead	
9	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	eholder na	me	C	Office so	ught			Office held	
	Date	P	ayee name									
	10/15/2024	G	reater East	Montgon	n <mark>ery Co</mark> ur	nty Chai	mber of	f Cor	nmerce		· ·	
	Amount (\$)	P	ayee address	; City	· · · · · · · · · · · · · · · · · · ·	State;	Zip C	ode				
	\$60.00	2:	1575 Hwy 5	9 N								
		l s	uite 100									
			lew Caney,	TX 77357	7							
_	PURPOSE							/h)	Description			
	OF		ategory <sub>(See</sub>		sted at the top	of this sche	edule)	(")	'	outsio	de of Texas, Complete Schedule T,	
	EXPENDITURE	181	ILMDLIXOII								officeholder living expense	
									Membership	Ove	erhead	
	Complete ONLY if direct expenditure to benefit C/OI		ndidate/Office	eholder na	me	C	Office sou	ught			Office held	
	experience to benefit 6/61	•								****		
	Date	Pi	ayee name									
	08/13/2024	G	reater East	Montgon	nery Cour	nty Chai	mber of	f Cor	nmerce			
	Amount (\$)	Pi	ayee address	; City		State;	Zip C	ode				
	\$390.00	2:	1575 Hwy 5	9 N								
		s	uite 100									
		l <sub>N</sub>	lew Caney,	TX 77357	7							
	PURPOSE		ategory (See			-641-711-	- 4.1-3	(b)	Description			-
	OF		IEMBERSH		sied at the top	or this sche	edule)	<b> </b> `~′		l autsk	de of Texas, Complete Schedule T.	
	EXPENDITURE	''	LINDLINOIT						Check if Austin	n, TX,	officeholder living expense	
									Membership	Ove	erhead	
		<u></u>						L				
	Complete ONLY if direct		ndidate/Office	holder na	me	С	Office sou	ught			Office held	
	expenditure to benefit C/OF	1										

#### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment 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: 32/103 Rpt: Gray, Matthew 4 Date Payee name 12/19/2024 Gringos Mexican Kitchen 6 Amount (\$) Payee address; City; State; Zip Code \$66.37 21576 US-59 New Caney, TX 77357 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 12/13/2024 Gringos Mexican Kitchen Amount (\$) Payee address; City; State; Zip Code \$282.55 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 Date Payee name 12/13/2024 Gringos Mexican Kitchen Amount (\$) Payee address: City: State: Zip Code \$82.37 21576 US-59 New Caney, TX 77357 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consuming Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - G Il Committee L	ood/Beverage Expense ift/Awards/Memorials Expense egal Services The Instruction Guide	nse Printin Salari	=	ie /Contract Labor	Travel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID	
	Sch: 33/103 Rpt:	Gray, Matthe	w					
4	Date	5 Payee name						
	12/12/2024	Gringos Mexi	ican Kitchen					
6	Amount (\$)	7 Payee address	; City;	State; Zip	Code			
	\$67.01	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/Bevera	ge Expense			ш	outside of Texas, Complete Schedule T. TX, officeholder living expense	
						Business lune		
						Dusiness land		
9	Complete ONLY if direct	Candidate/Office	eholder name	Office s	ought		Office held	
	expenditure to benefit C/OI	<del>-</del>						
	Date	Payee name						
	11/13/2024	Gringos Mexi	can Kitchen					
	Amount (\$)	Payee address	; City;	State; Zip	Code			
	\$170.14	21576 US-59						
	•		ŕ					
		New Caney,	TX 77357					
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Bevera				<b>=</b>	outside of Texas, Complete Schedule T,	
						Business lund	TX, officeholder living expense	
						Dusiness luni	A11	
	Complete ONLY if direct	Candidate/Office	holder name	Office s	ought		Office held	
	expenditure to benefit C/OI	1						
	Date	Payee name						
	10/02/2024	Gringos Mexi	can Kitchen					
	Amount (\$)	Payee address	; City;	State; Zip	Code			
	\$86.38	21576 US-59						
		New Caney,	TX 77357					
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverag					outside of Texas. Complete Schedule T.	
						_	TX, officeholder living expense	
						Business lund	iII	
	Complete ONLY if direct	Candidate/Office	holder name	Office	ought		Office held	
	expenditure to benefit C/OF	Candidate/Office	noider Haitle	Office s	ougill		Onice Held	

# SCHEDULE F1

Advertising Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Glft/Awards/Memorials Exper Legal Services	Polling Exp nse Printing Ex		Travel in District Travel Out of District OTHER (enter a category not listed abo	ove)
Credit Card Payment		The Instruction Guide a	explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	
Sch: 34/103 Rpt:	Gray, Matt	hew			`	
4 Date	5 Payee name	<u> </u>				
10/02/2024	-	exican Kitchen				
			State; Zip Co	da		
6 Amount (\$)	7 Payee addre	•	State, Zip Co	ue		
\$83.74	21576 US-	59				
	New Cane	y, TX 77357				
8 PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beve	rage Expense		<u> </u>	vel outside of Texas, Complete Schedule T.	
	]			Business I	ustin, TX, officeholder living expense	
				Dusiness i	unch	
					000	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght	Office held	
Date	Payee name	)				
07/29/2024	Gringos Me	exican Kitchen				
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de	<del></del>	
\$125.64	21576 US-	*				
Ψ						
	New Cores	. TV 770F7				
	New Cane	y, TX 77357				
PURPOSE OF		See Categories listed at the top	of this schedule)	(b) Description		
EXPENDITURE	Food/Beve	rage Expense		<u> </u>	wel outside of Texas, Complete Schedule T. ustin, TX, officeholder living expense	
				Business I		
				Dasiness i	arion	
Complete ONLY if dispet	Candidate/Of	iceholder name	Office agus	aht	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		icenoidei name	Office sou	yrıı	Office field	
Date	Payee name	•				
07/15/2024	Gringos Me	exican Kitchen			<u></u>	
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de		
\$89.61	21576 US-	59				
						-
	New Cane	y, TX 77357				
DUDDOSE				(b) Donaviation		
PURPOSE OF		See Categories listed at the top	of this schedule)	(b) Description	avel outside of Texas. Complete Schedule T.	
EXPENDITURE	Food/Beve	rage Expense	ĺ		ıstln, TX, officeholder living expense	
				Business I		
Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ght	Office held	·
expenditure to benefit C/O			_,	•		
*						- <del></del>

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Pi Si	_	nse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not lis	sted above)
1	Total pages Schedule F1:	2 FILER NAM		C EXPIGITE TO	1 (0 00)	icte (iiis ioiiiii	3 Filer ID	
ľ	Sch: 35/103 Rpt:	Gray, Matt					3 Mierio	
4	Date	5 Payee name	<u> </u>		, ,			
	07/03/2024	I -	exican Kitchen					
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	in Code			
ľ	\$115,53	21576 US-	•	Otato, 2	-ip oode			
	+							
		New Cane	, TX 77357					
8	PURPOSE	(a) Category (s	See Categories listed at the te	op of this schedul	e) (b	Description		
	OF EXPENDITURE		rage Expense			<b>-</b>	el outside of Texas, Complete Schedule	τ.
						_	in, TX, officeholder living expense	
						Business lur	ICH	
9	Complete ONLY if direct	Condidate (Off	iceholder name	0#		<u> </u>	Office held	· · · ·
ď	Complete ONLY if direct expenditure to benefit C/O		iceriolder harne	Offic	e sough	•	Office field	
-	Date	Payee name					•	
	09/11/2024	H-Town Dr	eam Center					
	Amount (\$)	Payee addre	ss; City;	State; Z	ip Code			
ĺ	\$257.55	26373 E H	olly Ln					
		Splendora,	TX 77372					
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedul	<sub>e)</sub> (b	Description		
ĺ	OF EXPENDITURE	Event Expe	ense		l		l outside of Texas. Complete Schedule	т.
						Golf sponso	In, TX, officeholder living expense	
	i					Guii spunsu	ı	
	Complete ONLY if direct	Candidate/Off	iceholder name	Offic	e sough		Office held	
	expenditure to benefit C/OI			2	o cougi.			
	Date	Payee name						
	09/30/2024	Highlands S	Sports Bar and Grill	I				
	Amount (\$)	Payee addre	ss; City;	State; Z	ip Code			
	\$134.34	6700 Highla	and Pines Dr					
	•							
		Porter, TX	77365					
	PURPOSE		ee Categories listed at the to	on of this school	e) (b	Description		
	OF		age Expense	up of tills soliedur	ຶ່  `		l outside of Texas. Complete Schedule	т.
	EXPENDITURE					Check if Austi	In, TX, officeholder living expense	
				•		Business lur	nch	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Offic	e sough		Office held	
	oxponutions to beliefft G/Of							
						·····		

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E Legal Services  The Instruction Guid	xpense		pens /ages	e /Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E					3	Filer ID
	Sch: 36/103 Rpt:	Gray, Mattl	new						
4	Date	5 Payee name	:						
	12/09/2024	Hobby Lob	by						
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Co	de			
	\$20.50	22124 Mar	ket PI Dr						
		,							
		New Caney	, TX 77357						
8	PURPOSE	(a) Category (s	ee Categories listed at the	top of this sche	edule)	(b)	Description		
	OF EXPENDITURE	OFFICE SI							de of Texas. Complete Schedule T.
	L/d Live/Forth								officeholder living expense
							Office supplie	es a	nd snacks
_	5 14 5NBY 7 P	D 11 1 10 11		· _					255
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name		office sout	ght			Office held
	Date	Payee name			•				
	11/21/2024	Hobby Lob	by						
	Amount (\$)	Payee addre	ss; City;	State;	Zip Cod	de			•
	\$130.14	22124 Marl	cet PI Dr						
		New Caney	, TX 77357						
	PURPOSE	(a) Category (s	ee Categories listed at the	ton of this sche	edule)	(b)	Description		
	OF EXPENDITURE	OFFICE SI		1000 01110	,		Check if travel o	outsio	le of Texas. Complete Schedule T.
	EXPENDITURE								officeholder living expense
							Office supplie	es a	nd snacks
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	0	office soug	ght			Office held
	oxportation to bottom of or	·							
	Date	Payee name							
	09/23/2024	Hobby Lobi	ру						
	Amount (\$)	Payee addre	ss; City;	State;	Zip Cod	ie			
	\$388.82	22124 Marl	ket PI Dr						
		New Caney	, TX 77357						
-	PURPOSE	(a) Category (s	ee Categories listed at the	ton of this scho	/clubs	(b)	Description		
	OF	OFFICE SU		top of tills some	Addicy .	• •		outsio	e of Texas, Complete Schedule T.
	EXPENDITURE						_		officeholder living expense
							Office supplie	s a	nd snacks
	Complete ONLY if direct		ceholder name	0	office soug	ght			Office held
	expenditure to benefit C/OF	T							

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relinbursement Event Expense

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

Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 37/103 Rpt: Gray, Matthew 4 Date Payee name 11/29/2024 Hofbrau Steaks Payee address; City; 6 Amount (\$) State; Zip Code \$1,104,00 24890 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/01/2024 Hofbrau Steaks Amount (\$) Payee address: City: State; Zip Code \$27.31 24890 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/20/2024 Hofbrau Steaks Payee address; State; Zip Code Amount (\$) City; \$44.48 24890 FM 1314 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### SCHEDULE F1

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

**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 Committee	Legal Services  The Instruction Guide	Salaries/\	<b>V</b> ages	/Contract Labor	OTHER (enter a category not lister	d above)
1	Total pages Schedule F1:	2 FILER NA	ME				3 Filer ID	
	Sch: 38/103 Rpt:	Gray, Ma	tthew					
4	Date	5 Payee nar	ne					
	08/13/2024	Hofbrau :	Steaks					
6	Amount (\$) \$96.78	7 Payee add 24890 FM Porter, T	M 1314	State; Zip Co	ode			
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Bev	/erage Expense			<u> </u>	utside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office sou	ight		Office held	
	Date	Payee nar	ne				1.110	
	10/15/2024	Jacksons	Custom Slaughter a	and Deer Process	sing	LLC		
	Amount (\$)	Payee add	fress; City;	State; Zip Co	ode			
	\$1,187.50	818 E Wa	allisville Rd					
		Highlands	s, TX 77562					
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE		ions/Donations Made			<u> </u>	utside of Texas. Complete Schedule T.	
		Candidat	e/Officeholder/Politic	al Committee		Steers from a	TX, officeholder living expense	
						Steers Iron a	uction	
	Complete ONLY if direct	Candidate/0	Officeholder name	Office sou	L ight		Office held	<u> </u>
	expenditure to benefit C/OI	4						
_	Date	Payee nan	ne					
	11/18/2024	Jason Dr	ye					
	Amount (\$)	Payee ado	lress; City;	State; Zip Co	ode			,
	\$200.00	18872 Jo	hnson Rd					
		Conroe, 7	TX 77385					
	PURPOSE		(See Categories listed at the to		(b)	Description		
	OF EXPENDITURE	Gift/Awar	ds/Memorials Expens	se			utside of Texas, Complete Schedule T.	
						_	TX, officeholder living expense son Drye - Cancer	
				:		Deliciii 101 Jas	on Diye - Cancel	
•••	Complete ONLY if direct	Candidate/C	Officeholder name	Office sou	l Ight		Office held	
	expenditure to benefit C/OF			2,,,,,,	a. **			

#### 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 39/103 Rpt: Gray, Matthew 4 Date Payee name 09/30/2024 Jersey Mikes Subs Payee address; State; Zip Code 6 Amount (\$) City; \$17,31 21690 US-59 Suite 200 New Caney, TX 77357 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/12/2024 Jersey Mikes Subs Amount (\$) Payee address; City; State; Zip Code \$17.31 21690 US-59 Suite 200 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 Date Payee name 08/19/2024 Killens Steakhouse Payee address; State; Zip Code Amount (\$) City; \$21.91 1700 Research Forest Dr Shenandoah, TX 77381 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description ΩF 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

# SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
DTHER (where a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide expla		Vages	:/Centract Labor	OTHER (enter a category not listed a	above)
1	Total pages Schedule F1:	2 FILER NAM	IE			T;	Filer ID	
	Sch: 40/103 Rpt:	Gray, Mat						
4	Date	5 Payee nam	e					
Ĺ	12/26/2024	Kroger Ma	rketplace					
6	Amount (\$) \$18.75	7 Payee addr 3410 North Kingwood	•	ate; Zip Co	ode			
8	PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	(b)	Description		
	OF	OFFICE S		, obiloualo)	` `	`	itside of Texas. Complete Schedule T.	
	EXPENDITURE	0111023	0			Check if Austin,	TX, afficeholder living expense	
						Office supplies	and snacks	
					1			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght		Office held	
Г	Date	Payee name	Э					
İ	12/20/2024	Kroger Ma						
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	ode			
	\$970.91	22030 Mai						-
	ΨΟΙΟΙΟΙ		NOCT T BI					
			y, TX 77357					. <u></u>
l	PURPOSE OF		See Categories listed at the top of this	schedule)	(b)	Description		
	EXPENDITURE	OFFICE S	UPPLIES				itside of Texas. Complete Schedule T.	
	EXI ENDITORIE						FX, officeholder living expense	
						Office supplies	and snacks	
-	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office held	
	Date	Payee name	9					,
	12/06/2024	Kroger Ma						
				-t 25. O.				
	Amount (\$)	Payee addr		ate; Zip Co	ae			
	\$335.70	22030 Mai	ket Pl Dr					
		New Cane	y, TX 77357					
	PURPOSE	(a) Category (	See Categories listed at the top of this	schedule)	(b)	Description		
İ	OF	OFFICE S	UPPLIES				itside of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin,	rX, officeholder living expense	
						Office supplies	s and snacks	
1								
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	nab+		Office held	
	expenditure to benefit C/OI		neenoluei haine	OHICE SON	Aut		Omoe neiu	
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#### 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 Glft/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 41/103 Rpt: Gray, Matthew 4 Date Payee name 12/06/2024 Kroger Marketplace 6 Amount (\$) Payee address; State; Zip Code \$3.52 22030 Market PI 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/05/2024 Kroger Marketplace Pavee address: Amount (\$) City; State; Zip Code \$1,022.31 22030 Market Pl Dr New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories fisted at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies and snacks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/27/2024 Kroger Marketplace Payee address; Amount (\$) City; State; Zip Code \$260,48 2150 Spring Stuebner Rd 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. **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

#### SCHEDULE F1

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

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

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 3 Sch: 42/103 Rpt: Gray, Matthew 4 Date Payee name 11/21/2024 Kroger Marketplace 6 Amount (\$) Payee address; State; Zip Code City; \$8.87 3410 Northpark 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. **OFFICE SUPPLIES EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies and snacks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/07/2024 Kroger Marketplace Amount (\$) Payee address; State; Zip Code \$3.52 22030 Market PI Dr 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. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies and snacks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2024 Kroger Marketplace Amount (\$) Payee address; State; Zip Code City; \$87.22 22030 Market Pl Dr New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description ΩF Check if travel outside of Texas, Complete Schedule T. OFFICE SUPPLIES **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies and snacks Complete ONLY if direct Candidate/Officeholder name Office held 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Glft/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/	Wages	es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 43/103 Rpt:	2 FILER NAMI Gray, Matth				3 Filer ID
4	Date 09/13/2024	5 Payee name Kroger Mar				
6	Amount (\$) \$17.06	7 Payee addre 22030 Mari New Caney	ket PI Dr	State; Zip Ce	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (s OFFICE SU	ee Categories listed at the to JPPLIES	op of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies and snacks
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office sou	ught	t Office held
	Date 09/09/2024	Payee name Kroger Mar	ketplace			
	Amount (\$) \$27.17	Payee addre 22030 Mark New Caney	ket Pl Dr	State; Zip Co	ode	
	PURPOSE OF EXPENDITURE	(a) Category (s OFFICE SU	ee Categories listed at the to JPPLIES	op of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies and snacks
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ight	t Office held
	Date 08/26/2024	Payee name Kroger Mar	ketplace			
	Amount (\$) \$110.04	Payee addre 3410 North Kingwood,	park Dr	State; Zip Co	ode	
	PURPOSE OF EXPENDITURE	(a) Category (s OFFICE SU	ee Categories listed at the to JPPLIES	op of this schedule)	(b)	Description Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office supplies and snacks
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ught	t Office held

## SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials 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
OTHER Leafury a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gift/Awards/Memorials Exp Legal Services	oense Prir Sala	_	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above	ve)
			The Instruction Guide	e explains how	to comple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID	
	Sch: 44/103 Rpt:	Gray, Matth	ew					
4	Date	5 Payee name						
	08/20/2024	Kroger Mar	ketplace					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zij	Code			•
	\$15.96	3410 North	**	213,10, 2,				
	420100	01101101111						
			FV 7704F					
		Kingwood,	X 77345					
8	PURPOSE	(a) Category (Se	ee Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	OFFICE SU	PPLIES				outside of Texas. Complete Schedule T.	
						_	n, TX, officeholder living expense SS and snacks	
						Office supplie	es and snacks	
_								
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office	sought		Office held	
	experiordire to benefit G/O							
	Date	Payee name						
	07/09/2024	Kroger Marl	etplace					
	Amount (\$)	Payee addres	-	State; Zir	n Code			
	\$116.29	22030 Mark	• •	Otato, Li				
	Ψ1.10.23	ZZOGO WIGH	CUID					
		New Caney	, IX 7/357					
	PURPOSE	(a) Category (Se	e Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	OFFICE SU	PPLIES				outside of Texas. Complete Schedule T.	
							n, TX, officeholder living expense es and snacks	
						Office supplie	es and shacks	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offi	ceholder name	Office	sought		Office held	
	- experience to benefit over	1						
	Date	Payee name						
	07/05/2024	Kroger Marl	etplace					
	Amount (\$)	Payee addres	ss; City;	State; Zip	Code			
	\$15.78	22030 Mark						
	<b>440110</b>	ALOGO MAIN	001101					
		New Caney	1X 77357					
	PURPOSE	(a) Category (Se	e Categories listed at the to	op of this schedule)	(b)	Description		
	OF EXPENDITURE	OFFICE SU	PPLIES				outside of Texas, Complete Schedule T.	
							n, TX, officeholder living expense es and snacks	
						Outce aubbin	รอ ผาน อาเผยกอ	
							0.00	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name	Office	sought		Office held	
	onponditure to belieff O/Or	•			··•··			

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Relmbursement
Office Overhead/Rental Expense

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 45/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	12/09/2024	La Casita Mexican Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.85	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Business lunch
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/27/2024	La Casita Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$97,38	23355 FM 1314
	φ01100	2000 1 (1) 2027
		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.
		Check if Austin, TX, officeholder living expense  Business lunch
		Dusiness lunch
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oxperiorer to borrow Oyor	
	Date	Payee name
	11/06/2024	La Casita Mexican Restaurant
-	Amount (\$)	Payee address; City; State; Zip Code
	\$429.97	23355 FM 1314
	¥ 120107	25555 1 111 252 1
		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.
		Check if Austin, TX, officeholder living expense Business lunch
		Dusiness functi
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	SAPORATION TO DONORE O/OF	•
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# 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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/t The Instruction Guide explains how to complet			/Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAMI	Ξ						3	Filer ID	
	Sch: 46/103 Rpt:		Gray, Matth									
4	Date	5	Payee name	!								
l	10/15/2024		La Casita N	/lexica	n Restaurant							
6	Amount (\$)	7	Payee addre	SS;	City;	State	; Zip (	Code				
	\$167.02		23355 FM 3	1314								
l			Porter, TX	77365								
8	PURPOSE	(a)	Category /s	ee Catery	orles listed at the to	n of this ech	(aluba	(b)	Description		*	
	OF EXPENDITURE	`	Food/Bever			p or ano con	oudio,	'		outsid	le of Texas, Complete Schedule T.	
	EXPENDITURE			~	•						officeholder living expense	
		l							Business lun	ich		
9	Complete ONLY if direct		Candidate/Off	icehold	er name	(	Office s	ought			Office held	
	expenditure to benefit C/OI	Η						•				
Г	Date		Payee name									
	09/27/2024	ł	La Casita N	1exica:	n Restaurant							
	Amount (\$)	H	Payee addre	SS;	City;	State	Zip (	Code				
	\$51.03		23355 FM 2	•	7.							
	,											
			Porter, TX	77265								
_		Ļ	-					1				
	PURPOSE OF	(a)			ories listed at the to	p of this sch	edule)	(b)	Description	entold	lo of Toyon, Camplete Pohodulo T	
	EXPENDITURE		Food/Bever	age E	xpense				<u> </u>		le of Texas. Complete Schedule T. officeholder living expense	
									Business lun			
	Complete ONLY if direct	Ц	Candidate/Offi	cehold	er name	(	Office s	ouaht			Office held	
	expenditure to benefit C/O	Н										
⊨	Date	1	Payee name									
	08/23/2024		•		n Restaurant							
<u> </u>		_					Zin (	Codo				
	Amount (\$) \$139.83		Payee addre		City;	State,	Zip (	cone				
	фТ28'92		23355 FM 1	L314								
			Porter, TX 7	77365								
	PURPOSE	(a)			ories listed at the to	p of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age E	xpense				$oldsymbol{\sqcup}$		le of Texas, Complete Schedule T.	
									Business lun		officeholder living expense	
									Dusiliess inii	ICI I		
-	Complete ONLY if direct	<u> </u>	Condidate /Cff	امماماما	ar name		Office so	ought			Office held	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	cendid	a name	(	MICE S	งนนูกเ			Office Held	

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Printing Expense Salarles/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 47/103 Rpt: Gray, Matthew 4 Date Payee name La Casita Mexican Restaurant 08/02/2024 6 Amount (\$) Payee address; City; State; Zip Code 23355 FM 1314 \$18.92 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 Date Payee name 07/15/2024 La Casita Mexican Restaurant Amount (\$) Payee address: State; Zip Code City; \$192.67 23355 FM 1314 Porter, TX 77365 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/02/2024 La Casita Mexican Restaurant Payee address; State; Zip Code Amount (\$) City; \$372.19 23355 FM 1314 Porter, TX 77365 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Constitutions / Donations Made By Candidate/Officeholder/Politics Credit Card Payment	- Gilf/Awards/Memorials Expense Printing Expense Travel in District - Gilf/Awards/Memorials Expense Printing Expense Travel Out of District - 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 1D
	Sch: 48/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
l	12/02/2024	Local Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	20992 Old Sorters Road
		Porter, TX 77365
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check If Austin, TX, officeholder living expense
	•	Campaign Storage
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	Local Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	20992 Old Sorters Road
	Ψ100.00	2002 Old Gollelo Modd
		D. ( ) TV 7700F
		Porter, TX 77365
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) <u>Description</u>
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Storage
		Campaign Storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/02/2024	Local Storage
	Amount (\$)	Payee address; City; State; Zip Code 20992 Old Sorters Road
	\$130.00	20992 Old Softers Road
		Porter, TX 77365
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	est midii QIVE	Check If Austin, TX, officeholder living expense
		Campaign Storage
	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

**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/Politice Credit Card Payment		Legal Services  The Instruction Guide explai		Vages	/Contract Labor		OTHER (enter a category not listed above)	
-	Total pages Pahadula F1:	La ELEDNAN	<u> </u>				۱ م	Filer ID	
ľ	Total pages Schedule F1: Sch: 49/103 Rpt:	Gray, Mat					3	Filer ID	
4	Date	5 Payee nam	Δ				L.,		
•	09/03/2024								
	09/03/2024	Local Stor							
6	Amount (\$) \$130.00	7 Payee addr 20992 Old	ess; City; Sta   Sorters Road	ate; Zip Co	de				
		Porter, TX	77365						
8	PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	erhead/Rental Expense			Check if travel	iatuo	de of Texas. Complete Schedule T.	
	CAPLIADITORE		·			Check if Austin,	, TX,	officeholder living expense	
		<b>!</b>				Campaign St	ora	.ge	
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ght			Office held	
Г	Date	Payee nam	e						
	08/02/2024	Local Stor							
_									
	Amount (\$)	Payee addr	· •	ate; Zip Co	de				
	\$130.00	20992 Old	Sorters Road						
		Porter, TX	77365						
	PURPOSE	(a) Category (	See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	rhead/Rental Expense					de of Texas. Complete Schedule T.	
	LA LIMITORL					ш		officeholder living expense	
						Campaign St	ora	ge	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Of	ficeholder name	Office sou	ght			Office held	
_	Date	Payee name	Α						
	07/02/2024	_							
	0110212024	Local Stor							
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	de				
	\$130.00	20992 Old	Sorters Road						
		Porter, TX	77365						
	DUDDOCT			ı	/h.\	B			
	PURPOSE OF		See Categories listed at the top of this	schedule)	(a)	Description			
	EXPENDITURE	Office Ove	rhead/Rental Expense			_		de of Texas, Complete Schedule T.	
	•					Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Larranne Lar		officeholder living expense	
						Campaign St	ora	ığ <del>e</del>	
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office held	
	expenditure to benefit C/OI	1							
		<del> </del>							

# SCHEDULE F1

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

**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 Travel Out of District

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide expla		Vages	s/Contract Labor		OTHER (enter a category not listed above	9)
-	Total pages Cabadula F1.	a FILED NAM	······································		•	——-	~	Filer ID	
1	Total pages Schedule F1: Sch: 50/103 Rpt:	Gray, Matt					3	Filer ID	
4	Date	5 Payee name	9			•			
Ĺ	12/05/2024	I -	Mailing and Printing						
6	Amount (\$) \$270.63	7 Payee addr 245 FM 19 Humble, T	60 Bypass Rd E	tate; Zip Co	ode				
8	PURPOSE	(a) Category	See Categories ilsted at the top of th	s schedule)	(b)	Description			
l	OF	ľ		a suriculie,	` `		outsid	e of Texas. Complete Schedule T.	
	EXPENDITURE	Printing Ex	pense				TX, e	officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ght			Office held	
	Date	Payee name	)						
	11/08/2024	Loving, Je							
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de				
	\$500.00	20725 Idle	Wilde						
_			y, TX 77357						
	PURPOSE OF		See Categories listed at the top of thi	s schedule)	(b)	Description			
	EXPENDITURE	Event Exp	ense			<u>  </u>		e of Texas. Complete Schedule T.	
						ш.		officeholder living expense	
						Election music	C		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office held	
	Date	Payee name	1						
	10/09/2024	Loving, Jes							
		-							
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	de				
	\$90.00	20725 Idle	Wilde						
		New Cane	y, TX 77357						<u> </u>
	PURPOSE	(a) Category (s	See Categories listed at the top of thi	s schedule)	(b)	Description			
	OF EXPENDITURE	Event Expe	ense			<b>—</b>		e of Texas. Complete Schedule T.	
	EXPENDITORE	·				<del></del>		officeholder living expense	
						Election music	C		
	Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	aht			Office held	
	expenditure to benefit C/OI		IOGNOJOGI HANIC	Onice add	Su II			Office Hold	
			•						

#### SCHEDULE F1

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

Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel in District Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 51/103 Rpt: Gray, Matthew 4 Date Payee name 10/10/2024 Lupe Tortilla Mexican Restaurant 6 Amount (\$) Payee address; State; Zip Code \$156.66 20061 Northpark Dr Kingwood, TX 77339 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2024 MAGA Amount (\$) Payee address; City; State; Zip Code \$172.90 1560 N US Hwy 1 Ormond Beach, FL 32174 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign support Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/29/2024 McDonalds Amount (\$) Payee address; State; Zip Code City; \$31.06 909 W Davis St Conroe, TX 77301 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Business lunch Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Glft/Awards/Memorials Ex Legal Services The Instruction Guid	rpense		ges	e /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: 52/103 Rpt:	Gray, Matth	ew							
4	Date	5 Payee name								
	11/26/2024	Meal Train								
6	Amount (\$)	7 Payee addre	ss; City;	State;	Zip Cod	le				
	\$100.00	PO Box 939	57							
		The Woodla	ands, TX 77387							
8	PURPOSE	(a) Category (s	ee Categories listed at the	top of this sched	dule) (	b)	Description			
	OF EXPENDITURE	SUPPORT	AND MISCELLAN	IEOUS			<b>느</b>		le of Texas, Complete Schedule T.	
							<b>—</b>		officeholder living expense	
							Supportione	HECK	ed official, gift, or food	
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Of	ffice soug	ht			Office held	
	experiulture to benefit 6/01									
	Date	Payee name								
	08/12/2024	Mister Car	<i>N</i> ash							
	Amount (\$)	Payee addre	ss; City;	State:	Zip Cod	le			···	
	\$14.00	21938 Mark	*		_,p					
	Ψ14.00	E1000 Man	OCT I DI							
			T) / 77057							
		New Caney	, IX //35/							
	PURPOSE OF	(a) Category (se	ee Categories listed at the	top of this sched	dule) (	b)	'			
	EXPENDITURE	TRANSPO	RTATION MAINTE	ENANCE					le of Texas, Complete Schedule T.	
					1		Car wash	1, 17, 0	officeholder living expense	
							Our wasn			
	0 1: 011114								org I. III	
	Complete ONLY if direct expenditure to benefit C/Oh		ceholder name	Of	fice soug	nt			Office held	
	Date	Payee name								
	07/05/2024	Mister Car \	<i>N</i> ash							
	Amount (\$)	Payee addre	ss; City;	State;	Zip Cod	le	<del></del>			
	\$14.00	21938 Mark		•	101					
	, <del></del>									
		Navy Canas	TV 77007							
		New Caney	, TX 11351							
	PURPOSE OF		ee Categories listed at the I		dule) (	b)	Description			
	EXPENDITURE	TRANSPOR	RTATION MAINTE	ENANCE					le of Texas, Complete Schedule T.	
		•					Car wash	1, I X, C	officeholder living expense	
							odi wasii			
					<u></u>				0#	···· •
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Of	fice soug	nt			Office held	
		-			······································					

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
4	The Instruction Guide explains h	low to complete this form.	F
1 Total pages Schedule F1: Sch: 53/103 Rpt:	2 FILER NAME Gray, Matthew		3 Filer ID
4 Date	5 Payee name		
07/02/2024	Mister Car Wash		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$14.00	21938 Market Pl Dr	·	
	New Caney, TX 77357		
8 PURPOSE ( OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche TRANSPORTATION MAINTENANCE	Check if travel of	outside of Texas, Complete Schedule T. , TX, officeholder living expense
		Car wash	
Complete ONLY if direct expenditure to benefit C/OH		ffice sought	Office held
Date	Payee name		
09/16/2024	Montgomery County Republican Party		
Amount (\$)	Payee address; City; State;	Zip Code	
\$2,500.00	18001 Hwy 105 W		
	Ste 101		
	Montgomery, TX 77356		
PURPOSE (	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Event Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Lincoln Reag	
Complete ONLY if direct expenditure to benefit C/OH		ffice sought	Office held
Date	Payee name		
11/04/2024	Moore, Crystal		
Amount (\$)	Payee address; City; State;	Zip Code	
\$1,750.00	17106 Leon Ct		
	Splendora, TX 77372		
PURPOSE (	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Event Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Randy Moore	
Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/OH			

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 54/103 Rpt: Gray, Matthew 4 Date Payee name 08/15/2024 Pacific Yard House 6 Amount (\$) Payee address; State; Zip Code \$58,71 101 Metcalf St Conroe, TX 77301 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/26/2024 Pappas Seafood House Amount (\$) Payee address; City; State; Zip Code \$188.42 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 Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 07/31/2024 Pappasitos Cantina Payee address: City; Amount (\$) State; Zip Code \$156.11 10005 FM 1960 Humble, TX 77338 **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

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		Legal Services  The Instruction Guide ex	Salaries/V	/ages	/Contract Labor	OTHER (enter a category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	IE.			3	Filer ID	·
	Sch: 55/103 Rpt:	Gray, Mati						
4	Date	5 Payee nam	6					
	12/03/2024	Peach Cre	ek Baptist Church					
6	Amount (\$) \$300.00	7 Payee addr 25425 FM New Cane	·-	State; Zip Co	de			
8	PURPOSE		· · · · · · · · · · · · · · · · · · ·		/h)	Description		
	OF EXPENDITURE	Event Exp	See Categories listed at the top of ense	this schedule)	(10)	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense DONSORShìp	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office held	
Г	Date	Payee name	9 .					and the second
	12/06/2024	Petes Burg	ger Place					
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de			
	\$24.29	24626 TX-	494 Loop	•				
			•					
		Porter, TX	77365					
	PURPOSE	(a) Category (	See Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beve	erage Expense			<u></u>	lde of Texas, Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght		Office held	
	Date	Payee name	9					
	07/12/2024	Petes Burg	ger Place					
	Amount (\$) \$28.55	Payee addro 24626 TX-		State; Zip Co	de			
		Porter, TX	77365					
	PURPOSE OF EXPENDITURE		See Categories listed at the top of rage Expense	this schedule)	(b)	لسنا	ide of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght		Office held	

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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:	2 FILER NAME 3 Filer ID
L	Sch: 56/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	09/13/2024	Pho An
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.69	209 1st St E
		Humble, TX 77338
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 travel outside of Texas. Complete Schedule T.  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	Payon nama
	09/09/2024	Payee name Porter High School Cheerleaders Spartan
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	22625 Sandy Ln
	Ψ250.00	LEVEL CAMAY ETT
		Porter, TX 77365
	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 travel outside of Texas, Complete Schedule T.  Check if travel outside of Texas, Complete Schedule T.
		Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	12/05/2024	Pueblo Viejo
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.25.50	23724 TX-494 Loop
		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.
		Check if Austin, TX, officeholder living expense Business lunch
		Duantes fundi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

# SCHEDULE F1

Advertising Expense

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

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		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out of District OTHER (enter a category not listed above)
Great Gara'r tymant	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	į		3 Filer ID
Sch: 57/103 Rpt:	Gray, Matthew		
4 Date 10/31/2024	5 Payee name Robert Walker Campaign		
6 Amount (\$) \$500.00	7 Payee address; City; State; 510 TX-75 Willis, TX 77378	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel or	utside of Texas, Comptete Schedule T. TX, officeholder living expense Na <b>tion</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held
Date	Payee name		
08/12/2024	Ruiz, Carlos		
Amount (\$) \$250.00	Payee address; City; State; 23464 FM 1314	Zip Code	
	Porter, TX 77365		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schi Event Expense	Check if travel or	utside of Texas. Complete Schedule T. TX, officeholder living expense n Fundraiser
Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held
Date	Payee name		
10/04/2024	Salata		•
Amount (\$) \$27.26	Payee address; City; State; 21856 Market Pl Dr Suite 600 New Caney, TX 77357	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho Food/Beverage Expense	Check if travel o	utside of Texas. Complete Schedule T. TX, officeholder living expense h
Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 58/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	07/16/2024	Salata
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$88.30	21856 Market Pl Dr
		Suite 600
	•	New Caney, TX 77357
Ļ	BUDBOOK	
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
		Business lunch
<u>-</u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	12/23/2024	Saltgrass Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.83	21284 US-59
	e e	New Caney, TX 77357
L		
	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
		Equition (artist)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	
	Date	Payee name
	12/05/2024	Saltgrass Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$133.03	21284 US-59
		New Caney, TX 77357
L		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Econd/Reverage Expanse  (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 Ilving expense
		Business lunch
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<u> </u>		

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID			
L	Sch: 59/103 Rpt:	Gray, Matthew			
4	Date	5 Payee name			
	09/27/2024	Saltgrass Steakhouse			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$91.02	21284 US-59			
	702.02				
		New Caney, TX 77357			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EVERNOLITIES	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T.			
	EXPENDITURE	Check If Austin, TX, officeholder living expense			
		Business lunch			
L					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/25/2024	Saltgrass Steakhouse			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$39.00	21284 US-59			
	<b>\$29.00</b>	21204 03-39			
		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.			
	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/O	1			
Т	Date	Payee name			
	09/20/2024	Saltgrass Steakhouse			
<u> </u>					
	Amount (\$)	Payee address; City; State; Zip Code			
Ī	\$105.05	21284 US-59			
		New Caney, TX 77357			
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Food/Beverage Expense Categories listed this top of this springer. Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Business lunch			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 60/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	09/12/2024	Saltgrass Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.97	810 Interstate 45 N
		Conroe, TX 77301
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.
	LXFERDITORL	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
	Date	Payee name
	09/06/2024	Saltgrass Steakhouse
H	Amount (\$)	Payee address; City; State; Zip Code
	\$37.90	21284 US-59
	φ01100	21204 00 00
		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 functi
<u> </u>	6 L. 6111111	
	Complete ONLY if direct expenditure to benefit C/Oi	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/25/2024	Saltgrass Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
1	\$116.03	810 Interstate 45 N
	<b>+==:::</b>	
		0 . TV 77004
		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
	Complete ONLY if direct expenditure to benefit C/Oi	Candidate/Officeholder name Office sought Office held
	experience to benefit G/OI	·

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Relimbur.

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FUEDNAM	The Instruction Guide expla	uns now to com	piete trus rorm.	3	Filer ID
ľ	Sch: 61/103 Rpt:	Gray, Matt				3	Hiler 10
_	<u>'</u>	*					
4	Date 07/05/2024	5 Payee name	e Steakhouse				
Ļ							
6	Amount (\$) \$57.59	7 Payee addr 21284 US New Cane		tate; Zip Code	•		
8	PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the top of this trage Expense	s schedule) (k	<b>-</b>	ı, TX, (	le of Texas. Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sough	it		Office held
	Date	Payee name	•				
	11/27/2024	Schlotzsky	S				
	Amount (\$) \$52.88	Payee addro 12073 Gra New Cane	•	ate; Zip Code			
	PURPOSE OF EXPENDITURE		Gee Categories listed at the top of this rage Expense	s schedule) (k	<u> </u>	, TX, 0	e of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sough	t		Office held
	Date	Payee name	)			-	
	11/18/2024	Schlotzsky	S				
	Amount (\$) \$14.17	Payee addre 12073 Gra	•	ate; Zip Code	}		
		New Cane	y, TX 77357				
	PURPOSE OF EXPENDITURE		See Categories listed at the top of this rage Expense	s schedule) (k	$\Box$	, TX, c	e of Texas, Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		liceholder name	Office sough	t		Office held

## SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Constitutions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gilt/Awards/Memorials Ex Legal Services  The Instruction Guid	kpense Prii Sal		se s/Contract Labor	Travel Out of District OTHER (enter a category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3 Filer ID	
	Sch: 62/103 Rpt:	Gray, Matth	new					
4	Date	5 Payee name						
	11/12/2024	Schlotzskys	3					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zi	p Code			
	\$14,17	12073 Grar	nd Pkwy					
		New Caney	, TX 77357					
8	PURPOSE	(a) Category (s	ee Categories listed at the	top of this schedule	) (b)	Description		
	OF EXPENDITURE		age Expense			Check if trave	outside of Texas, Complete Schedule T.	
	EXPENDITORE					<del>11</del>	n, TX, officeholder living expense	
						Business lur	icn	
9	Complete ONLY if direct expenditure to benefit C/Ol		ceholder name	Office	e sought		Office held	
	Date	Payee name						
	10/28/2024	Schlotzskys	\$					
	Amount (\$)	Payee addre	ss; City;	State: Zi	p Code			
	\$30.61	118 I-45	2.91	·	,			
	\$0010.h	Ste C						
			E) ( 770 to					
		Huntsville,	1 X 77340					
	PURPOSE OF		ee Categories listed at the t	top of this schedule	(b)	Description		
	EXPENDITURE	Food/Bever	age Expense				l outside of Texas, Complete Schedule T,	
						Business lur	n, TX, officeholder living expense	
						Dusiness iui		
	Carpolato ONLV if direct	Candidata/Offi	achalder name	Office	o oought		Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office	e sought		Office field	
	Date	Payee name						
	09/23/2024	Schlotzskys	3					
	Amount (\$)	Payee addre	ss; City;	State; Zi	p Code			
	\$19.99	1131 US-29	90					
		Elgin, TX 78	3621					
	PURPOSE				/h	Description		
	OF		ee Categories listed at the t age Expense	top of this schedule	) (0)		outside of Texas, Complete Schedule T.	
	EXPENDITURE	Food/Bever	age Expense				n, TX, officeholder living expense	
						Business lur	nch	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office	e sought		Office held	· ·
	expenditure to benefit C/OI	4						
						<del></del>		

# 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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Citt/Awards/Memorials Expe Legal Services  The Instruction Guide	Salaries/\	Nages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM				3	Filer ID	
	Sch: 63/103 Rpt:	Gray, Matti	new					
4	Date	5 Payee name	•					
	11/27/2024	Scooters C	offee					
6	Amount (\$)	7 Payee addre		State; Zip Co	ode			
	\$20,97	27914 DIIII	ham Woods Dr					
		Spring, TX	77386					
8	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description	•••••	
	EXPENDITURE	Food/Beve	rage Expense			<u> </u>	lde of Texas. Complete Schedule T. , officeholder living expense	
						Business lunch	Gallactician tring expense	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ight		Office held	
	Date	Payee name						
	12/23/2024	-	oanese Grill					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de			
	\$69.07	21968 Valle	ey Ranch Pkwy					
		New Caney	, TX 77357					
	PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Bever	rage Expense			<u> </u>	ide of Texas. Complete Schedule T. , officeholder living expense	
						Business lunch	TO MOCHOLOGY HANG EXPONED	
	Complete ONLY if direct		ceholder name	Office sou	ıght		Office held	
	expenditure to benefit C/OF	-1						
	Date	Payee name						
	12/16/2024	Shogun Jap	oanese Grill					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode		1411	
	\$54.76	21968 Valle	y Ranch Pkwy					
		New Caney	r, TX 77357					
	PURPOSE OF		ee Categories listed at the top	o of this schedule)	(b)	Description		
	EXPENDITURE	Food/Bever	age Expense			$\Box$	ide of Texas, Complete Schedule T. , officeholder living expense	
						Business lunch	. ,	
	Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office sou	ght		Office held	
	. <u>.</u>							

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense

	Consuming Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services  The Instruction Guide	ense Prir Sal	=	Contract Labor	Travel Out of District OTHER (enter a calegory not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	IE				3 Filer ID	
	Sch: 64/103 Rpt:	Gray, Mat						
4	Date	5 Payee nam	е					
	12/17/2024	Smoothie	King					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zi	p Code			
	\$40.54	12029 Gra	and Pkwy					
		Ste 120						
		New Cane	y, TX 77357					
8	PURPOSE	(a) Category	See Categories listed at the to	op of this schedule	) (b)	Description		
	OF EXPENDITURE	Food/Beve	erage Expense				outside of Texas. Complete Schedule T.	
						Staff beverag	TX, officeholder living expense	
					i	out borolag		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oi		fficeholder name	Office	e sought		Office held	
	Date	Payee nam	9					
	12/05/2024	Smoothie	King					
	Amount (\$)	Payee addr	ess; City;	State; Zi	p Code	•		
	\$28.76	12029 Gra	ind Pkwy					
		Ste 120						
		New Cane	y, TX 77357					
	PURPOSE	(a) Category (	See Categories listed at the to	p of this schedule)	) (b)	Description		
	OF EXPENDITURE	Food/Beve	erage Expense				outside of Texas, Complete Schedule T. TX, officeholder living expense	
					'	Staff beverag		
						•		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office	e sought		Office held	
	Date	Payee nam	9					
	12/03/2024	Smoothie	King					
-	Amount (\$)	Payee addr	ess; City;	State; Zi	p Code			
	\$36.78	12029 Gra	nd Pkwy					
		Ste 120						
	·	New Cane	y, TX 77357					
	PURPOSE	(a) Category (	See Categories listed at the to	p of this schedule;	(b)	Description		
	OF EXPENDITURE	Food/Beve	rage Expense				outside of Texas. Complete Schedule T. TX, officeholder living expense	
						Staff beverag		
					,	J		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office	sought	<u> </u>	Office held	
							1.4.1444 (Market )	

#### 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 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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 65/103 Rpt: Gray, Matthew 4 Date Payee name 11/27/2024 Smoothie King Payee address; 6 Amount (\$) City; State; Zip Code \$56.81 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Smoothie King 11/08/2024 Amount (\$) Payee address; State; Zip Code \$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 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 held Office sought expenditure to benefit C/OH Date Payee name 10/28/2024 Smoothie King Amount (\$) Payee address; City; State; Zip Code \$11.47 12029 Grand Pkwy Ste 120 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description ΩF 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

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 66/103 Rpt;	2 FILER NAME Gray, Matthew 3 Filer ID
4	Date 10/21/2024	5 Payee name Smoothie King
6	Amount (\$) \$21,94	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
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 10/16/2024	Payee name Smoothie King
	Amount (\$) \$11.70	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
	Date 10/07/2024	Payee name Smoothie King
	Amount (\$) \$1.9.81	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

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: Sch: 67/103 Rpt: Gray, Matthew  4 Date 09/30/2024 5 Payee name Smoothie King  6 Amount (\$) 7 Payee address; City; State; Zip Code  \$10.41 \$2029 Grand Pkwy Ste 120 New Caney, TX 77357  8 PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule) 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 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 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 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 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 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 travel outside of Texas, C	
Sch: 67/103 Rpt:  Gray, Matthew  4 Date 09/30/2024  5 Payee name Smoothie King  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, offloeholder living expense  Staff beverages  Office held  Payee name 09/23/2024  Amount (\$) Payee address; City; State; Zip Code  \$11.27  Payee address; City; State; Zip Code  \$12029 Grand Pkwy Ste 120	
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O9/30/2024  Smoothie King  7 Payee address; City; State; Zip Code  \$10.41  \$10.41  \$2029 Grand Pkwy  Ste 120  New Caney, TX 77357  (a) Category (see Categories listed at the top of this schedule)  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  Candidate/Officeholder name  Office sought  Office held  Date  O9/23/2024  Amount (\$)  Payee name  Smoothie King  Payee address; City; State; Zip Code  \$11.27  \$2029 Grand Pkwy  Ste 120	
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\$10.41  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 ONLY if direct expenditure to benefit C/OH  Date 09/23/2024  Payee name 09/23/2024  Smoothie King  Amount (\$) Payee address; City; State; Zip Code  \$11.27  \$2029 Grand Pkwy Ste 120	
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Food/Beverage Expense  Complete ONLY if direct expenditure to benefit C/OH  Date  09/23/2024  Amount (\$)  Payee address; City; State; Zip Code  \$1.1.27  Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Staff beverages  Office sought  Office held  Office held  Office held  State; Zip Code  \$1.1.27	***************************************
EXPENDITURE  FOOd/Beverage Expense  Check if Austin, TX, officeholder living expense  Staff beverages  Candidate/Officeholder name  Office sought  Office held  Date  O9/23/2024  Payee name  O9/23/2024  Amount (\$)  Payee address; City; State; Zip Code  \$11.27  Ste 120	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Smoothie King  Amount (\$) Payee address; City; State; Zip Code  \$11.27   12029 Grand Pkwy Ste 120	
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Smoothle King  Amount (\$) Payee address; City; State; Zip Code  \$11.27   12029 Grand Pkwy Ste 120	
Date Payee name 09/23/2024 Smoothie King  Amount (\$) Payee address; City; State; Zip Code \$1.1.27   12029 Grand Pkwy Ste 120	
Date Payee name 09/23/2024 Smoothie King  Amount (\$) Payee address; City; State; Zip Code \$11.27   12029 Grand Pkwy Ste 120	
O9/23/2024 Smoothie King  Amount (\$) Payee address; City; State; Zip Code  \$11.27 12029 Grand Pkwy Ste 120	
Amount (\$) Payee address; City; State; Zip Code \$11.27   12029 Grand Pkwy Ste 120	
\$11.27 12029 Grand Pkwy Ste 120	
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Ste 120	
New Caney, TX 77357	
PURPOSE OF OF FOOd/Beverage Expense  (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.	
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Date Payee name	
09/23/2024 Smoothie King	
Amount (\$) Payee address; City; State; Zip Code	
\$24.78   12029 Grand Pkwy	
Ste 120	
New Caney, TX 77357	
PURPOSE  (a) Category (see Categories listed at the top of this schedule)  (b) Description  (c) Check if travel quiside of Texas, Complete Schedule T	
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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/Relmbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salarie	_	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID	
	Sch: 68/103 Rpt:	Gray, Matt	hew					
4	Date	5 Payee name	€					
	08/26/2024	Smoothie I	King					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code			
	\$19.68	19717 Eas	tex Fwy					
		Humble, T	X 77338					
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	<u>De</u> scription		
	EXPENDITURE	Food/Beve	rage Expense				de of Texas, Complete Schedule T. officeholder living expense	
ı						Staff beverages		
9	Complete ONLY if direct		ficeholder name	Office s	ought		Office held	
	expenditure to benefit C/OI	H						
	Date	Payee name						
	08/19/2024	Smoothie I	King					
	Amount (\$)	Payee addre	• •	State; Zip (	Code			
	\$7.57	2710 W La	ke Houston Pkwy					
		Suite 200						
		Kingwood,	TX 77339					
	PURPOSE	(a) Category (	See Categories listed at the to	p of this schedule)	(b)	Description	-	
	OF EXPENDITURE	Food/Beve	rage Expense		ľ		de of Texas, Complete Schedule T,	
					Ì	Staff beverages	officeholder living expense	
						Stail beverages		
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	 ought		Office held	
	expenditure to benefit C/O	<del> </del>						
	Date	Payee name	<del>)</del>					
	08/14/2024	Smoothie I	King				•	
	Amount (\$)	Payee addre	ess; City;	State; Zip (	Code			
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		Ste 120						
		New Cane	y, TX 77357					
	PURPOSE	(a) Category (8	See Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE		rage Expense	ŕ			de of Texas, Complete Schedule T.	
	LA LADITORE						officeholder living expense	
						Staff beverages		
	Camplete ON! V if direct	Candidate/Of	icahaldar pama	Office of	auch+		Office held	
	Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office so	Jugnt		Onice riela	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memoritals Legal Services The Instruction G		_	es/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
<u> </u>	Total pages Schedule F1;	2 FILER NAM		4			13	Filer ID
	Sch: 69/103 Rpt:	Gray, Matti						
į,	Date	5 Payee name	)					<del></del>
	08/13/2024	Smoothie h	King					
	Amount (\$)	7 Payee addre	ess; City;	State:	Zip Code			
	\$15.13	12029 Gra			•			
		Ste 120	,					
			y, TX 77357					
3	PURPOSE				(1-	Maria de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la co		
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_	Date	Payee name						
	08/09/2024	Smoothie k	King					
	Amount (\$)	Payee addre	ess; City;	State;	Zip Code			****
	\$10.41	1.2029 Grai	nd Pkwy					
		Ste 120						
		New Caney	, TX 77357					
	PURPOSE	(a) Category (s	ee Categories listed at t	he ton of this scho	d) (elube	Description		
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	EXPENDITURE		• .		· ·			officeholder living expense
						Staff bevera	iges	
	Complete <u>ONLY</u> if direct	Candidate/Off	iceholder name	0	Office sough			Office held
	expenditure to benefit C/OI							
	Date	Payee name						
	07/30/2024	Smoothie K	ling					
	Amount (\$)	Payee addre	ss; City;	State;	Zip Code			
	\$10.41	12029 Grar	nd Pkwy					
		Ste 120						
		New Caney	, TX 77357					
	PURPOSE	(a) Category (s	ee Categories listed at ti	he top of this eahe	adule) (b	Description		
	OF		age Expense	ne top of and done	30000)		el outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					<u> </u>		officeholder living expense
						Staff bevera	iges	
_	Complete ONLY if direct	Candidate/Off	iceholder name		Office sough			Office held
								MING HOU

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donate

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee ·	Citt/Awards/Memorials Legal Services The Instruction G			Vages	/Contract Labor O	ravel Out of District THER (enter a category i	not listed above)
1	Total pages Schedule F1: Sch: 70/103 Rpt:	2	FILER NAME Gray, Matth					3 Fi	iler ID	
L	Date 07/24/2024		Payee name Smoothie K							
6	Amount (\$) \$19.81	7	Payee addre 12029 Gran Ste 120 New Caney	nd Pkwy	State;	Zip Co	ode			
8	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at 1 age Expense	the top of this sche	edule)	(b)	<u> </u>	of Texas, Complete Sche iceholder living expense	dule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	O	ffice sou	ght		Office held	
	Date 07/15/2024		Payee name Smoothie K	ing						
	Amount (\$) \$15,38		Payee address 12029 Gran Ste 120 New Caney	d Pkwy	State;	Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)		e Categories listed at t age Expense	he top of this sche	edule)	(b)	<del></del>	of Texas. Complete Sche iceholder living expense	dule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder name	0	ffice sou	ght		Office held	
	Date 07/08/2024		Payee name Smoothie K	ing						
	Amount (\$) \$35.72		Payee addres 12029 Gran Ste 120 New Caney	d Pkwy	State;	Zip Co	de			
	PURPOSE OF EXPENDITURE	(a)		e Categories listed at t age Expense	he top of this sche	dule)	(b)	ш	of Texas, Complete Sche iceholder living expense	dule T.
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	ceholder name	0	ffice sou	ght		Office held	
		_								

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental 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: 71/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	07/02/2024	Smoothie King
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.41	12029 Grand Pkwy
		Ste 120
		New Caney, TX 77357
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
		Staff beverages
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/30/2024	Sonic
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$9.95	21697 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
		Staff beverages
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	Southern Sunshine
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	1310 Linda Dr
		Daingerfield, TX 75638
	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
		Campaign event at Bull Sallas
	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 -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

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

Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 72/103 Rpt: Gray, Matthew 4 Date Payee name 12/11/2024 Space City Athletics 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 17196 Tram Rd 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 Baseball sponsorship Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 07/30/2024 Splendora FFA Alumni Amount (\$) Payee address; State; Zip Code \$2,750.00 25845 Coleman Dr 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Top banner advertisement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/16/2024 Splendora Project Graduation Amount (\$) Payee address; State; Zip Code City; \$400.00 23419 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. Event Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Project grad sponsorship 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

1	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Glitt/Awards/Memorials Expe Legal Services The Instruction Guide	nse Pri Sa	-	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAME	<b>=</b>				3 Filer ID	
	Sch: 73/103 Rpt:	Gray, Matth	iew					
4	Date	5 Payee name					•	
	12/30/2024	Starbucks						
6	Amount (\$)	7 Payee addre	ss; City;	State; Z	ip Code			
	\$31.04	21836 Mark	et Pl Dr					•
ļ		New Caney	, TX 77357					
8	PURPOSE	(a) Category (s	ee Categories listed at the top	of this schedule	(b)	Description		
	OF EXPENDITURE		age Expense				outside of Texas. Complete Schedule T.	
						Staff beverag	TX, officeholder living expense	
l						olan beverag	00	
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Offic	e sought		Office held	
ľ	expenditure to benefit C/O			31,10	o ooug.n		Simos field	
	Date	Payee name						••••
	12/23/2024	Starbucks						
	Amount (\$)	Payee addre	ss; City;	State; Zi	p Code			
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		#150						
		Kingwood,	TX 77345					
	PURPOSE	(a) Category (s.	ee Categories listed at the top	of this schodula	, (b)	Description		
l	OF EXPENDITURE		age Expense	or ir iid derrodaje	"		outside of Texas. Complete Schedule T.	
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		Kingwood,	TX 77345					
	PURPOSE OF		ee Categories listed at the top	of this schedule	) (b)	Description		
	EXPENDITURE	Food/Bever	age Expense			ш	utside of Texas, Complete Schedule T. TX, officeholder living expense	
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ŀ						J		
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## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Gift/Awards/Memorials E Legal Services	xpense Printi	ng Expense	e Contract Labor	Travel Out of District OTHER (enter a category not listed above)
	The Instruction Gui	de explains how to	o complei	te this form.	
ile F1: 2 FILER NAM	<b>∕</b> IE			3	Filer ID
ot: Gray, Mat	thew				
5 Payee nam	ie				
Starbucks					
7 Payee add	ress; City;	State; Zip	Code		
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Porter, TX	77365				
(a) Category	See Categories listed at the	top of this schedule)	(b)	Description	
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	fficeholder name	Office	sought		Office held
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Starbucks					
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#150					
Kingwood	, TX 77345				
(a) Category	See Categories listed at the	top of this schedule)	(b)	Description	
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				otan povorago	<b>.</b>
irect Candidate/O	fficeholder name	Office	sought		Office held
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I -					
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- Food/Beve	erage Expense				X, officeholder living expense
				Staff beverage	
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rect Candidate/O	fficeholder name	Office	sought		Office held
	pt: Gray, Mat  5 Payee nam Starbucks  7 Payee addi 23690 US Porter, TX  (a) Category Food/Beve  157.04 Payee nam Starbucks Payee addi 4535 King #150 Kingwood  (a) Category Food/Beve  167.04 Candidate/O  Payee nam Starbucks Payee addr 23690 US Porter, TX  (a) Category Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks Payee nam Starbucks	ler/Political Committee Legal Services The Instruction Gui  Jule F1: 2 FILER NAME Gray, Matthew  5 Payee name Starbucks  7 Payee address; City; 23690 US-59 Porter, TX 77365  (a) Category (see Categories listed at the Food/Beverage Expense)  Payee name Starbucks  Payee address; City; 4535 Kingwood Dr #1.50 Kingwood, TX 77345  (a) Category (see Categories listed at the Food/Beverage Expense)  Identification of the Instruction Gui  Payee name Starbucks Payee address; City; 4535 Kingwood Dr #1.50 Kingwood, TX 77345  (a) Category (see Categories listed at the Food/Beverage Expense)  Identification of the Instruction Gui Payee name Starbucks Payee address; City; 23690 US-59 Porter, TX 77365	Ended By- er/Political Committee  Clift/Awards/Memorials Expense Frint The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to The Instruction Guide explains how to	The Instruction Guide explains how to complete the F1:    2	Side Bade By

### 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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 75/103 Rpt: Gray, Matthew 4 Date Payee name 11/25/2024 Starbucks 6 Amount (\$) Payee address; City; State; Zip Code \$38.35 4535 Kingwood Dr #150 Kingwood, TX 77345 **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 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/28/2024 Starbucks Amount (\$) Payee address; State; Zip Code \$7.04 4535 Kingwood Dr #150 Kingwood, TX 77345 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverages Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/28/2024 Starbucks Payee address; Amount (\$) City; State; Zip Code \$9.74 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 Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH

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#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Food/Beverage Expense Gift/Awards/Memorlals Expense

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

Sollcitation/Fundraising Expense Transportation Equipment & Related Expense Travei 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: 76/103 Rpt: Gray, Matthew 4 Date Payee name 10/24/2024 Starbucks Payee address; State; Zip Code 6 Amount (\$) City; \$12.23 4535 Kingwood Dr #150 Kingwood, TX 77345 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff beverages Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 10/07/2024 Starbucks Amount (\$) Payee address; City; State; Zip Code \$3.19 4013 S Sam Houston Pkwy E Houston, TX 77047 **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 Date Payee name 09/16/2024 Starbucks Payee address; State; Zip Code Amount (\$) City; \$9.63 9955 Woodlands Pkwy The Woodlands, TX 77382 **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 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	
1.	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 77/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	08/07/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.12	4535 Kingwood Dr
		#150
		Kingwood, TX 77345
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8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Э	expenditure to benefit C/Ol	
	Date	Payee name
	09/18/2024	Sunoco
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.72	23845 FM 1314
		Porter, TX 77365
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
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		Sidii beverages
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onportations to bottom or or	
	Date	Payee name
	07/08/2024	Taco Bell
	Amount (\$)	Payee address; City; State; Zip Code
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	4-5:15	
		New Caney, TX 77357
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	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)    Cond/Reverge Expanse   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/O	
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#### 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/Politice Credit Card Payment	al Cor	nmittee	Legal Services The Instruction	n Guide explain		-	c/Contract Labor ete this form.	OTHER (enter a category no	ot listed above)
1	Total pages Schedule F1:	2	FILER NAM	IE.		-		3	Filer ID	
	Sch: 78/103 Rpt:	1	Gray, Matt							
4	Date	5	Payee name	е						
	11/21/2024		Target							
6	Amount (\$) \$29.86		Payee addro 20777 US- Humble, T	-59	Stat	e; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (		d at the top of this s	chedule)	(b)	ш	ide of Texas, Complete Scheo , officeholder living expense and snacks	iuls T.
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Of	ficeholder nam	е	Office sou	ght		Office held	
	Date		Payee name	3						
	09/03/2024		Texcom Re	ealty Inc						
	Amount (\$) \$2,500.00		Payee addre 22812 FM Porter, TX	1314	Stat	e; Zip Co	de			
	PURPOSE OF EXPENDITURE		Category (: Event Expe		d at the top of this s	chedule)	(b)		ilde of Texas. Complete Sched , officeholder living expense	luje T,
	Complete ONLY if direct expenditure to benefit C/O		andidate/Of	ficeholder nam	e	Office sou	ght		Office held	
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	Amount (\$) \$106.22		Payee addre 9595 Six P The Woodl			e; Z <b>i</b> p Co	de			
	PURPOSE	(a)	Category /	See Categorice lieto	d at the top of this s	chedule)	(b)	Description		
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	Complete ONLY if direct expenditure to benefit C/O		andidate/Of	ficeholder nam	e	Office sou	ght		Office held	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

İ	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid	,	-	nse es/Contract Labor	Travel Out of District OTHER (enter a category not listed ab	ove)
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	Sch: 79/103 Rpt;	Gray, Matt	new					
4	Date	5 Payee name	•					
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6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Code	!		•
	\$15.99	180 Centui	y Ct					
		College Sta	ation, TX 77840					
8	PURPOSE	(a) Category (s	ee Categories listed at the t	op of this sched	<sub>lule)</sub> (b	) Description		
	OF EXPENDITURE	Food/Beve	rage Expense			<u> </u>	l outside of Texas. Complete Schedule T.	
İ						Business lur	in, TX, officeholder living expense	
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Ļ	Computer ONITY is alicent	Q	! I I-I				0.00	
Э	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Off	fice sough	<b>(</b>	Office held	
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		College Sta	tion, TX 77840					
	PURPOSE		ee Categories listed at the t		//h	) Description		
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		Houston, T	X 77008					
	PURPOSE OF		ee Categories listed at the t	op of this sched	<sub>ule)</sub> (b	<b>Description</b>		
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	Complete ONLY if direct	Candidate/Off	ceholder name	Off	ice sough	· · ·	Office held	
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### 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

Travel Out of District

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District 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: 2 FILER NAME Sch: 80/103 Rpt: Gray, Matthew 4 Date Payee name 11/08/2024 The Rusty Buckle BBQ 6 Amount (\$) Payee address; State; Zip Code City; \$450.00 22664 Community Dr 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 Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/10/2024 The Rusty Buckle BBQ Amount (\$) Payee address: State; Zip Code \$45.59 22664 Community Dr New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/06/2024 The Rusty Buckle BBQ Payee address; City; State; Zip Code Amount (\$) \$47.35 22664 Community Dr New Caney, TX 77357 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) ΩE Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Pr Sa		se s/Contract Labor	Travel Out of District OTHER (enter a category not listed a	bove)
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	Sch: 81/103 Rpt:	Gray, Matti	new					
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6	Amount (\$)	7 Payee addre	ess; City;	State; Z	žip Code			
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		Porter, TX	77365					
8	PURPOSE	(a) Category (5	See Categories listed at the to	op of this schedul	le) (b)	Description		
	OF EXPENDITURE		s/Memorials Expens			<u> </u>	outside of Texas, Complete Schedule T.	
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_	Committee ONLY is allegat	0	T. 1. 1.1				Omes hald	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	<b>O</b> ffice	ce sought		Office held	
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	Amount (\$)	Payee addre	ess; City;	State; Z	Zip Code			
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	!		•					
		New Caney	y, TX 77357					
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedul	le) (b)	Description		
	OF EXPENDITURE		rage Expense		ĺ	إسسا	outside of Texas. Complete Schedule T.	
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		Conroe, TX	77304					
_	PURPOSE		ee Categories listed at the to	a of thin pohodul	(b)	Description		
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	EXPENDITURE	,	ago Enponto			Check if Austin	n, TX, officeholder living expense	
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	Complete ONLY if direct		iceholder name	Offic	ce sought		Office held	
	expenditure to benefit C/OF	-1						
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# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Glft/Awards/Memorials Ex Legal Services	pense		ense iges/	e Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
		1	The Instruction Guid	e explains no	ow to com	ibie	te this form.		
1	Total pages Schedule F1: Sch: 82/103 Rpt:	2 FILER NAM Gray, Mati						3	Filer ID
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		New Cane	y, TX 77357						
8	PURPOSE	(a) Category (	See Categories listed at the t	op of this sched	iule) (	b)	Description		
	OF EXPENDITURE	Food/Beve	erage Expense						de of Texas, Complete Schedule T.
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	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Off	fice soug	ht			Office held
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	11/06/2024	The Toast	ed Yolk						
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		Conroe, T	X 77304						
	PURPOSE	(a) Category (	See Categories listed at the t	op of this sched	iule) (	b)	Description		
	OF EXPENDITURE	Food/Beve	rage Expense						de of Texas. Complete Schedule T. officeholder living expense
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			•						
		New Cane	y, TX 77357						
	PURPOSE	(a) Category (	See Categories listed at the t	op of this sched	fule) (	b)	Description		
	OF EXPENDITURE		rage Expense						de of Texas, Complete Schedule T.
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	Complete ONLY if direct	Candidate/Of	ficeholder name	Off	fice sougl	ht			Office held
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# SCHEDULE F1

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

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

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

Solicitation/FundretsIng 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:	
Sch: 83/103 Rpt:	Gray, Matthew
4 Date	5 Payee name
08/19/2024	The Toasted Yolk
6 Amount (\$) \$33.62	7 Payee address; City; State; Zip Code 11985 Grand Pkwy
	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  Business lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/09/2024	The Toasted Yolk
Amount (\$) \$77.61	Payee address; City; State; Zip Code 2129 W Davis St
	Conroe, TX 77304
PURPOSE OF EXPENDITURE	(a) Category (see categories listed at the top of this schedule)  Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austlin, TX, officeholder living expense  Business lunch
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/08/2024	The Toasted Yolk
Amount (\$) \$34.55	Payee address; City; State; Zip Code 11985 Grand Pkwy
	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 lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense

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

Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Printing Expense Salartes/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: 84/103 Rpt: Gray, Matthew 4 Date Payee name 08/02/2024 The Toasted Yolk 6 Amount (\$) State; Zip Code Payee address; City; \$99.91 11985 Grand Pkwy New Caney, TX 77357 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business lunch** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/30/2024 The Toasted Yolk Amount (\$) Payee address; City; State; Zip Code \$58.23 11985 Grand 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 Date Payee name 07/17/2024 The Toasted Yolk Amount (\$) Payee address: State; Zip Code City; \$52.08 11985 Grand Pkwy New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description ΩE 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	<i>/</i> -	Glft/Awards/Memorials Exp Legal Services The Instruction Guide	ense (		ense ges/Contract Labor	Travel Out of District OTHER (enter a category not liste	d above)
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID	
	Sch: 85/103 Rpt:	Gray, Matth	ew					
4	Date	5 Payee name						
	07/02/2024	The Toasted	l Yolk		-			
6	Amount (\$)	7 Payee addres	s; City;	State;	Zip Code	э		
	\$32.56	11985 Gran	d Pkwy					
		New Caney,	TX 77357					
8	PURPOSE	(a) Category (Se	e Categories listed at the to	op of this sched	<sub>ule)</sub> (I	) Description		
	OF EXPENDITURE	Food/Bevera	age Expense			<u> </u>	l outside of Texas, Complete Schedule T.	
ľ						Check if Austi Business lur	n, TX, officeholder living expense	
					1	business iui	ICH	
Ļ	- 1							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Off	ice sough	nt	Office held	
┢	Date	Payee name				<del> </del>		
	08/13/2024	Thibodeaux,	Travis					
-	Amount (\$)	Payee addres		State:	Zip Code			
	\$250.00	27015 State	•	ouic,	21p 000			
	Ψ230,00	21010 51816	Si					
		0111	2/ 77000					
		Cleveland, T	X 11328					
	PURPOSE OF	(a) Category (se	e Categories listed at the to	p of this sched	<sub>ule)</sub> (t	Description		
	EXPENDITURE	Event Exper	ise				l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
						Fundraiser s		
							£	
	Complete ONLY if direct	Candidate/Offic	eholder name	Off	ice sough	 nt	Office held	***
	expenditure to benefit C/O		official fraction	0	ioo boagi		011100 7.010	
_	5.4							
	Date	Payee name	(la - O					
	12/23/2024	Three BS on	the Green					
	Amount (\$)	Payee addres	s; City;	State;	Zip Code	9		
	\$315.41	20700 Mills	Branch Dr					
		Porter, TX 7	7365					
	PURPOSE	(a) Category (See	Categories listed at the to	p of this schedu	ule) (I	) Description		
	OF EXPENDITURE	Food/Bevera		•			l outside of Texas, Complete Schedule T.	
	EXI ENDITORE						n, TX, officeholder living expense	
						Business lur	ICH	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Off	ice sough	nt	Office held	
	experientare to bettern c/Or	1					<u> </u>	

# 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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gilt/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries	Expens Wages	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed above	/e)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	
L	Sch: 86/103 Rpt:	Gray, Matth	ew					
4	Date	5 Payee name						
	08/14/2024	Top Gun Co	ookers					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	Code			
	\$500,00	23097 Smit	h Rd					
		Porter, TX	7365					
8	PURPOSE	(a) Category (S.	ee Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE	Event Expe				<u> </u>	ide of Texas. Complete Schedule T.	
						Sponsor	, officeholder living expense	
						Sporisor		
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	nunht		Office held	
ľ	expenditure to benefit C/O		centrate name	Office 3c	, agrit		Office ffold	
-	Date	Payee name				· · · · · · · · · · · · · · · · · · ·		
	08/19/2024	Twin Peaks						
-	Amount (\$)	Payee addre	ss; City;	State; Zip C	Code			
	\$100.76	· ·	n Freeway I-45	Olato, Lip C	,,,,,			
	<del>+</del> 255115	1001011011						
		Shenandoa	h, TX 77384					
_	PURPOSE				/h\	Description		
	OF		e Categories listed at the top of age Expense	of this schedule)	1(0)	Description  Check if travel outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE	TOOG/Devel	age Expense			<u> </u>	officeholder living expense	
					•	Business lunch		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offi	ceholder name	Office so	ught		Office held	
	experientare to benefit orer							
	Date	Payee name						
	12/06/2024	USPS				ŕ		
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode			
	\$116.80	20811 US-5	9					
		New Caney	, TX 77357					
	PURPOSE		e Categories listed at the top o		(b)	Description		
	OF EXPENDITURE	Office Overl	nead/Rental Expense	e			ide of Texas. Complete Schedule T. , officeholder living expense	
						Campaign Mailb		
						23-1 1410010		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught		Office held	
	expenditure to benefit C/OF							

# SCHEDULE F1

Advertising Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations M Candidate/Officeholder/I Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above	
		The Instruction Guide expla	ins how to compl			
1 Total pages Schedule				3	3 Filer ID	
Sch: 87/103 Rpt:	**					
4 Date	5 Payee nam	e				
12/12/2024	Uber					
6 Amount (\$)	7 Payee addr	• • •	ate; Zip Code			
\$86	.05   1515 3rd 9	St.				
	San Franc	isco, CA 94158				
8 PURPOSE	(a) Category	See Categories listed at the top of this	s schedule) (b)	Description		
OF EXPENDITURE	Travel In [	District			itstde of Texas, Complete Schedule T. "X, officeholder living expense	
				Transportation		
				· · · · · · · · · · · · · · · · · · ·		
9 Complete ONLY if dire	ct Candidate/O	ficeholder name	Office sought		Office held	
expenditure to benefit						
Date	Payee nam	Δ				
11/12/2024	Uber	v				
Amount (\$)	Payee addr	ess; City; St	ate; Zip Code			
\$3.	1 -	•	ato, 1.p 0000			
,		- •	•			
	San Franc	isco, CA 94158				
PURPOSE		See Categories listed at the top of this	(b)	Description	- 101-111	
OF	Travel In D		s schedule)	'	tside of Texas. Complete Schedule T.	
EXPENDITURE	1				X, officeholder living expense	
	- 1			Transportation	expense	
Complete ONLY if dire expenditure to benefit		ficeholder name	Office sought		Office held	
Date	Payee name	9				
11/12/2024	Uber					
Amount (\$)	Payee addr	<del>-</del>	ate; Zip Code			
\$10.	80   1515 3rd S	St.				
	San Franc	isco, CA 94158				
PURPOSE OF		See Categories listed at the top of this	schedule) (b)	Description		
EXPENDITURE	Travel In D	District			tside of Texas, Complete Schedule T. X, officeholder living expense	
				Transportation		
				•	-	
Complete ONLY if dire	ct Candidate/Of	ficeholder name	Office sought		Office held	
expenditure to benefit			J			

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid	pense Pr Sa		se //Contract Labor	7	Tavel Out of District DTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	<b>=</b>	***			3 F	Filer ID
	Sch: 88/103 Rpt:	Gray, Mattl	new				1	
4	Date	5 Payee name	•					
	11/12/2024	Uber						
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	zip Code			-
İ	\$15.94	1515 3rd S	t.					
		San Franci	sco, CA 94158					
8	PURPOSE	(a) Category (s	ee Categories listed at the t	top of this schedul	ie) (b)	Description		
	OF EXPENDITURE	Travel In D	istrict			<u> </u>		of Texas. Complete Schedule T.
						Transportation		fficeholder living expense
						T CATION OF COLOR	011 011	pe
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Offic	ce sought			Office held
	Date	Payee name			1			AW-
	11/08/2024	Uber						
	Amount (\$)	Payee addre	ss; City;	State; Z	ip Code			
	<b>\$13.87</b>	1515 3rd S	t <b>.</b>					
		San Franci	sco, CA 94158					
	PURPOSE	(a) Category (s	ee Categories listed at the t	top of this schedul	(b)	Description		
	OF EXPENDITURE	Travel in D	istrict			انسا		of Texas, Complete Schedule T.
						Transportation		fficeholder living expense Dense
								F
	Complete ONLY if direct		iceholder name	Offic	ce sought			Office held
	expenditure to benefit C/Ol	Ⅎ						<b></b>
	Date	Payee name						
	10/30/2024	Uber						
	Amount (\$)	Payee addre	ss; City;	State; Z	ip Code			
	\$3.00	1515 3rd S	t.					
		San Franci	sco, CA 94158					
	PURPOSE	(a) Category (s	ee Categories listed at the t	top of this schedul	le) (b)	Description		
	OF EXPENDITURE	Travel In D				_		e of Texas. Complete Schedule T. fficeholder living expense
						Transportation		
						. roa io portati	<b>_</b> ,,	j · · - *
	Complete ONLY if direct	Candidate/Off	iceholder name	Offic	ce sought			Office held
	expenditure to benefit C/OI							

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense

	Consuming Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 89/103 Rpt:	Gray, Matthew
4	Date	5 Payee name
	10/30/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.97	1515 3rd St.
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas, Complete Schedule T.
		Check If Austin, TX, officeholder living expense  Transportation expense
		Transportation expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/30/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.97	1515 3rd St.
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories ilsted 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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	10/29/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.97	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 travel outside of Texas, Complete Schedule T.
	LAI LIIDII OKL	Check if Austin, TX, officeholder living expense
		Transportation expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

## 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

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Leg	/Awards/Memorials Expens pal Services e Instruction Guide ex	Salaries	Wages	/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: 90/103 Rpt:	Gray, Matthew	1					
4	Date	5 Payee name						
ĺ	10/29/2024	Uber						
6	Amount (\$)	7 Payee address;	City;	State; Zip C	ode			
	\$11.52	1515 3rd St.						
		!						
		San Francisco	, CA 94158					
8	PURPOSE	(a) Category (See C	ategories listed at the top of	this schedule)	(b)	Description		
l	OF EXPENDITURE	Travel In Distr				ш	side of Texas. Complete Schedule T.	
						<del></del> J	K, officeholder living expense	
						Transportation	expense	
_					<u> </u>			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeh	older name	Office so	ught		Office held	
_	D-4-							
	Date 10/15/2024	Payee name						
		Uber						
	Amount (\$)	Payee address;	City;	State; Zip C	ode			
	\$51.96	1515 3rd St.						
		San Francisco	, CA 94158					
	PURPOSE OF	(a) Category (See C	ategories listed at the top of	this schedule)	(b)	Description		
	EXPENDITURE	Travel In Distri	ct			<u> </u>	side of Texas. Complete Schedule T. (, officeholder living expense	
					1	Transportation		
						ransportation	expense.	
H	Complete ONLY if direct	Candidate/Officeh	older name	Office so	uaht		Office held	
	expenditure to benefit C/OI		order marrie	000 00.	ugin		Sinds field	
_	Date							_
	10/15/2024	Payee name Uber						
_								
	Amount (\$)	Payee address;	City;	State; Zip C	ode			
	\$101.28	1515 3rd St.						
		San Francisco	CA 94158					
	PURPOSE		ategories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE	Travel In Distri	ct				side of Texas. Complete Schedule T.	
						Transportation	(, officeholder living expense	
						rransportation	expense	
	Complete ONLY if direct	Candidate/Officeh	older namo	Office so	laht		Office held	
	expenditure to benefit C/O		oluci Hairie	Office Sot	ayrıt		Office field	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	rpense Prir Sali	=	se /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed ab	ove)
Ļ			The Instruction Guid	ie explains now	to comple	ete this form.	T	
1.	Total pages Schedule F1: Sch: 91/103 Rpt:	2 FILER NAM Gray, Mat					3 Filer ID	
4	Date	5 Payee nam	e	·				
	09/13/2024	Uber	-					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zij	o Code			
	\$58.45	1515 3rd 9	St.					
		San Franc	isco, CA 94158					
8	PURPOSE	(a) Category	See Categories listed at the t	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel In E				<u></u>	outside of Texas, Complete Schedule T.	
	ZAI ENDITORE	ĺ				ш	n, TX, officeholder living expense	
	·	:				Transportation	on expense	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office	sought		Office held	
	Date	Payee nam	9					
	09/13/2024	Uber						
	Amount (\$)	Payee addr	ess; City;	State; Zij	Code			
	\$8.17	1515 3rd S	St.					
	·							
		San Franc	isco, CA 94158					
	PURPOSE	(a) Category (	See Categories listed at the t	top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel In E				اسط	outside of Texas. Complete Schedule T.	
	EXI CHOITORE						, TX, officeholder living expense	
						Transportation	on expense	
	Complete ONLY if direct		ficeholder name	Office	sought		Office held	
	expenditure to benefit C/OF	7						
	Date	Payee name	2				,	
	09/13/2024	Uber						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code			
	\$40.86	1515 3rd S	it.					
		San Franc	isco, CA 94158					
	PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel In E		,			outside of Texas, Complete Schedule T.	
	EXPENDITURE						, TX, officeholder living expense	
						Transportation	on expense	
	Complete ONLY if direct	Candidato/Of	ficeholder name	Office	sought		Office held	
	expenditure to benefit C/OF		nconduct Hame	Onice	, augni		Office Held	
	•	•						

# SCHEDULE F1

Advertising Expense

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services	Polling Expens Printing Exper Salaries/Wage	ise es/Contract Labor	Travel of District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explai	ns now to comp		
1 Total pages Schedule F1:					3 Filer ID
Sch: 92/103 Rpt:	Gray, Mat	thew			
4 Date	5 Payee nam	е			
09/12/2024	Uber				
6 Amount (\$) \$27.20	7 Payee addr 1515 3rd \$	St.	ate; Zip Code		
	San Franc	isco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category Travel In I	See Categories listed at the top of this District	schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense n expense
Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sought		Office held
Date	Payee nam	e			
09/12/2024	Uber				
Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Code		
\$5.23	1515 3rd S San Franc	isco, CA 94158			
PURPOSE OF EXPENDITURE	(a) Category ( Travel In E	See Categories listed at the top of this District	schedule) (b)	<u> </u>	utside of Texas, Complete Schedule T. TX, officeholder living expense 1 expense
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought		Office held
Date 09/11/2024	Payee nam Uber	e			
Amount (\$) \$40.35	Payee addr 1515 3rd S		ate; Zip Code		
	San Franc	isco, CA 94158			
PURPOSE OF EXPENDITURE	(a) Category ( Travel In E	See Categorles listed at the top of this District	schedule) (b)	lui-mi	utside of Texas. Complete Schedule T. TX, officeholder living expense n expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sought		Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	d Committee Le	t/Awards/Memorials Expense gal Services ne Instruction Guide expl		Expens Wages	se /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: 93/103 Rpt:	Gray, Matthev	ı					
4	Date	5 Payee name						
l	09/11/2024	Uber		•				
6	Amount (\$)	7 Payee address;	City; S	State; Zip C	ode			
	\$34.47	1515 3rd St.						
						•		
		San Francisco	, CA 94158					
8	PURPOSE	(a) Category (See C	ategories listed at the top of th	ils schedule)	(b)	Description		
	OF EXPENDITURE	Travel In Distr	ict			<b>—</b>	utside of Texas, Complete Schedule T.	
						<u> </u>	TX, officeholder living expense	
						Transportation	experise	
Ļ	Complete ONLY if direct	Opposited a to 1055 - 1		Off			O#5 b-14	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officel	loider name	Office so	Jagrit		Office held	
	Date	Payee name						
	08/26/2024	Uber						
H	Amount (\$)	Payee address;	City; S	state; Zip Ce	ode			
	\$18.91	1515 3rd St.	•	. ,				
	,							
		San Francisco	CA 0/158					
	DUDDOCE				l n.s			
	PURPOSE OF		ategories listed at the top of th	ls schedule)	(a)	Description	utside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In Distri	ct		i	<u> </u>	TX, officeholder living expense	
	i					Transportation	- '	
						-	•	
	Complete ONLY if direct	Candidate/Officeh	older name	Office sou	ught		Office held	
	expenditure to benefit C/OI	ł						
	Date	Payee name						
	08/16/2024	Uber						
	Amount (\$)		City; S	itate; Zip Co	nde			
	\$21.55	Payee address; 1515 3rd St.	Oity,	itate, zip Ci	Juc			
	ΨΖ1.00	1010 010 00						
		San Francisco	, CA 94158					
	PURPOSE				/h\	Description		
	OF	Travel In Distri	ategories listed at the top of th	is schedule)	(~)		utside of Texas. Complete Schedule T.	
	EXPENDITURE	Travor III Diotii	<b>.</b>			Check if Austin,	TX, officeholder living expense	
						Transportation	n expense	
	Complete ONLY if direct	Candidate/Officeh	older name	Office sou	ıght		Office held	
	expenditure to benefit C/OF	I						
							·	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Relmbursement Office Overhead/Renta! Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Glift/Awards/Memorials Expe Legal Services The Instruction Guide			ense ages/	Contract Labor	Travel Out of District OTHER (enter a category not listed a	bove)
1.	Total pages Schedule F1:	2 FILER NAMI	_ ·				I	3 Filer ID	
	Sch: 94/103 Rpt:	Gray, Matth	new						
4	Date	5 Payee name							
	08/15/2024	Uber							
6	Amount (\$)	7 Payee addre	ss; City;	State;	Zip Cod	le			
	\$49.83	1515 3rd S	<u>.</u> ••						
	_	San Franci	sco, CA 94158						
8	PURPOSE	(a) Category (S	ee Categories listed at the top	p of this sched	dule) (	(b)	Description		
	OF EXPENDITURE	Travel In Di	strict				_	utside of Texas. Complete Schedule T.	
						i	Transportation	TX, officeholder living expense	
l							Transportation	i expense	
_	Complete ONLY if direct	Condidate (Offi	ceholder name		E	L		Office heald	
9	expenditure to benefit C/O		cenoider name	Oi	fice soug	Iπ		Office held	
	Date	Payee name		***************************************	***************************************				
	08/06/2024	Uber							
	Amount (\$)	Payee addre	ss; City;	State:	Zip Cod	le			
	\$5.36	1515 3rd St	<del>-</del>	•	•				
	,		•						
İ		Son Eronois	sco, CA 94158						
_									
	PURPOSE OF		ee Categories listed at the top	of this sched	iule) (	b)	Description	utsida af Taura Causadata Cabadida T	
	EXPENDITURE	Travel In Di	strict		- 1		<u> </u>	utside of Texas, Complete Schedule T. TX, officeholder living expense	
					i		Transportation		
							'	•	
	Complete ONLY if direct	Candidate/Offi	ceholder name	Of	fice soug	ht		Office held	
	expenditure to benefit C/OI								
	Doto								
	Date	Payee name							
	08/06/2024	Uber							
	Amount (\$)	Payee addre		State;	Zip Cod	e		•	
	\$35.78	1515 3rd St	•						
		San Francis	sco, CA 94158						
	PURPOSE	(a) Category (se	ee Categories listed at the top	of this sched	lule) (	b)	Description		*
	OF	Travel In Di		7 01 4 Ha 051100	1000	_		utside of Texas. Complete Schedule T.	
	EXPENDITURE						_	TX, officeholder living expense	
						,	T <b>r</b> ansportatior	ı expense	
	Complete ONLY if direct		ceholder name	Of	fice sougl	ht		Office held	
	expenditure to benefit C/OF	T							

### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	
	Sch: 95/103 Rpt:		Gray, Matth	тew							
4	Date	5	Рауее лате	······································							
	09/16/2024		Uni Sushi								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
	\$149.49		9595 Six Pi	ines Dr							
			#860								
			The Woodl	ands, TX 77380							
8	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this sche	edule)	(b)	Description	,		
	OF EXPENDITURE		Food/Beve	rage Expense				브		de of Texas. Complete Schedule T.	
								Business lun		officeholder living expense	
										•	
9	Complete ONLY if direct		Candidate/Off	iceholder name	C	office sou	ght	"		Office held	
	expenditure to benefit C/O	<del> </del>									
	Date		Payee name								
	10/30/2024		Velvet Tacc	) 							
	Amount (\$)		Payee addre	•	State;	Zip Co	de				
	\$26.99		1099 Unive	rsity Dr							
			#111								
			College Sta	tion, TX 77840							
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description		de of Texas, Complete Schedule T.	
	EXPENDITURE		Food/Bevei	rage Expense						officeholder living expense	
								Business lun	ch		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Off	iceholder name	0	ffice sou	ght			Office held	
	experience to borrone over	_									
	Date		Payee name								
	10/24/2024		Walgreens								
	Amount (\$)		Payee addre		State;	Zip Co	de				
	\$12.72		20824 FM 1	1485							
			N 0	. 2017 1220122							
			New Caney								
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description  Check if travel	outsid	le of Texas, Complete Schedule T.	
	EXPENDITURE		roou/bevel	age Expense						officeholder living expense	
								Staff beverag	jes		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offi	ceholder name	0	ffice sou	ght			Office held	
	emportantial of the borrone of Of										

#### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice Credit Card Payment	y - al Co	ommittee	Food/Beverage Expense Glft/Awards/Memorials Ex Legal Services The Instruction Guid			kpens /ages	se s/Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	IE .					3	Filer ID
	Sch: 96/103 Rpt:		Gray, Matt	thew						
4	Date	5	Payee name	e						
	09/04/2024		Walgreens	3						
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Co	de			
	\$24.90		20824 FM	1485						
			New Cane	y, TX 77357						
8	PURPOSE	(a	) Category (	See Categories listed at the t	op of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Food/Beve	erage Expense				<u>-</u>		de of Texas, Complete Schedule T.
								Staff beverag		officeholder living expense
									,	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	0	ffice sou	ght			Office held
	Date		Payee name	е						
	12/10/2024		Walmart							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de	····		
	\$173.09		23561 US-	59						
			Porter, TX	77365						
	PURPOSE	(a)	Category (s	See Categories listed at the t	op of this sche	edule)	(b)	Description		
	OF EXPENDITURE		OFFICE SI		•	,		ш		de of Texas, Complete Schedule T.
	Est Estation			•						officeholder living expense
								Office supplie	25 6	and Shacks
	Complete ONLY if direct	Ц	Candidate/Of	ficeholder name	0	ffice sou	aht			Office held
	expenditure to benefit C/O		Sariulual <del>s/O</del> II	ilicendider flame	O	mic <del>e</del> souț	ALIE			Office field
_	Data	Г								
	Date 12/04/2024		Payee name Walmart	9						
		L								
	Amount (\$)		Payee addre		State;	Zip Co	ae			
	\$1,592.51		23561 US-	539						
			Porter, TX	77365						
	PURPOSE OF	(a)		See Categories listed at the t	op of this sche	dule)	(b)	Description		
	EXPENDITURE		OFFICE SU	UPPLIES						de of Texas. Complete Schedule T. officeholder living expense
						ĺ		Office supplie		
	Complete ONLY if direct	L.,	Candidate/Off	ficeholder name	O	ffice sou	aht			Office held
	expenditure to benefit C/OF						J			

# SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	-	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 97/103 Rpt:	2 FILER NAM Gray, Mat			3	Filer ID	
4	Date 09/26/2024	5 Payee nam Walmart	e		l.		
6	Amount (\$) \$312,66	7 Payee add 20310 US Porter, TX	-59	tate; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category OFFICE S	(See Categories listed at the top of thi SUPPLIES	s schedule) (b)		side of Texas. Complete Schedule T. X, officeholder living expense and snacks	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		fficeholder name	Office sought		Office held	
	Date	Payee nam	е				
	07/03/2024	Walmart					
	Amount (\$) \$89.73	Payee addi 23561. US		tate; Zip Code			
		Porter, TX	77365				
	PURPOSE OF EXPENDITURE	(a) Category OFFICE S	See Categories listed at the top of this	s schedule) (b)	<u> </u>	side of Texas, Complete Schedule T. X, officeholder living expense and snacks	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sought		Office held	
	Date	Payee nam	e				
	10/11/2024	Wayne Ma	ack Campaign				
	Amount (\$) \$500.00	Payee addi PO Box 22		tate; Zip Code			
		Conroe, T	X 77305				
	PURPOSE OF EXPENDITURE	Contribution	See Calegories listed at the top of thi ons/Donations Made By /Officeholder/Political Co	,		side of Texas. Complete Schedule T. X, officeholder living expense OOFt	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name	Office sought		Office held	

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee	Gilt/Awards/Memorials Exper Legal Services The Instruction Guide (	Salarie	=	Contract Labor	Travel Out of District OTHER (enter a category not liste	ed above)
1	Total pages Schedule F1:	2 FILER NAME					3 Filer ID	
	Sch: 98/103 Rpt;	Gray, Matth	ew					W **
4	Date	5 Payee name						
	12/20/2024	Whataburge	r					
6	Amount (\$)	7 Payee addres	s; City;	State; Zip	Code			
	\$19.36	12083 Gran	d Pkwy					
		New Caney,	TX 77357					
8	PURPOSE	(a) Category (Se	e Categories listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		age Expense	·		<b>L</b>	outside of Texas, Complete Schedule T	
	LATERDITORE					ш	TX, officeholder living expense	
						Business lund	n	
						•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office s	ought		Office held	
	expenditure to benefit G/O							
	Date	Payee name						
	12/23/2024	Whitewater (	Car Wash					
┢	Amount (\$)	Payee addres	s; City;	State; Zip	Code		<del></del>	
	\$15.00	23615 US-5	•	, ,				
	7-2000		-					
		Dortor TV 7	7265					
		Porter, TX 7						
	PURPOSE OF		e Categories listed at the top		(b)	Description		
	EXPENDITURE	TRANSPOR	TATION MAINTEN	ANCE		<u></u>	outside of Texas. Complete Schedule T TX, officeholder living expense	•
						Car wash	TA diliberated living expense	
	Complete ONLY if direct	Candidate/Offic	eholder name	Office s	onapt 		Office held	
	expenditure to benefit C/O		onologor marris	0111000	ought		Omoo nota	
⊨								
	Date	Payee name						
	12/11/2024	Whitewater (	Car Wash					
	Amount (\$)	Payee addres	s; City;	State; Zip	Code			
	\$15.00	23615 US-5	9					
Ī		Porter, TX 7	7365					
$\vdash$	PURPOSE	(a) Category /c~	e Categories listed at the top	of this sakedula)	(b)	Description		
	OF		TATION MAINTEN		("		outside of Texas. Complete Schedule T	
	EXPENDITURE					Check if Austin,	TX, officeholder living expense	
						Car wash		
	Complete ONLY if direct	Candidate/Offic	eholder name	Office s	ought		Office held	
	expenditure to benefit C/OI	4						
1								

### SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made 8 Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awa Legal Se	everage Expense ards/Memorials Expens ervices struction Guide ex			Expens Wages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1: Sch: 99/103 Rpt:	2	FILER NAME Gray, Matth							3	Filer ID	
4	Date	5	Payee name							1		
ľ	11/27/2024		Whitewater		Vash							
6	Amount (\$) \$15.00	7	23615 US-5	59	City;	State;	Zip C	ode				
Ļ	DUDDOCE	(0)	Porter, TX 7					763	D ltl			_
8	PURPOSE OF EXPENDITURE	(a)			ories listed at the top o ON MAINTENA		edule)	(0)	<u></u>		ide of Texas, Complete Schedule T. , officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	cehold	er name	O	ffice so	ught			Office held	
	Date		Payee name				<del></del>					_
	10/30/2024		Whitewater	Car W	/ash							
	Amount (\$)		Payee addre		City;	State;	Zip C	ode				
	\$15.00		23615 US-5	9								
			Porter, TX 7	7365								
	PURPOSE OF EXPENDITURE	(a)			ories listed at the top o		dule)	(b)	<del></del>		ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	cehold	er name	, Oi	ffice so	ught			Office held	
	Date 10/23/2024		Payee name Whitewater	Car W	/ash							
	Amount (\$) \$15.00		Payee addres 23615 US-5	9	City;	State;	Zip Ci	ode				
			Porter, TX 7	7365								
	PURPOSE OF EXPENDITURE	(a)			ories listed at the top o		dule)	(b)	ш		de of Texas. Complete Schedule T., officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholde	er name	Ot	ffice sou	ught			Office held	

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 100/103 Rpt:	2 FILER NAME Gray, Matthew 3 Filer ID
4	Date 10/16/2024	5 Payee name Whitewater 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) TRANSPORTATION MAINTENANCE  (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Car wash
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/30/2024	Payee name Whitewater 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) TRANSPORTATION MAINTENANCE  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Car wash
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/06/2024	Payee name Whitewater Car Wash
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 23615 US-59
	DUDDOCE	Porter, TX 77365
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  TRANSPORTATION MAINTENANCE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Car wash
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

# SCHEDULE F1

Advertising Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide exp	lains how to compl		
1	Total pages Schedule F1:				;	3 Filer ID
	Sch: 101/103 Rpt:	Gray, Mat	thew			
4	Date	5 Payee nam	10			
	08/26/2024	Whitewate	er Car Wash			
6	Amount (\$)	7 Payee add	ress; City;	State; Zip Code		
	\$15.00	23615 US	•			
	*					
		Porter, TX	/ 77265			
		Porter, 17	(11300	1		
8	PURPOSE OF	1	(See Categories listed at the top of t		Description	will discuss Country Orbidate T
	EXPENDITURE	TRANSPO	ORTATION MAINTENAN	ICE	<del></del> !	itside of Texas, Complete Schedule T. IX, officeholder living expense
					Car wash	TAI GINGGITOLOGI IIVING CAPONAG
					oai wasii	
_	O		rr - L - L - L	06		Office hold
y	Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office sought		Office held
	Date	Payee nam	ne			
	08/21/2024	Whitewate	er Car Wash			
	Amount (\$)	Payee add	ress; City;	State; Zip Code		
	\$15.00	23615 US	-59	·		
		Porter, TX	( 77365			
	PURPOSE			1765	man da da a	
	OF		(See Categories listed at the top of t DRTATION MAINTENAN		Description  Check if travel or	utside of Texas, Complete Schedule T.
	EXPENDITURE	IRANSP	JRTATION MAINTENAN	ICE		TX, officeholder living expense
					Car wash	
	Complete ONLY if direct	L Candidate/O	fficeholder name	Office sought		Office held
	expenditure to benefit C/O		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	200 do <b>ug</b>		. ******
	<b>D</b> -*-	1 _				
	Date	Payee nam				
	08/05/2024	Whitewate	er Car Wash			
	Amount (\$)	Payee add	ress; City;	State; Zip Code		
	\$15.00	23615 US	-59			
		Porter, TX	77365			
	PURPOSE			(b)	Departmen	
	OF		(See Categories listed at the top of t DRTATION MAINTENAN		Description  Check if travel or	ıtside of Texas, Complete Schedule T.
	EXPENDITURE	TRANSPO	JRTATION MAINTENAN	ice		TX, officeholder living expense
					Car wash	
	Complete ONLY if direct	L Candidate/Ω	fficeholder name	Office sought		Office held
	expenditure to benefit C/O		modification name	Since bought		
		<del></del>				

#### SCHEDULE F1

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

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

Loan Repayment/Relmbursement Office Overhead/Rental Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment 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: 102/103 Rpt: Gray, Matthew 4 Date Payee name 08/01/2024 Whitewater 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 TRANSPORTATION MAINTENANCE Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Car wash Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 07/24/2024 Whitewater 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 Check if travel outside of Texas. Complete Schedule T. TRANSPORTATION MAINTENANCE **EXPENDITURE** Check if Austin, TX, officeholder living expense Car wash Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 07/18/2024 Whitewater Car Wash Amount (\$) Payee address; City; State; Zip Code \$20.00 23615 US-59 Porter, TX 77365 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. TRANSPORTATION MAINTENANCE **EXPENDITURE** Check if Austin, TX, officeholder living expense Car wash Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE F1

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

**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 Salaries/Wages/C

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

ļ	Credit Card Payment	The Instruction Guide explains how to com	plete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID
	Sch: 103/103 Rpt:	Gray, Matthew		
4	Date	5 Payee name		
	09/13/2024	WinRed		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$516.53	1776 Wilson Blvd		
ļ				
		Arlington, VA 22209		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> D	escription
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas, Complete Schedule T.
		Candidate/Officeholder/Political Committee	L	Check If Austin, TX, officeholder living expense Epublican campaign donation
				epublican campaign donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .	Office held
ľ	expenditure to benefit C/Ol			- · ·
H	Date	Payee name	-,	
	08/29/2024	WinRed		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$1,000.00	1776 Wilson Blvd	-	
	+=,000,00	2170 (110011 2110		
		Arlington, TX 22209		
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> D	escription
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee	Ľ	Check if Austin, TX, officeholder living expense
			C	ampaign donation
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .	Office held
	expenditure to benefit C/Ol			Since Hold