CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR Mr	FIRST Ashton	мі D	OFFICE USE ONLY
NAME	NICKNAME	LAST Hedrick	SUFFIX	Date Receivery ELECTIONS TO RECEIVED TO
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX PO Box 51 Magnolia, TX		CITY; STATE; ZIP CODE	JUL 16 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 423-4327	EXTENSION	Date Mand-dellverad or Date Postflarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME	First Lacelyn Last	MI Y SUFFIX	Date Processed
	Lacey	Neef-Hedrick		Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address 30819 Roadi Magnolia, T≻		UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 504-9830	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 25	Month THROUGH 6	Day Year / 30 / 25
11 ELECTION	ELECTION DAY	Year Primary	ELECTION TYPE Runoff Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Justice of the Peace,) Montgomery County Precinct 5
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE			
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

			······································
15 C/OH NAME Ashton D Hedrick		16 Fil	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER THAN JARANTEES OF LOANS, OR LECTRONICALLY)	\$ 4,044.44
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS LOANS, OR GUARANTEES OF LOANS)	\$ 50,542.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TCAL EXPENDITURE.	\$ 0.00
, ,	4. TOTAL POLITICAL EXPE	NDITURES	\$ 27,732.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAST DAY	\$ 15,523.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS AS OF THE TING PERIOD	\$ 10,000.00
18 SIGNATURE I S	wear, or affirm, under penalty of perjury	y, that the accompanying report is true and c	orrect and includes all information
rec	quired to be reported by me under Title 15	5, Election Code.	
		the s	
		Signature of Candidate	or Officeholder
		-	
			1
	Please con	nplete either option below:	
NOTA	SSA HEIMER GASSETT AY PUBLIC, STATE OF TEXAS ary ID #13433314-9 ires April 28, 2027		
Sworn to and subscribed	before me by HSHTON	HEDRICK this the 15	day of VLLLV
20	which, witness my hand and seal of office.		day of,
Harisson Joir		SA HEIMER GASSETT	CLIEK
Signature of officer administe	ring oath Printed name of	officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	n		
My name is		, and my date of birth is	_
My address is			······································
	(street)		(zip code) (country)
Executed in	County, State of	, on the day of (month)	, 20 (year)
			····

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER N. hton	^{AME} D Hedrick	20 Filer ID (Ethics Con	nmise	sion Filers)
		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,640.03
2.	1 11	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	15,857.63
З.	w. 1	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE E: LOANS		\$	10,000.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			18,749.81
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	8,298.60
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$	684.25
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00
2.	1	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	12.75

3616 Richmond Ave., Apt 2307 Houston, TX 77046 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date JD Barber Shop 04/05/2025 Contributor address; City; State; Zip Code 17665 Fm 1488 Rd, Magnolia, TX 77354 Foul name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 04/05/2025 Full name of contributor 04/05/2025 Full name of contributor 04/220/2025 Full name of contributor 04/220/2025 Full name of contributor 04/20/2025 City: State; Zip Code 19706 Timber Ridge Drive Magnolia, TX 77355 5000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Ashton D Hedrick i Date 6 Full name of contributor out-of-state PAC (D#) 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) 5000.000 Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) 5000.000 Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) 5000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 5000.000 5000.000 Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) 5000.000 Date Full name of contributor out-of-state PAC (D#) Amount of contribution (\$) 5000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 5000.000 5000.000 Date Full name of contributor out-of-state PAC (D#	The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 13
4 Date 6 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) 94/01/2025 6 Contributor address; City; State; Zip Code 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) D4/20/2025 Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full nam	i Date 6 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (\$) 14/01/2025 6 Contributor address; City; State; Zip Code 75.000 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#)		lodrick	vaan <u>an</u> noo is aa	3 Filer ID (Ethics Commission Filers)
Brandi McCarty 75.000 6 Contributor address; City; State; Zip Code 3616 Richmond Ave., Apt 2307 Houston, TX 77046 75.000 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#	Brandi McCarty Full name of contributor State: Zip Code T5.000 Principal occupation / Job title (See Instructions) Image: City: State: Zip Code Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:	····			7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 7 5.000 3616 Richmond Ave., Apt 2307 Houston, TX 77046 7 5.000 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (U#) Amount of contribution (\$) 10 Date Full name of contributor out-of-state PAC (U#) 5000.000 17665 Fm 1488 Rd, Magnolia, TX 77354 Frincipal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (U#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (U#) Amount of contribution (\$) 19706 Timber Ridge Drive Magnolia, TX 77355 Frincipal occupation / Job title (See Instructions) 5000.000 Date Full name of contributor out-of-state PAC (U#) 5000.000 19706 Timber Ridge Drive Magnolia, TX 77355 Frincipal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (U#) Amount of contribution (\$) Magnolia Hunting Supply LLC Contributor address; City;	6 Contributor address; City; State; Zip Code 7 5.000 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date JD Barber Shop JD Barber Shop Amount of contribution (\$) 5000.000 17665 Fm 1488 Rd, Magnolia, TX 77354 Amount of contribution (\$) 5000.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 5000.000 0ate Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) 19706 Timber Ridge Drive Magnolia, TX 77355 State; Zip Code 5000.000 Date Full name of contributor out-of-state PAC (ID#) 5000.000 19706 Timber Ridge Drive Magnolia, TX 77355 Frincipal occupation / Job title (See Instructions) Amount of contributor (\$) Date Full name of contributor out-of-state PAC (ID#		Brandi McCarty		
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Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Bruce K Springer Contributor address; City; State; Zip Code 19706 Timber Ridge Drive Magnolia, TX 77355 500.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) 5000.000 Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Gontributor address; City; State; Zip Code 7,5000.000 04/22/2025 Z5434 Hardin Store Rd, Magnolia, TX 77354 7,5000.000 7,5000.000	Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Bruce K Springer Contributor address; City; State; Zip Code 19706 Timber Ridge Drive Magnolia, TX 77355 500.000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Date Gontributor address; City; State; Zip Code 7,5000.000 25434 Hardin Store Rd, Magnolia, TX 77354 Tode 7,5000.000<		500.00		
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04/22/2025 Magnolia Hunting Supply LLC Contributor address; City; State; Zip Code 25434 Hardin Store Rd, Magnolia, TX 77354 7,500.00	Magnolia Hunting Supply LLC Contributor address; City; State; Zip Code 25434 Hardin Store Rd, Magnolia, TX 77354 7,500.00	Principal occup			ons)
4/22/2025 Magnolia Hunting Supply LLC Contributor address; City; State; Zip Code 25434 Hardin Store Rd, Magnolia, TX 77354 7,500.00	4/22/2025 Magnolia Hunting Supply LLC Contributor address; City; State; Zip Code 25434 Hardin Store Rd, Magnolia, TX 77354 7,500.00				
4/22/2025 Contributor address; City; State; Zip Code 25434 Hardin Store Rd, Magnolia, TX 77354 7,500.00	4/22/2025 Contributor address; City; State; Zip Code 25434 Hardin Store Rd, Magnolia, TX 77354 7,500.00	Date		Amount of contribution (\$)	
25434 Hardin Store Rd, Magnolia, TX 77354	25434 Hardin Store Rd, Magnolia, TX 77354				7 500 00
			25434 Hardin Store Rd, Magnoli	ia, TX 77354	7,000.00
		Principal occup		L_	ons)
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Ashton D I	1				
4 Date	5 Full name of contributor out-of-state PAt Glen Arnold	C (ID#:)	7 Amount of contribution (\$)		
05/02/2025	6 Contributor address; City; 20203 Sienna Ridge Dr. Magne	-	500.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
05/19/2025					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		C (ID#:)	Amount of contribution (\$)		
05/24/2025	Contributor address; City; Contributor address; City;	State; Zip Code	250.00		
	41902 Fm 1774 Rd, Magno	olia, TX 77354			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC Branded Pest Defense) (ID#:)	Amount of contribution (\$)		
05/24/2025	Contributor address; City;	State; Zip Code	500.00		
Principal occur	6606 Fm-1488, Magnolia	Employer (See Instruct	lone)		
		a de la construir de la constru La construir de la construir de			

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME Ashton D H	łedrick	9	3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2025	5 Full name of contributor out-of-state PAC (ID) Mark Hibner	State; Zip Code	7 Amount of contribution (\$) 250,00
8 Principal occu		Employer (See Instructio	ns)
Date 06/03/2025	Fuil name of contributor out-of-state PAC (ID/ Kitty's Homestyle Cafe Contributor address; City; s 18904 Fm 1488 Rd Ste 1A, Magno	-	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Date 06/03/2025 Principal occur	Grace Creative LLC	*) State; Zip Code a, TX 77355 Employer (See Instructio	Amount of contribution (\$) 1,450.00
Date			
06/06/2025	Full name of contributor out-of-state PAC (ID# Steve Burditt Contributor address; City; S 31814 Debbi Lane Magnolia	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)

	ARY POLITICAL CONTRIBU		SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Ashton D H	ledrick		3 Filer ID (Ethics Commission Filers)
4 Date 06/05/2025	 Full name of contributor out-of-state PAC Thomas Earl Gray Contributor address; City; 26472 Park Loop Magnolia, TX 	State; Zip Code	7 Amount of contribution (\$) 400.00
8 Principal occu		9 Employer (See Instructi	ons)
Date 06/05/2025	Full name of contributor out-of-state PAC Birria & Chips Contributor address; City; 18535 Fm 1488 Rd, Magnol		Amount of contribution (\$) 1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 06/08/2025	Full name of contributor out-of-state PAC of Gary Chance Contributor address; City; P.O. Box 320 Montgomery	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 06/14/2025	Full name of contributor out-of-state PAC (JD Barber Shop Contributor address; City; 17665 Fm 1488 Rd, Magnol	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		

	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
The	The Instruction Guide explains how to complete this form.					
2 FILER NAME Ashton D H	ledrick		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID Kitty's Homestyle Cafe	#:)	7 Amount of contribution (\$)			
06/28/2025	6 Contributor address; City; 18904 Fm 1488 Rd Ste 1A, Magno	-	200.00			
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	วทร)			
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of contribution (\$)			
06/03/2025 Alexis Neef Contributor address; City; State; Zip Code 7307 Lorna Road Montgomery, TX 77316						
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ons)			
Date		#:)	Amount of contribution (\$)			
06/03/2025	Bronson Christopher ^{Contributor address;} City; S 19100 Unity Park Drive Magnoli		100.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor out-of-state PAC (ID)	#	Amount of contribution (\$)			
06/03/2025	Constable Chris Jones Contributor address; City; P.O. Box 52 Magnolia, TX	State; Zip Code 77355	1,000.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)			
****	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see instruct					

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	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13			
2 FILER NAME Ashton D H		3 Filer ID (Ethics Commission Filers)			
4 Date 06/03/2025	5 Full name of contributor out-of-state PAC (ID#:	170.00			
8 Principal occu	2896 Settlers Way Dr Sealy, TX 77474 pation / Job title (See Instructions) 9 Employer (See Instructions)	<u>l</u>			
Date 06/03/2025	Full name of contributor out-of-state PAC (ID#: Eddie Buitron Contributor address; City; State; Zip Code P.O. Box 331 Tomball, TX 77377	Amount of contribution (\$) 900.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)			
Date 06/03/2025	Full name of contributor out-of-state PAC (ID#: Eva Gordon Contributor address; Contributor address; City; State; Zip Code P.O. Box 1461 Magnolia, TX 77353	195.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date 06/03/2025	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 910.00			
Principal occup	Dation / Job title (See Instructions) Employer (See Instructions)	uctions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS				
	If contributor is out-of-state PAC, please see Instruction guide for addition				

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	ARY POLITICAL CONTRIBUT		SCHEDULE A1		
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 13		
2 FILER NAME Ashton D H	ledrick		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (I Jason Clarkson	D#:)	7 Amount of contribution (\$)		
00/00/2020	 6 Contributor address; City; 38118 N. Sweetwater Circle Magn 	State; Zip Code olia, TX 77355	3,200.00		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		D#:}	Amount of contribution (\$)		
06/03/2025	3/2025 Jennifer Arnold Contributor address; City; State; Zip Code 20203 Sienna Ridge Lane Magnolia, TX 77355				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ii Jennifer Porter	D#:)	Amount of contribution (\$)		
06/03/2025	• • • • • • • • • • • • • • • • • • • •	State; Zip Code	2,195.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (II Jason Jarel	D#:)	Amount of contribution (\$)		
06/03/2025					
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
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	ARY POLITICAL CONTRIBU		SCHEDULE A1		
The	Instruction Gulde explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	ledrick		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Larissa Heimer	(ID#:)	7 Amount of contribution (\$)		
06/03/2025	6 Contributor address; City; 5905 Beech Drive Montgome	State; Zip Code Prv. TX 77316	450.00		
8 Principal occu		9 Employer (See Instruct	lons)		
Date	Full name of contributor out-of-state PAC Steve Burrell	(ID#:)	Amount of contribution (\$)		
06/03/2025	Contributor address; City;		1,000.00		
Principal occup	40606 Remington Lane Magnolia, TX 77354 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
06/03/2025	Peggy Cavallo ^{Contributor address;} City; 20202 Sionno Pidgo L.n. Mogno	State; Zip Code	205.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC Phyllis Stegen	(ID#:)	Amount of contribution (\$)		
06/03/2025	03/2025 Contributor address; City; State; Zip Code 705.0				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ons)		
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	ARY POLITICAL CONTRIBUT	_	SCHEDULE A1		
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:		
2 FILER NAME Ashton D H	ledrick		3 Filer ID (Ethics Commission Filers)		
4 Date 06/03/2025	5 Full name of contributor Priscilla Velasquez 6 Contributor address; City; State; ZIp Code 16855 Twisted Needle, Magnolia, TX 77355 7 Amount of contribution (\$) 25.0				
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ons)		
Date 06/03/2025	Shawn Hedrick	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date 06/03/2025	Full name of contributor out-of-state PAC (I Tim Blackford Contributor address; Contributor address; City; 12218 E. Boarder Oak Dr. Magne	State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date 06/03/2025	Full name of contributor out-of-state PAC (I Torri Hedrick Contributor address; Contributor address; City; 30815 Roadie Pass Magnolia	State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report.				
+,,,,,,,	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 13		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Ashton D H	ledrick			
4 Date	5 Full name of contributor out-of-state PAC (ID#: Torri Hedrick			
04/18/2025	6 Contributor address; City; State; 30815 Roadie Pass Magnolia, TX	zip Code 25.09		
8 Principal occu		oyer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:			
05/10/2025	Contributor address; City; State;	Zip Code 100.36		
Principal occup	2896 Settlers Way Dr Sealy, TX ation / Job title (See Instructions) Emplo	//4/4 yer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
05/26/2025	Deborah Ann Hodgson Contributor address; City; State;	zip Code 25.09		
	14514 Wildwood Trace Magnolia, TX	< 77354		
Principal occup	ation / Job title (See Instructions) Emplo	yer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
05/27/2025	Contributor address; City; State;	zip Code 290.77		
	1140Shoenberg Road Carmine, TX			
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)		
·				
	ATTACH ADDITIONAL COPIES OF THIS SC If contributor is out-of-state PAC, please see Instruction guide			

	ARY POLITICAL CONTRIBUT		SCHEDULE A1	
The	instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Ashton D H	ledrick			
4 Date	5 Full name of contributor out-of-state PAC (IL Rhianna Hedrick)#:)	7 Amount of contribution (\$)	
05/29/2025	6 Contributor address; City; 1058 Royal Oak Dr Dickinsor	State; Zip Code 1. TX 77539	100.36	
8 Principal occu		Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (IE Teresa Buckley	D#:)	Amount of contribution (\$)	
06/02/2025	Contributor address; City; 20151 Sapphire Circle Magnoli	state; zip Code a, TX 77355	50.18	
Principal ocoup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date 06/02/2025	Donna Leblanc)#:) State; Zip Code	Amount of contribution (\$)	
	29007 Forest Hill Drive Magnolia		00.10	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (ID)#:)	Amount of contribution (\$)	
05/12/2025	Contributor address; City; 30815 Roadie Pass Magnolia	State; Zip Code TX 77355	5.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Ashton D H		7 Amount of contribution (\$)
	Lacey Hedrick	
05/12/2025	6 Contributor address; City; State; Zip C	\sim
	30819 Roadie Pass Magnolia, TX 77	7355
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
05/12/2025	Contributor address; City; State; Zip C	
	Contributor address; City; State; Zip C 30815 Roadie Pass Magnolia, TX 77	
Principal occur	pation / Job title (See Instructions) Employer (S	ee Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
06/03/2025	Contributor address; City; State; Zip City;	
	20203 Sienna Ridge Ln Magnolia, TX 7	
Principal occup		ee Instructions)
Date	Full name of contributorout-of-state_PAC (ID#:) Amount of contribution (\$)
06/03/2025	Steve Burrell	40.00
	Contributor address; City; State; Zip Co 40606 Remington Lane Magnolia, TX 7	40.00
Principal occup		ee Instructions)
		·

If the reque	sted information is not applicable, DO NOT inclu	de this page in the	report.		
The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:		
2 FILER NAME Ashton D H	ledrick		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Eva Gordon		7 Amount of contribution (\$)		
06/03/2025		State; Zip Code	40.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date		¢:)	Amount of contribution (\$)		
06/03/2025	Deborah Ann Hodgson ^{Contributor address;} City; S 14514 Wildwood Trace Magnoli	State; Zip Code	35.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date		×)	Amount of contribution (\$)		
	Contributor address; City; 5	state; Zip Code			
Principal occup	pation / Job title (See Instructions)	I Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID#	÷)	Amount of contribution (\$)		
	Contributor address; City; S	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		

	IONETARY (IN-KIND) POLITIC RIBUTIONS	AL		SCHEDULE A2	
If the requ	ested information is not applicable, DO NOT includ	le this page	in the report.		
TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Scheo	^{Iule A2:} 17	
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)	
Ashton D					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3,254.4	4	
5 Date	6 Full name of contributor 🗌 out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
06/01/2025	7 Contributor address; City; State;	Zip Cøde	120.00	Scentsy basket (warmer)	
,	24693 Shady Oaks Blvd. Montgomery, T	K 77316	Check if travel outs	 ide of Texas. Complete Schedule "	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDIC)	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date)	Amount of Contribution \$	In-kind contribution description	
01/30/2025	Contributor address; City; State;	Zip Code	125.00	Love is kind basket	
	30819 Roadie Pass Magnolia, TX	77355	Check if travel outs	i de of Texas. Complete Schedule "	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDIC)	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ıtor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			
			de de la constantia de la	···· · · · · · · · · · · · · · · · · ·	
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SCHEDULE A2

TI	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	uie A2:
2 FILER NAM			3 Filer ID (Ethics Co	ummission Filers)
Ashton D	Hedrick			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3254	,94
5 Date	6 Full name of contributor 🗆 out-of-state PAC (ID#: Halo Branded Solutions)	8 Amount of Contribution \$	9 In-kind contribution description
05/10/2025	7 Contributor address; City; State;	Zip Code	125.00	Sharpie markers
	1500 HALO Way Sterling, IL 61081		Check if travel outsi	l ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)		L	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		,
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution
	Ron LeBlanc			description
04/30/2025	Contributor address; City; State;	Zip Code	133.68	board games (3)
	29007 Forest Hill Drive Magnolia, TX	77355	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUD(CIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law flrm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		····	
I	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instructi			g requirements.

SCHEDULE A2

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דו	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 17
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
Ashton D) Hedrick			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	3UTIONS	\$ 3254	.44
5 Date	6 Full name of contributor [] out-of-state PAC (ID#: Ray Arnold	}	8 Amount of Contribution \$	9 In-kind contribution description
05/25/2025			135.00	Custom cutting board
	7 Contributor address; City; State; 30822 Nichols Sawmill Road Magnolia, T	Zip Code		
		1	l	de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 -Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Lacey Hedrick		Contribution \$	description
02/01/2025	Contributor address; City; State;	Zip Code	140.00	Kendra Scott Necklace and Bracelet Set
	30819 Roadie Pass Magnolia, TX	77355	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	ı of contributor's spou	se (if any) (FOR JUDICIAL)
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			<u> </u>	
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ľ	If contributor is out-of-state PAC, please see Instruction			g requirements.

SCHEDULE A2

T	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	ule A2: 17
2 FILER NAM	-		3 Filer ID (Ethics Co	ummission Filers)
Ashton D	Hedrick		ļ	
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3254	.44
5 Date	6 Full name of contributor 🗌 out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
05/10/2025	7 Contributor address; City; State;	Zip Code	150.00	Relax spa gift certificate basket
	29007 Forest Hill Drive Magnolia, TX	77355	Check if travel outsi	 ide of Texas, Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a chlid, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of Contribution \$	 In-kind contribution description
	The Skin Fix by Deanna			Facial gift certificate
05/31/2025	Contributor address; City; State; Zip Code		150.00	
	23574 Weeren Road, Montgomery, TX	(77316	Check if travel outsid	 de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Br (FOR NON-JUDICI/	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
lf contributor	r Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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T	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
Ashton D) Hedrick			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3254	.44
5 Date	Date 6 Full name of contributor 🗆 out-of-state PAC (ID#:) (Veteran Forge Leatherworks			9 In-kind contribution description
05/19/2025	7 Contributor address; City; State;	Zlp Code	150.00	Gift certificate - tooled
	1058 Royal Oak Dr Dickinson, TX	77539	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See Instructions)
			,	,, ,
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firπ	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	In-kind contribution
	The Silver Strawberry		Contribution \$	description
05/21/2025	Contributor address; Clty; State; Zip Code		159.95	Leather Loretta Purse
	30006 Tomball Pkwy Tomball, TX	•		I
				de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
lf contributor	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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I	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction			g requirements.

SCHEDULE A2

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Tł	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:	
2 FILER NAM			3 Filer ID (Ethics Co	mmission Filers)	
Ashton D	Hedrick				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3254	.44	
5 Date	Date 6 Full name of contributor 🗆 out-of-state PAC (ID#:) 8		8 Amount of Contribution \$	9 In-kind contribution description	
01/30/2025	7 Contributor address; City; State;	Zip Code	175.00	Love never ends basket	
	30819 Roadie Pass Magnolia, TX	77355	Check if travel outside	 ide of Texas. Complete Schedule T,	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution \$	 In-kind contribution description	
00/00/0005	Magnolia Hunting Supply			22 Revolver	
06/02/2025	Contributor address; City; State;				
	25434 Hardin Store Rd, Magnolia, TX	77354	Check if travel outsid	l de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUD(CIAL)	Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)	
: Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
		~	<u>,</u>		
ŀ	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see instruction			g requirements.	

TH	he Instruction Guide explains how to complete this for	m,	1 Total pages Sched	ule A2:	
2 FILER NAM		<u> </u>	3 Filer ID (Ethics Co	mmission Filers)	
Ashton D	Hedrick				
4 TOTAL O	PF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3254	.44	
5 Date	Full name of contributor [] out-of-state PAC (ID#: Ashton Hedrick)	8 Amount of Contribution \$	9 In-kind contribution description	
01110/0005			200.00	I Old fashioned and	
04/10/2025	7 Contributor address; City; State;	Zip Code	200,00	Bourbon basket	
	P.O. Box 51 Magnolia, TX 77355		Check if travel outsi	I ide of Texas, Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	e employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	in-kind contribution	
	Blue Skye Boutique		Contribution \$	description	
05/28/2025	Contributor address; City; State; Zip Code		200.00	Basket	
	27503 Tomball Parkway #10, Tomball, T	-	Check if travel outsi	, de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	r	Employer (FOR NON-JUDICIAL)(See Instructions)		
1 111 Sector 20			s (i on no		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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i	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.	

SCHEDULE A2

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The Instruction Guide explains how to complete this form.			1 Total pages Sched	luie A2:
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
Ashton D) Hedrick			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	JUTIONS	\$ 3254	1.44
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#: Grace Creative		8 Amount of Contribution \$	9 in-kind contribution description
05/10/2025			224.00	Advertising banner
	7 Contributor address; City; State;	Zip Code		1
	29007 Forest Hill Drive Magnolia, TX			Ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	UDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a chiid, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 📋 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution
	June Strahm			ABC baby basket
05/31/2025	Contributor address; City; State;	Zlp Code	250.00	
	34111 Dobbin Huffsmith Rd Magnolia, TX 773	354-2074	Check if travel outsid	 de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	: employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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I	ATTACH ADDITIONAL COPIES OF T			g requirements.

SCHEDULE A2

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Th	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAMI	Ε		3 Filer ID (Ethics Commission Filers)			
Ashton D	Hedrick					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3254.	44		
5 _{Date}	6 Full name of contributor 🔲 out-of-state PAC (ID#:)	8 Amount of Contribution \$ 250.00	9 In-kind contribution description		
05/20/2025	05/20/2025 7 Contributor address; City; State; Zip Code			Amazon gift cards, 10 at \$25 each		
	4510 Treasure Trail Sugar Land, TX	77479	Check if travel outst	i de of Texas, Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of Contribution \$	 In-kind contribution description		
	Rebecca Clarkson			1		
05/25/2025	Contributor address; Clty; State;	Zip Code	250.00	⊢ Lap quilt ⊨		
	38118 N. Sweetwater Circle Magnolia, TX	K 77355	Check if travel outs	 de of Texas, Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	yer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law flrm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		Angelen men open pr			
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i	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see instructi			g requirements.		

SCHEDULE A2

ТІ	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
			3 Filer ID (Ethics Commission Filers)			
Ashton D	Hedrick					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3254	.44		
5 Date	⁶ Full name of contributor ☐ out-of-state PAC (ID#: Nevan Clarkson		8 Amount of Contribution \$	9 in-kind contribution description Golf for 4 at Camp		
06/02/2025	7 Contributor address; City; State;	Zip Code	500,00	Margaritaville		
	38118 N. Sweetwater Circle Magnolia, T	X 77355	Check if travel outsi	l de of Texas, Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law fin			n of contributor's spous	se (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)						
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	}	Amount of In-kind contribution			
	RND Rustics		Contribution \$	description		
04/22/2025	Contributor address; City; State;	Zip Code	300.00	Texas Republic Art		
	11721 Fm 1488 Rd, Magnolia, TX	77354	Check if travel outsid	e of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		yer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
lf contributor	ˈis a child, law firm of parent(ອ) (if any) (FOR JUDICIAL)					
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	lf contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting	requirements,		

SCHEDULE A2

T	he Instruction Guide explains how to complete this form	m,	1 Total pages Sched	ule A2: 17	
2 FILER NAM			3 Flier ID (Ethics Co	mmission Filers)	
Ashton D	Hedrick			·	
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3254	.44	
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#: Danette Neef)	8 Amount of Contribution \$	9 In-kind contribution description	
01/26/2025		Zip Code	310.00	Dooney & Burke	
	24693 Shady Oaks Blvd. Montgomery, TX	〈 77316	Check if travel outsi	 ide of Texas, Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date)	Amount of Contribution \$	In-kind contribution description	
04/01/2025	Contributor address; City; State;	Zip Code	350.00	 1776 design wooden waving flag	
	30815 Roadie Pass Magnolia, TX	•	Check if traval outed	i	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	T	/er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
lf contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
r	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction			g requirements.	

SCHEDULE A2

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Th	ne Instruction Guide explains how to complete this for	 m.	1 Total pages Sched	lule A2:	
2 FILER NAME	Ē	<u> </u>	3 Filer ID (Ethics Co	mmission Filers)	
Ashton D	Hedrick				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3254.	44	
5 Date	6 Full name of contributor 🔲 out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description	
04/01/2025	7 Contributor address; Clty; State;	Zip Code	350.00	I Texas design wooden waving flag	
	30815 Roadie Pass Magnolia, TX	77355	Check if travel outsi	ide of Texas. Complete Schedule T.	
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	er (FOR NON-JUDICI)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date)	Amount of Contribution \$	In-kind contribution	
2010410005	Ashton Hedrick			Decorated cow skull	
03/01/2025	Contributor address; Clty; State;	Zip Code	500.00		
	P.O. Box 51 Magnolia, TX 773	355	Check if travel outsi	l ide of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	over (FOR NON-JUDICIAL) (See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)	
.Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L			
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	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instructi			g requirements.	

SCHEDULE A2

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TI	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2: 17	
2 FILER NAM	Ε		3 Filer ID (Ethics Co	ommission Fliers)	
Ashton D	Hedrick				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3254.	.44	
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: The Meating Place)	8 Amount of Contribution \$	9 In-kind contribution description	
05/17/2025			500.00	Catering for 20	
		Zip Code		l I	
	41902 Fm 1774 Rd, Magnolia, TX 7		1	de of Texas, Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	1 of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	, <u>, , , , , , , , , , , , , , , , </u>		
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of	In-kind contribution	
Duit	Lacey Hedrick		Contribution \$	description	
04/08/2025			600.00	Trio of Allegiance	
	Contributor address; City; State;	Zip Code 77255		11dys 	
	30819 Roadie Pass Magnolia, TX	11355	Check if travel outside of Texas, Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	ployer (FOR NON-JUDICIAL)(See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	aw firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>		u-government	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see instructi			g requirements.	

	MONETARY (IN-KIND) POLITIC RIBUTIONS	AL		SCHEDULE A2	
If the requ	ested information is not applicable, DO NOT includ	le this page	in the report.		
TI	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	lule A2:	
² FILER NAME Ashton D Hedrick			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ 3254	.44	
5 Date 06/02/2025	Magnolia Hunting Supply			l 9 In-kind contribution description Shotgun	
	25434 Hardin Store Rd, Magnolia, TX	X 77354	Check if travel outs	de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L			
Date	Full name of contributor 🔲 out-of-state PAC (ID#: Magnolia Hunting Supply		Amount of Contribution \$	I In-kind contribution description	
06/02/2025	Contributor address; Clty; State;	Zip Code	1,000.00	i 2 night/day Hog hunt	
	25434 Hardin Store Rd, Magnolia, T>	< 77354	Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L	·····,	,,,,,,,,,,,	
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ł	If contributor is out-of-state PAC, please see instructi			g requirements.	

SCHEDULE A2

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2 FILER NAM	 Е		3 Filer ID (Ethics Co	mmission Filers)		
Ashton D) Hedrick					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3254.	44		
5 Date	6 Full name of contributor Image: out-of-state PAC (ID#:) Rick and Chrysti Garlock		8 Amount of Contribution \$ 1,000.00	9 In-kind contribution description 2 night stay Aggie		
05/10/2025	7 Contributor address; City; State; 40712 Lost San Saba Lane Montgomery, T	· · · · · ·		j getaway		
		<u></u>		ALVSee Instructions)		
To Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See mainuciona)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm			n of contributor's spou	ise (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of	I In-kind contribution		
	Magnolia Hunting Supply Contributor address; Clty; State; Zip Code		Contribution \$	description		
06/02/2025			1,300.00	ı Rifle		
	25434 Hardin Store Rd, Magnolia, T	•	I Check if travel outside of Texas. Complete Schedule			
Principal oce	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	r	Employer (FOR NON-JUDICIAL)(See Instructions)			
		· · ·	,			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
lf contributor	r is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	L				
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T	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	Ē		3 Filer ID (Ethics Commission Filers)			
Ashton D	Ashton D Hedrick					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3254	.44		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
03/15/2025	7 Contributor address; City; State;	Zip Code	1,400.00	Resin and walnut custom corn hole boards		
	P O Box 51 Magnolia, TX 77355	Check if travel outsi	, ide of Texas. Complete Schedule T.			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of	I In-kind contribution		
	Magnolia Hunting Supply		Contribution \$	description		
06/02/2025	Contributor address; City; State; Zip Code		1,600.00	Frump Custom Gold FX from Black Rain Ordnance		
	25434 Hardin Store Rd, Magnolia, TX	•	Check if travel outside of Texas. Complete Schedule			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	yer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
						
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Th	e Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	.
2 FILER NAMI	E	<u></u>	3 Filer ID (Ethics Commission Filers)	
Ashton D	Hedrick			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 3254.44	
5 Date	6 Full name of contributor 🗌 out-of-state PAC (ID#:		8 Amount of 9 in-kind contribution Contribution \$ description Hand built butcher block table	
04/19/2025 7 Contributor address; City; State; Zip Code			2,000.00 made from wood barn from 1848	3
	30822 Nichols Sawmill Road Magnolia, T	X 77355	Check if travel outside of Texas, Complete Schedu	ıle T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm			n of contributor's spouse (if any) (FOR JUDICIA	L)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of In-kind contribution	
	Scott Kravitz		Contribution \$ description	
05/28/2025	Contributor address; City; State;	600.00 Ice cream party for		
	32907 Tamina Road Magnolia, TX	77354	 Check if travel outside of Texas, Complete Schedu	ile T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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li	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction			

LOANS			SCHEDULE E			
if the requested	d information is not applicable, DO NO	T include this page in the re	port.			
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:			
2 FILER NAME		······································	3 Filer ID (Ethics Commission Filers)			
Ashton D He	drick	· · · · · · · · · · · · · · · · · · ·				
4 TOTAL OF UN	NITEMIZED LOANS		\$ 10,000.00			
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)			
02/07/2025	Lacelyn Neef-Hedrick		5,000.00			
6 is lender a financial Institution?	⁸ Lender address; City; 30819 Roadie Pass	State; Zlp Code	10 Interest rate 0.00			
□ Y ■ N	Magnolia, TX 77355		11 Maturity date			
12 Principal occupation	J on / Job title (See Instructions)	13 Employer (See Instructions)				
Sr. Consultant		Occidental Petroleum				
14 Description of Coll	ateral	15 Check if personal funds were deposited into political account (See Instructions)				
none 16 GUARANTOR	17 Name of guarantor	· · · · · · · · · · · · · · · · · · ·	19 Amount Guaranteed (\$)			
INFORMATION						
18 Guarantor address; City; State; Zip Code						
 not applicable 						
20 Principal Occupat	lon (See Instructions)	21 Employer (See instructions)				
Date of loan	Name of lender 🗌 out-of-state	PAC (ID#:)	Loan Amount (\$)			
03/08/2025	Lacelyn Neef-Hedrick		5,000.00			
ls lender a financial	Lender address; City;	State; Zlp Code	Interest rate 0,00			
Institution?	30819 Roadie Pass Magnolia, TX 77355		Maturity date			
	on / Job title (See Instructions)	Employer (See Instructions)				
Sr. Consultan	t	Occidental Petroleur	n			
Description of Colla	ateral	Check if personal function account (See Instruction	ls were deposited Into political ons)			
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable			•			
Principal Occupatio	on (See Instructions)	Employer (See Instructions)	lan			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
lf ie	nder is out-of-state PAC, please see ins	struction guide for additional re	porting requirements.			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor ins how to complete this form.		Travel in District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME Ashton D Hedrick			3 Filer ID (Ethic	s Commission Filers)	
4 _{Date} 01/20/2025	⁵ Payee name Woodforest National Bank					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
3.00	PO Box 7889 The Woodlands,	TX 7	7387			
8	(a) Category (See Categories listed at the top of this so	hedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	ent bank fee				
	(c) Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin	ı, TX, officeholder livin	g expense	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				Office held		
Date	Payee name				······	
02/04/2025	Strong Tower Trophies and Mo	re				
Amount (\$)	Payee address;		City;	State;	Zip Code	
42.22	18434 Buddy Riley Blvd Magnolia, TX 77354					
	Category (See Categories listed at the top of this sch	edule)	Description		71. L. J. J. Millin	
PURPOSE OF EXPENDITURE	Advertising Expense		Name badges			
	Check If travel outside of Texas, Complete Sch	edule T.	Check if Austir	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name				an an an an Anna an Anna Anna Anna Anna	
02/11/2025	Vistaprint					
Amount (\$)	Payee address;		City;	State;	Zip Code	
153.70	275 Wyman St, Waltham, MA, 0)2451				
	Category (See Categories listed at the top of this sch	edule)	Description	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,		
PURPOSE OF EXPENDITURE	Advertising Expense		Note cards, cai	rd decals		
	Check if travel outside of Texas. Complete Sche	edule T.	Check If Austin	, TX, officeholder living) expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held	
		E THIS S		nen	******	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E lions Made By Gift/Awards/Memorials Expense Printing I		Office Ove Polling Exp Prinling Ex Salaries/W	крепзе /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter e catego	oment & Related Expense
1 Total pages Schedule F1:	Ashton D			******	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na	ime			L	····
02/14/2025	Amazon	1				
6 Amount (\$)	7 Payee ad	Idress;		City;	State;	Zip Code
107.22	410 Terr	y Ave N Seattle, WA	98109			
8	(a) Categor	y (See Categories listed at the top of this s	chedule)	(b) Description	······································	
PURPOSE OF EXPENDITURE	Event Expense Napkins for fu				ndraiser	
	(C)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Aust	in, TX, officeholder living	i expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	t	Office held
Date	Payee na	me			· · · · · · · · · · · · · · · · · · ·	
02/14/2025	Amazon					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
321.30	410 Terry Ave N Seattle, WA 98109					
· · · · · · · · · · · · · · · · · · ·	Category	(See Categories listed at the top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	Event E	Expense		Table runners	s for fundraise	r
		Check if travel outside of Texas. Complete Sci	hadule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct	Candid:	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	4			_		
Date	Payee na		· ·· ······			·····
02/17/2025		masSisters/Etsy				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
471.90	117 Adar	m <mark>s Street, Brooklyn,</mark> N	Y 1120)1		
	Category	(See Categories listed at the top of this sch	hedule)	Description		· · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Event Ex	xpense		Decor for fund	raiser	
		Check if travel outside of Texas. Complete Sch	redule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	ATI	ACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEE	EDED	······································
		DITURES MADE CONTRIBUTIONS			SCH	EDULE F1
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If the requested inf	ormation is	not applicable, DO NOT in	nclude t	his page in the re	port.	
· · · · · · · · · · · · · · · · · · ·		EXPENDITURE CATEG	GORIES F	°OR BOX 8(a)	_, _, , , , , , , , , , , , , , , , , ,	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Aunting/Banking Fees Office Overhead/Rental Expense Tra sulting Expense Polling Expense Tra food/Beverage Expense Polling Expense Tra foutions/Donations Made By Gift/Awards/Memortals Expense Tra didate/Officehotder/Political Committee Legal Services Salaries/Wages/Contract Labor Ott					sing Expense ament & Related Expense at ory not listed above)
1 Total pages Schedule F1:	2 FILER N Ashton D				3 Filer ID (Ethic	s Commission Filers)
4 Date 02/19/2025	5 Payee na Tablecie	ame oth Factory.com of Ya	Ya Cre	ations		• • • • • • • • • • • • • • • • • • •
6 Amount (\$)	7 Peyee a	ddress;		City;	State;	Zip Code
225.23	13155 F	Railroad avenue		F INDUSTRY, (CA 91746 US	5
8	(a) Catego	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense Plates and napk			okins		
	(c)	Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austin	i, ŤX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame			·····	
02/20/2025	Woodfo	rest National Bank				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
9.95	PO Box	7889 The Woodlands	, TX 7	7387		
	Category	/ (See Categories listed at the top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	Accour	nting/Banking		Paper stateme	ent and low b	alance fee
		Check if Iravel outside of Taxas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder livin) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	- 	Office sought	, <u> </u>	Office held
Date	Payee na	ame				
03/03/2025	New Wo	orld Wraps				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
300.00	1857 Mc	caleb Rd, Montgomery	/, TX 71	7316		
	Category	(See Categories listed at the top of this sc	hedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Dodge Truck w	indow wrap	
		Check if travel outside of Texes. Complete Sci	nadule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidete/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.		Solicitation/Fundraie Transportation Equip Travel In District Travel Out Of Distric Other (anter a catego	ment & Related Expense	
1 Total pages Schedule F1:	2 FILER N Ashton D		<u></u>	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethic:	s Commission Filers)	
4 Date	5 Payee na	me		······································	· · · · · · · · · · · · · · · · · · ·	·····	
03/04/2025	Vistapri	nt					
6 Amount (\$)	7 Payee a	ldress;		City;	State;	Zip Code	
218.25	275 Wyi	man St, Waltham, MA	, 02451				
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Adverti	sing Expense		5 x 7 Information cards, Fundraiser tickets			
	(C)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O						Office held	
Date	Payee na	me					
03/06/2025	Magnoli	a Support Group					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
250.00	PO Box	1578, Magnolia, TX 7	7353				
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE	Contribut	ions/Donations made by ca	ndidate	Bingo game sponso	r		
OF EXPENDITURE							
		Check if travel outside of Texes. Complete So	Telubedr	Check if Austic	, TX, officeholder living		
Complete ONLY is divert	Candid	ate / Officeholder name		Office sought		Office held	
Complete <u>ONLY</u> If direct expenditure to benefit C/OF				Once sought			
Date	Payee na	ime				*******	
03/10/2025	Amazon						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
140.25	410 Terr	y Ave N Seattle, WA	98109				
	Category	(See Categories listed at the top of this so	chedule)	Description	·····		
PURPOSE OF EXPENDITURE	Event E	xpense		Scratch off gan	ies		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	·	Office held	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	(pense /ages/Contract Labor	Travel in District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N Ashton D				3 Filer ID (Ethic	cs Commission Filers)
4 Date	5 Payee na					
03/11/2027	Amazor	l				İ
6 Amount (\$)	7 Payee ac	dress;		City;	State;	Zip Code
36.43	410 Terr	y Ave N Seattle, WA	98109			
8	(a) Categor	Y (See Categories listed at the top of thi	s schedule)	(b) Description		, · · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Event E	Event Expense Pull tab ga				
	(C)	Check if travel outside of Taxas, Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				,, ,, , _, ,, ,, ,, ,, ,, , _, ,, , _, ,, ,, , _, ,, ,, , _, ,, ,, , _, ,, ,, , _, ,, , ,, , _, ,, , _, ,, ,, , ,, , , ,
03/17/2025	Pop of C	olor				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
50.00	P. O. Bo	x 821 Spring, TX 7	7383-08	321		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense		Deposit for ba	lloon arch	
	-	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	dalan da	Office held
Date	Payee ne	me				
03/17/2025	Amazon					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
108.92	410 Terr	y Ave N Seattle, WA	98109			
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Event E	kpense		Faux rose deco	or	
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		te / Officeholder name	<u> </u>	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriais Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.		Travel In District Travel Out Of Distric	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N Ashton D				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
03/19/2025	1	ole Chris Jones Fundra	aiser			
6 Amount (\$)	7 Payee ad	idress;		City;	State;	Zip Code
268.61	PO Box	52 Magnolia, TX 77	355			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF EXPENDITURE	OF candidate			Deputy sponsorship for annual fundraiser		
	(C)	Check if travel outside of Texas, Complete Se	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ame		Meannes		18-119-18-2-19-19-19-19-19-19-19-19-19-19-19-19-19-
03/19/2025	Square					
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
143.97	1955 Bri	oadway, Suite 600 O	akland,	CA 94612		
	Category	(See Categories listed at the top of this s	chedule)	Description		and and a set of the s
PURPOSE OF EXPENDITURE	OF I Undratering Expense			Square hardware/terminals		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	<u></u>	Office sought		Office held
Date	Payee na	ame				
03/20/2025	UPS Sto	ore				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
97.43	18640 Fi	m 1488 Rd, Magnolia,	TX 773	354		
	Category	(See Categories listed at the top of this so	chedule)	Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Printing	Expense		Campaign Flye	ers	
		Check if travel outside of Texas. Complete Sc	hedule T.	Check If Austin	n, TX, officeholder living	expense
Complete <u>QNLY</u> If direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

Advertising Expense Accounting/Benking Consulting Expanse Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	/Benking Fees Office Over Expense Focd/Beverage Expense Polling Exp ac/Donations Made By Gift/Awards/Memorials Expense Printing Exp e/Officeholder/Political Committee Legal Services Salaries/Wa		(pense /ages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	oment & Related Expense			
1 Total pages Schedule F1:	Ashton D				3 Filer ID (Ethic:	s Commission Filers)		
4 Date	5 Payee na	me			1			
03/20/2025	Amazon	I						
6 Amount (\$)	7 Payee ad	Payee address; City; State; Zip C						
51.33	410 Terr	y Ave N Seattle, WA	98109					
8	(a) Categor	a) Category (See Categories listed at the top of this schedule) (b) Description						
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Green envelo	pes			
	(C)	Check if travel outside of Texas. Complete So	hedule T.	Check if Aust	In, TX, officeholder living	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	=	ate / Officeholder name		Office sought		Office held		
Date	Payee na	me						
03/20/2025	Woodfor	est National Bank						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
3.00	PO Box	7889 The Woodlands	s, TX∘ 7'	7387				
	Category	(See Categories listed at the top of this ac	chedule)	Description		, <u>, , , , , , , , , , , , , , , , , , </u>		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		Paper stateme	ent fees			
		Check If travel outside of Texas, Complete So	hedule T.	Check if Austi	in, TX, officeholder living	i expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name .		Office sought		Office held		
Date	Рауее па	me						
03/21/2025	Magnolia	a Event Center						
Amount (\$)	Payee add	dress;		City;	State;	Zip Code		
3,062.75	Magnolia	Event Center						
	Category	(See Categories listed at the top of this so	hedule)	Description				
PURPOSE OF EXPENDITURE	Event Ex	(pense		1/2 of venue fo	or event depo	sit		
	(Check if travel outside of Texas, Complete Sch	hedulie T,	Check If Austle	n, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held		
	 TTA	ACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEE	EDED	······································		

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Glft/Awards/Memorials Expense **Polling Expense** Travel In District Printing Expanse Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholdar/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ashton D Hedrick 4 Dat 5 Payee name 04/07/2025 Target 6 Amount (\$) 7 Payee address; State; City; Zip Code 43.30 14302 FM 2920 Rd Tomball, TX 77377 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Event Expense Decanters OF EXPENDITURE (c) Check if travel outside of Texes, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/07/2025 Vistaprint Amount (\$) Payee address; City; State; Zip Code 106.06 275 Wyman St, Waltham, MA, 02451 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Thank you cards OF

EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
04/08/2025	Sherri Young Insurance Services LL	С				
Amount (\$)	Payee address;	City;	State; Zip Code			
410.00	1010 S. Magnolia Blvd, Suite A, Ma	gnolia, TX 77355				
	Category (See Categories listed at the top of this schedule)	Description	ana and historia and an dia ana aka ana ang aka dika ana aming aka dika ang ang aka dika ang ang ang ang ang a			
PURPOSE OF EXPENDITURE	Event Expense	Liability insurance	binder			
	Check if Iravel outside of Taxss. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete <u>ONLY</u> If direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED)			

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Répayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Office Overhead/Rental Expense Transportetion Equipment & Related Expense 668 Food/Beveráge Expense Gift/Awerds/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Lebor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ashton D Hedrick 4 Date 5 Pavee name 04/13/2025 New world Wraps 6 Amount (\$) 7 Payee address; City; State; Zip Code 300.00 1857 Mccaleb Rd, Montgomery, TX 77316 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Advertising Expense Nissan Murano window wrap OF EXPENDITURE (C) Check if traval outside of Texas. Complate Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/13/2025 Amazon Amount (\$) Payee address; City; State; Zip Code 58.96 410 Terry Ave N Seattle, WA 98109 Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense Party favor boxes and faux roses OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/14/2025 Lake Conroe Area Republican Women Amount (\$) Payee address; City; State; Zip Code PO Box 737 Montgomery, TX 77356 504.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Contributions/Donations Star Spangled Sparkler Sponsor - annual OF

Check if travel outside of Texas. Complete Schedule T. Complete <u>QNLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name

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lfundraiser

Office sought

Check if Austin, TX, officeholder living expense

EXPENDITURE

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mede E Candidate/Officeholder/Politics Credit Card Psyment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Relmburgement Office Overhead/Rentel Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expanse Transportation Equipment & Related Expanse Travel In District Travel Out Of District Other (enter a category not listed abova)					
1 Total pages Schedule F1:	2 FILER NAME Ashton D Hedrick	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name		· · · · · · · · · · · · · · · · · · ·					
04/18/2025	Office Depot	fice Depot						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
77.78	14424 FM 2920 Rd Tomball, T	X 77377						
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description						
PURPOSE OF EXPENDITURE	Printing Expense	Table number	Table numbers					
	(C) Check if Irsvel outside of Texas. Complete Sche	dule T. Check if Austi	in, TX, officeholder llving expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name 1	Office sought	Office held					
Date	Payee name							
04/18/2025	Office Depot							
Amount (\$)	Payee address;	City;	State; Zip Code					
88.73	14424 FM 2920 Rd Tomball, T	X 77377						
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this sche	dule) Description						
PURPOSE OF EXPENDITURE	Event Expense	Sticker name	badges and writing pens					
	Check if travel outside of Texas, Complete Sche	duie T. Check if Austi	n, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name		· · · · · · · · · · · · · · · · · · ·					
04/18/2025	New World Wraps							
Amount (\$)	Payee address;	City;	State; Zip Code					
300.00	1857 Mccaleb Rd, Montgomery,	TX 77316						
	Category (Sae Categories listed at the top of this sche	dule) Description						
PURPOSE OF EXPENDITURE	Advertising Expense	Maroon Dodge	e Truck window wrap					
	Check if travel outside of Texas. Complete Scheo	duleT, Check if Austi	n, TX, officeholder living expanse					
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Reverage Expense Gift/Awarde/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.		Travel in District Travel Out Of Distri	pment & Related Expense			
1 Total pages Schedule F1:	2 FILER N Ashton D				3 Filer ID (Ethic	s Commission Filers)			
4 Date	5 Payee na		, <u>, , , , , , , , , , , , , , , , ,</u>	······································					
04/20/2025		oodforest National Bank							
6 Amount (\$)		Payee address; City; State; Zip Co							
3.00	PO Box	PO Box 7889 The Woodlands, TX 77387							
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Accoun	Accounting/Banking Paper st			ent fee				
	(C)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	n, TX, officeholder livin	g expense			
9 Complete ONLY if direct Candidate / Officeholder name Officeholder name Officeholder name				Office sought	ande a fan New York ander an een de skele af een een	Office held			
Date	Payee na	me							
04/26/2025	Amazon								
Amount (\$)	Payee ac	dress;	• • • • • • • • • • • • • • • • • • •	City;	State;	Zip Code			
43.93	410 Ten	ry Ave N Seattle, WA	98109						
	Category	(See Categories listed at the top of this a	chedule)	Description		***************************************			
PURPOSE	Event Expense			Centerpieces					
OF EXPENDITURE		•							
	· ·	Check if travel outside of Texas. Complete S	chadula T.	Check if Austir	n, TX, officeholder livin	a expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	<u></u>	Office sought		Office held			
Date	Payee na	ime				ng t _e t <u>t</u> t t t g , , , , , , , , , , , , , , , ,			
04/27/2025	Target								
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code			
108.25	32858 FI	M 2978 Magnolia, TX	77354						
	Category	(See Categories listed at the top of this s	chedule)	Description	<u> </u>				
PURPOSE OF EXPENDITURE	Event E	xpense		Decanters and	d mint julep o	sups			
		Check if Iravel outside of Texas. Complete Se	chedule T.	Check if Austir	n, TX, officeholder livin	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

		DITURES MADE	6		SCH	EDULE F1			
If the requested inf	If the requested information is not applicable, DO NOT include this page in the report.								
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)					
Advertising Expense Evant Expense Loan Repayment/Reimburgement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gitt/Awards/Memorials Expense Polling Expense Candidate/Officeholder/Politioal Committee Legal Services Selaries/Wages/ContractLabor Credit Card Payment The Instruction Guide explains how to complete this form.					Solicitation/Fundralsing Expense Traneportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter e category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME Ashton D Hedrick				3 Filer ID (Ethic	s Commission Filers)			
4 Date 04/27/2025	5 Payee na Amazor								
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code			
51.44	410 Ter	ry Ave N Seattle, WA	98109						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE				Pull tab game	cards				
	(C)	Check if travel outside of Texas. Complete S	chedule T.	Check if Auslin	n, TX, officeholder livin	g expense			
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought	rter falle men verden sie de fandelie in fandelie en de de men de de men de	Office held			
Date	Payee na	ime		,, <u>,,,,,,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,	····	· · · · · · · · · · · · · · · · · · ·			
04/28/2025	US Post	Office							
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code			
29.20	815 Goo	odson Road Magnolia	, TX 77	7355					
	Category	(See Categories listed at the top of this s	chədulə)	Description					
PURPOSE OF EXPENDITURE	or Campa postage								
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living	a expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	······································	Office sought	99-21-20-20-20-20-20-20-20-20-20-20-20-20-20-	Office held			
Date	Payee na	ame				······································			
04/29/2025	Amazon	I							
Amount (\$)	Payee ac	,	-	City;	State;	Zip Code			
27.86	410 Terr	y Ave N Seattle, WA	98109						
	Category	(See Categories listed at the top of this s	chedule)	Description					
PURPOSE OF EXPENDITURE	Event E	xpense		Dinner napkins					
		Check if travel oulside of Texas. Complete So	shedule T.	Check if Austin	, TX, officeholder living	өхрөлзө			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ete / Officeholder name		Office sought		Office held			
an a	ΔT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS
 If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

			GONILOI			
Advertising Expense Accounting/Banking		Event Expense Fees		yment/Reimbursement rhead/Rental Expense	Solicitation/Fundra Transportation Equ	sing Expense ipment & Related Expense
Consulting Expense Contributions/Donations Made B	ly	Food/Beverage Expense Gift/Awards/Memorials Expense	Polling Exp Printing Ex	, Danse	Travel In District Travel Out Of Distr	
Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services		ages/Contract Labor		gory not listed above)
		The Instruction Guide explain	is how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N Ashton D				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na		·		L	
04/29/2025		oth Factory.com of Ya	Ya Cre	ations		
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code
161.36	13155 F	AILROAD AVENUE	CITY O	F INDUSTRY,	CA 91746 U	S
8	(a) Categor	y (See Categories listed at tha top of this	schedule)	(b) Description		
PURPOSE	Event F	Expense		Plates and pla	esticware	
OF EXPENDITURE		гурспос			13(10)4416	
	(c)	Check if iravel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officaholder livir	u exbense
9 Complete <u>ONLY</u> if direct	Candle	late / Officeholder name		Office sought	****	Office held
expenditure to benefit C/OI				onico solgin		
Date	Payee na		·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
04/29/2025	Amazon					· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee ad	ldrees;		City;	State;	Zip Code
12.75	410 Ter	ry Ave N Seattle, WA	98109			
	Category	(See Categories listed at the top of this s	chedule)	Description	Harde daar dae kerere waar aan di kaar waar di kaar waar di kaar da ka di k	an bar an
PURPOSE	Event E	Expense		Scratch off ga	me cards	
EXPENDITURE				-		
		Check if trevel outside of Texes. Complete S	chedule T.	Check if Austi	n, TX, officeholder livir	ig expense
Complete ONLY if direct	Candid	ate / Officeholder name	·	Office sought		Office held
expenditure to benefit C/OH	ł			C .		
·····						
Date	Payee na	ame				
04/29/2025	Amazon					
Amount (\$)	Payee ac	ldress;		City;	State:	Zip Code
76.50	410 Terr	y Ave N Seattle, WA	98109			
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE	Event E	xpense		Scratch off gar	ne cards	
EXPENDITURE				J		
	· · · · · · · · · · · · · · · · · · ·	Check if trevel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officaholder livin	ĝ expense
Complete <u>ONLY</u> if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH	l					
	AT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	EDED	

SCHEDULE F1

	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested inf	formation is not applicable, DO NOT include t	his page in the re	port.
·····	EXPENDITURE CATEGORIES	FOR BOX 8(a)	, , , , , , , , , , , , , , , , , , ,
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Cerd Payment	Fees Office Over Food/Beverage Expense Polling Ex By Gift/Awards/Memorials Expense Printing Ex al Committee Legal Services Salaries/M	xpense Vagea/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4 Mital anna Cabadula Pit	The Instruction Guide explains how to c	ompiere mis romir	
1 Total pages Schadule F1:	Ashton D Hedrick		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
05/04/2025	Lowes		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
96.40	4427 Magnolia Village Drive Magno	lia, TX 77354	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other - supplies	Storage totes	
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		······································
05/05/2025	Lake Conroe Area Republican Wome	en	
Amount (\$)	Payee address;	City;	State; Zip Code
325.00	PO Box 737 Montgomery, TX 77356	3	
······································	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contribution/Donation made by candidate	Silent and live	auction purchases
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to bensfit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/05/2025	Amazon		
Amount (\$)	Payee address;	City;	State; Zip Code
34.28	410 Terry Ave N Seattle, WA 98109		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Table runners	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Selaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1	2 FILER N				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	ame			ļ	
05/05/2025	Amazor	า				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
67.56	410 Ter	ry Ave N Seattle, WA	98109			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event E	Expense		Napkins		
	(C)	Check If travel outside of Texas. Complete S	chedule T.	Check if Aust	lin, TX, officeholder livir	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ame	****			
05/05/2025	Tableck	oth Factory.com or Ya	Ya Cre	ations		
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
81.69	13155 F		CITY O	F INDUSTRY,	CA 91746 U	S
······································	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Event B	Expense		Plates, cups,	plasticware	· · · · · · · · · · · · · · · · · · ·
		Check if travel outside of Texes. Complete Se	chedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame	· · · · · · · · · · · · · · · · · · ·		·····	
05/07/2025	Wayfair					
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
53.46	3232 Lal	ke Avenue Suite 1 Wi	lmette,	IL 60091		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense		Horse and ride	er cutout	
		Check if travel outside of Texas. Complete So	hedule T.	Check if Austi	in, TX, officeholder livin	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held

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		DITURES MADE CONTRIBUTIONS			SCI	IEDULE F1
If the requested int	formation is	s not applicable, DO NOT in	nclude t	his page in the re	port.	
		EXPENDITURE CATEO	ORIES F	FOR BOX 8(a)	**	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/wards/Memorials Expense Legal Services The Instruction Guide explain:	Office Over Polling Exp Printing Ex Salaries/W	ponso lages/Contract Labor	Travel In District Travel Out Of Distr	ipmant & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethi	cs Commission Filers)
23	Ashton D			····		······································
4 Date 05/07/2025	5 Payee na Amazor					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
83.60	410 Ter	ry Ave N Seattle, WA	98109			
8	(a) Categor	y (See Categories listed at the top of this s	chedule)	(b) Description		······································
PURPOSE OF EXPENDITURE	Event E	Expense		Plates and for	ks	
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder livi	ng expènse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame			····· ································	
05/07/2025	US Post	t Office				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
6.15	3 Green	way Plaza Houston, T	X 770	46		
	Category	(See Categories listed at the top of this so	hədule)	Description	******	ar shahidi shi na ku na ku na anga na kana ka shi ka ka ka ka ka ka sa na sa Pakar sa ka ka sa ka na ka na ka
PURPOSE OF EXPENDITURE	Other -	postage		Shipping of ca	ampaign shir	t
		Check if travel outsids of Texas, Complete Sci	nedule T.	Check if Austin	n, TX, officeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				, , , , , , , , , , , , , , , , , , ,
05/10/2025	Amazon					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
103.96	410 Terr	y Ave N Seattle, WA	98109			
	Category	(See Categories listed at the top of this sci	nedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense		Acrylic stands		
ĺ		Check if travel outside of Texas, Complete Sch	iedule T.	Check if Austin	ı, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Sataries/W	kpensé /ages/Contract Labor	Travel In District Travel Out Of Distr	lipment & Related Expense
1 Total pages Schedule F1:	2 FILER N Ashton D				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na				······	
05/10/2025	Amazor	l				
6 Amount (\$)	7 Payee ac	dress;		City;	State;	Zip Code
64.32	410 Ten	y Ave N Seattle, WA	98109			
8	(a) Categor	(See Categories listed at the top of this	schedule)	(b) Description	had an an de an an an de la face an an de le la come de als an de Alsan des an an an de	
PURPOSE OF EXPENDITURE	Event E	xpense		acrylic stands		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livi	ng expanse
9 Complete <u>ONLY</u> If direct expenditure to benefit C/O		ate / Officeholder name	<u> </u>	Office sought		Office held
Date	Payee na	me				
05/11/2025	Lowe's					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
26.79	4427 Ma	ignolia Village Drive	Magnol	lia, TX 77354		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Fundra	sing Expense		lime tree		
		Check If travel outside of Texas, Complete Se	chedule T.	Check if Austir	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/QF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me		······································		
05/12/2025	Square					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
0.84	1955 Bro	adway, Suite 600 Oa	akland,	CA 94612		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Account	ng/Banking		Processing fee	S	
		Check if travel outside of Texas, Complete So	hedule T.	Check if Austin	, TX, officeholder livin	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	AT1	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officaholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awerds/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Prinling Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N Ashton D				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ime			1	
05/14/2025	Life in R	lose Farm				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
1,100.00	24272 G	Frand Pines Rd, Magn	olia, TX	77355		:
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Event E	Expense		Fresh roses fo	or centerpiece	98
	(C)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Aust	in, TX, officeholder living	ј ехрепае
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	der bestellt verstellt der der soner ander soner ander soner ander soner ander soner ander soner ander soner a	Office held
Date	Payee na	me				
05/16/2025	Vistaprir	nt .				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
141.56	275 Wyr	nan St, Waltham, MA,	02451			
	Category	(See Categories listed at the top of this se	chedule)	Description	·····	
PURPOSE OF EXPENDITURE	Event E	Expense	-	Bid Sheets		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austi	in, TX, officeholder living	expensa
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	reffére 4 vil déreiller ad var ér manndykr séja damlersek	Office held
Date	Payee na	ime				
05/16/2025	Amazon					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
51.44	410 Terr	y Ave N Seattle, WA	98109			
	Category	(See Calegories listed at the top of this so	hedule)	Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Event E	xpense		Pull tab game	cards	
		Check if travel outside of Taxas. Complete Sc	hedule T.	Check If Austi	n, TX, officeholder living	expense
Complete <u>QNI,Y</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office heid
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If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriale Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salarles/W	pense /ages/Contract Labor	Travel in District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NA Ashton D I				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee nar	ne				
05/18/2025	Greater I	Magnolia Parkway Ch	amber	of Commerce		
6 Amount (\$)	7 Payee add	íress;		City;	State;	Zip Code
125.00	18423 FN	/ 1488, Suite C, Mag	nolia, T	X 77353		
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Ex	kpense		Christmas para	ade event 20	025
	(c) (heck if travel outside of Texas. Complete Sc	hedule T.	Check if Austir	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/Oł		te / Officeholder name	<u>.</u>	Office sought		Office held
Date	Рауее пап	ie				
05/20/2025	Amazon					
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
49.38	410 Terry	Ave N Seattle, WA	98109			
	Category	See Categories listed at the top of this so	hadule)	Description	, <u>, , , , , , , , , , , , , , , , , , </u>	
PURPOSE OF EXPENDITURE	Event E	kpense		Acrylic stands		
	c	heck if travel outside of Texas, Complete Sci	hedule T,	Check if Austin	, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Рауее паг	пе				
05/20/2025	Pop of Co	blor				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
447.95	P.O. Box	821, Spring, Tx 7738	3-0821			
	Category (See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Event Ex	pense		Balloon arch fo	r event	
	С	neck if travel outside of Taxas. Complete Sch	nedule T.	Check If Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ΔTT/			SCHEDULE AS NEE		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriale Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salariee/W	pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N Ashton D			<u> </u>	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payeena			<u></u>	<u> </u>	
05/20/2025	Woodfo	rest National Bank				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
3.00	PO Box	7889 The Woodland	s, TX 7	7387		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	·····	
PURPOSE OF EXPENDITURE	Accour	iting/Banking		Paper stateme	ent fee	
	(c)	Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	iπ, TX, officeholder living	j expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				····
05/30/2025	Strong 1	Fower				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
110.42	18434 E	Buddy Riley Blvd Mag	pnolia, T	X 77354		
	Category	(See Categories listed at the top of this a	ichedule)	Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Event E	Expense		Signage for e	vent	

		Check if travel outside of Texas. Complete S	chequie I.	······	in, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Рауее па	ame			······································	
06/03/2025	Chandle	er Hodgson				
Amount (\$)	Payee ac	idress;	·····	City;	State;	Zip Code
800.00	14515 W	/ildwood Trace Magn	olia, TX	77354		
	Category	(See Cetegories listed at the top of this s	chedule)	Déscription	********	
PURPOSE OF EXPENDITURE	Event E	xpense		DJ services		
		Check if travel outside of Texes. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	өхрөпзө
Complete <u>ONLY</u> if direct	Candid	ate / Officeholder name		Office sought	···· ··· ··· ··· ··· ··· ··· ··· ··· ·	Office held
expenditure to benefit C/OH	l					
	ΤA	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	EDED	

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
	EOD DOV 00	TECODIES	EVDEND	

Advertising Expense Accounting/Banking		Event Expense Fees	Loan Repa Office Ove	yment/Reimbursement mead/Rentai Expense		aing Expense oment & Related Expense
Consulting Expense Contributions/Donations Made B		Food/Beverage Expense Gift/Awarde/Memorials Expense	Polling Exp Printing Ex		Traval In District Travel Out Of Distri	st
Candidate/Officeholder/Politic/ Credit Card Payment	al Committee	Legal Sarvices		lages/Contract Labor	Other (enter a categ	ory not listed above)
		The Instruction Guide explai	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N Ashton D				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ime		************		
06/03/2025	Arrazate	Media and Promotic	ons			
6 Amount (\$)	7 Payee ac	dress;		City;	State;	Zip Code
250.00	7 Highla	nd Hollow Dr Conro	be, TX 7	7304		
8	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event E	xpense		Photographer		
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name	<u> </u>	Office sought	·	Office held
Date	Payee na	me				
06/03/2025	Woodfo	rest				
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code
200.00	PO Box	7889 The Woodland	s, TX 7	7387		
		(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accoun	ting/Banking		petty cash for	ticket sales	
		Check if Iravel outside of Texes. Complete	Schedule T.	Check if Austir	n, TX, officeholder livin) expense
Complete <u>QNLY</u> if direct expenditure to banefit C/OH	= + + + + + = -	ate / Officeholder name		Office sought	,,k,	Office held
Date	Payee na	ime			·····	
06/03/2025	Square					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
457.51	1955 Bro	oadway, Suite 600 C)akland,	CA 94612		
	Category	(See Categories listed at the top of this	schedule)	Description		d - Maria di Videono - di esta fanta de la fanta de
PURPOSE OF EXPENDITURE	Account	ing/Banking		processing fee	S	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditura to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED	······································

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense		Event Expense		ayment/Reimbursement	Solicitation/Fundrals	sina Expense
Accounting/Banking Consuiting Expense Contributions/Donations Made B	a.,	Fees Food/Beverage Expense	Office Ove Polling Ex	rhead/Rentai Expense pense	Transportation Equip Travel in District	oment & Related Expense
Candidate/Officeholder/Politic Credit Card Payment		Glft/Awards/Memorials Expense Legal Services	Printing Ex Salaries/M	kpense /ages/Contract Labor	Travel Out Of Distric Other (enter a categ	
		The Instruction Guide expla	ins how to c	complete this form.		
1 Total pages Schedule F1:	Ashton D				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Рауее па					
06/06/2025	Montgor	nery County Police F	Reporter			
6 Amount (\$)	7 Payee ad	dreas;		City;	State;	Zip Code
300.00	17276 Li	nda Ln Conroe, TX	77306			
8	(a) Category	/ (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Ad about fund	raiser	
	(c)	Check if travel oulside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officaholder name		Office sought		Office held
Date	Payee na	me				
06/14/2025	Magnolia	a Event Center				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
5,222.25	11659 FI	M-1488, Magnolia, T	X 77354	Ļ		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense		Final payment	for event ce	nter
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austh	n, TX, officeholder living	1 expense
Complete <u>QNLY</u> if direct		te / Officehoider name		Office sought		Office held
expenditure to benefit C/Oł	1					
Date	Рауее па	me	****	49 - 6 Ar is 194 Ar is Arbit Arbit Island in 1965 Arristan		······································
06/20/2025	Woodfor	est National Bank				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
3.00	PO Box 7	7889 The Woodland	s, TX 7	7387		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Accounti	ng/Banking		Paper stateme	nt fees	
	C	Check if travel outside of Texas, Complete 8	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
······································	<u></u>					

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor	Travel in District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	Ashton D				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na				l	• •
06/21/2025	US Pos	t Office				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
36.79	815 Goo	odson Road Magnolia	a, TX 7	7355		
8	(a) Categor	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other -	Shipping/postage		Mailing campa	aign shirts	
	(C)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/Oł		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
06/29/2025	Lowe's					
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
38.88	14236 F	M 2920 Tomball, TX	77377			
	Category	/ (See Categories listed at the top of this s	chedule)	Description	· · · · · · · · · · · · · · · · · · ·	a,
PURPOSE OF EXPENDITURE	Other -	Office Supplies		Storage tubs		
		Check if travel outside of Texas, Complete So	chedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austi	n, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	EDED	

	EXP	ENDITURE CAT	EGORIES	FOR BOX 10(a	a)		
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Ma Candidate/Officeholder/Po	Event Exp Fæs Food/Beve de By Gift/Award Jitical Committeé Legal Serv	ense arage Expense a/Memorials Expense rices	Loan Rej Office Ov Polling E Printing	payment/Reimbursen verhead/Rental Expe xpense	nent Solicita rise Transp Travel Travel	n District Dut Of District	g Expense lent & Related Exp y not listed ebove)
······································	on Guide explains how to co	omplete this form.		USE A NEW PAG	BE FOR EACH C	REDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4: 4	2 FILER NAME Ashton D Hedrick				3 FILE	R ID (Ethics	Commission Fil
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO A	CREDIT CARD			\$	0.00	
5 CREDIT CARD ISSUER	Name of financial institut Barclays US	ion					
5 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit	Card Issuer Paid		<u>`````````````````````````````````````</u>
	\$ 3,766.25	04/17/2	2025				
PAYEE	(a) Payee name Halo Branded	Solutions	(b) Payee ad 3182 Mc	dress; omentum Pla	^{City,} ace Chica	•	Zip Code 0689-5331
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas, Complete Schedule T.			(b) Description Grey cam	paign shirt	s, ball ca	ips, koozie
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Che	ck if Austin, TX, off	ceholder living	expense
Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder I	Candidate / Officeholder name Office Sought				Office Held	
PAYMENT	(a) Amount Charged \$ 121.23	(b) Date Expenditu 01/18/2		(c) Date(s) Credit	Card Issuer Paid		
AYEE	(a) Payee name (b) Payee add			dress;	City,	State,	Zip Code
	Vistaprint		275 Wy	man St, Wa	altham, MA	02451	-
URPOSE OF XPENDITURE Political	(a) Category (See Categories IIs Advertising Expens	-	fule)	(b) Description Campaign	business	cards Qt	y 500
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Che	eck if Austin, TX, off	iceholder living	expense
omplete <u>ONLY</u> If direct penditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office Held	
AYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Credit	Card Issuer Paid		
AYEE	(a) Payee name		(b) Payee add	iress;	City,	State,	Zip Code
JRPOSE OF XPENDITURE] Political	(a) Category (See Categories IIs	ted at the top of this scher	lule)	(b) Description		, <u>, , , , , , , , , , , , , , , , </u>	····
Non-Political	(c) Check if travel out:	side of Texas. Complete	e Schedule T.	L	heck)f Austin, TX, c	fficeholder livin	g expense
mplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder r			ce Sought		Office Held	
	ATTACH ADDIT	IONAL COPIES	S OF THIS :	SCHEDULE AS	S NEEDED		<u></u>

	EXP	ENDITURE CAT	regories	FOR BOX 10(a)	***************************************
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol	Event Exp Fees Food/Bev de By Gift/Awarc	ense prage Expense Ia/Memorials Expense	Loan Rej Office O Polling E Printing I	payment/Reimburseme verhead/Rental Expense xpense	nt Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District
The Instruction	n Guide explains how to co	mplete this form.		_	FOR EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Ashton D Hedrick				3 FILER ID (Ethics Commission Fi
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institut				
	First Community Cr				
5 PAYMENT	(a) Amount Charged \$ 250.00	(b) Date Expenditu 01/08/2		(c) Date(s) Credit Ca	ard Issuer Paid
PAYEE	(a) Payee name Greater Magnolia Parkway Ch	amber of Commerce	(b) Payee add 18423 F		City, State, Zip Code e C, Magnolia, TX 77353
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Made by Candidate		(b) Description Lady Luck Sponsor Awards Dinner		
Non-Political		side of Texas. Complet			if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought	Office Held
AYMENT	(a) Amount Charged \$ 120.92	(b) Date Expenditu 03/18/2	-	(c) Date(s) Credit Ca	ard Issuer Paid
AYEE	(a) Payee name Tablecloths Factory. com	or YaYa Creations	(b) Payee add 13155 RA	•	City, State, Zip Code E CITY OF INDUSTRY, CA 91746 U
URPOSE OF EXPENDITURE	(a) Category (See Categories II: Event Expense	sted at the top of this scher	lule)	^{(b) Description} Plates, plas	ticware
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.			Chec	k if Austin, TX, officeholder living expense
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought	Office Held
AYMENT	(a) Amount Charged \$ 3,060.10	(b) Date Expenditu 05/08/2		(c) Date(s) Credit Ca	ard Issuer Paid
AYEE	(a) Payee name Halo		(b) Payee add 3182 Mc	•	City, State, Zip Code ce Chicago, IL 60689-5331
URPOSE OF XPENDITURE A Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		lute}	(b) Description Red shirts, koozies	
Non-Political	(C) Check If travel outside of Texas. Complete Schedule T.			Check If Austin, TX, officeholder living expense	
emplete <u>ONLY</u> if direct renditure to benefit C/OH	Candidate / Officeholder i	lame	Off	ce Sought	Office Held
	ATTACH ADDIT				NEEDED

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EXPENDITUR					SCHEDULE F4
· · · · · · · · · · · · · · · · · · ·	EXP	ENDITURE CAT	EGORIES	FOR BOX 10(a)	
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi The Instruction	By Gift/Award	erage Expense Is/Memorials Expense vices	Office O Polling E Printing I	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) & EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Ashton D Hedrick				3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	CREDIT CARD			\$ 0.00
5 CREDIT CARD ISSUER	Name of financial institut First Community Cr				
6 PAYMENT	(a) Amount Charged \$890.56	(b) Date Expenditu 05/19/2		(c) Date(s) Credit Card Is	suer Paid
7 PAYEE	(a) Payee name Halo		(b) Payee add 3182 Mc	•	City, State, Zlp Code Chicago, IL 60689-5331
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (see Categories II Advertising Expense (c) Check if travel out		(b) Description Ballcaps T. Check If Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held				
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card Is	suer Paid
PAYEE	(a) Payee name		(b) Payee add	dress; (City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder 1	name	Off	ice Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Ise	suer Paid
PAYEE	(a) Payee name	<u></u>	(b) Payee add	dress; (City, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description			i annon ann beann à bha ann an Bha ann an ann an Ann ann ann ann ann ann	
I Political ☐ Non-Political	(c) Check if travel outside of Texas, Complete Schedule T.			Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Offi	ice Sought	Office Held
	ATTACH ADDII	IONAL COPIES	S OF THIS	SCHEDULE AS NEE	EDED
Forms provided by Texas Ethle	cs Com Reset	Form	CS.5	Reset Page	Revised 1/1/2024

If the requested inform	nation is not applicab	ile, DO NOT ir	nclude this	page in the r	eport.	SCHE	DULE F4
······································	EXP	ENDITURE CA	TEGORIES	FOR BOX 10(a)	·	
Advertising Expense Accounting/Banking Consulting Expense Contribuitons/Donations Made Candidate/Officeholder/Polit	e By Gift/Award	rage Expense s/Memorials Expense	Office O Polling E Printing	paymen//Reimbursem verhead/Rental Exper Expense Expense /Wages/Contract Labo	nse Transp Travel Travel	In District Out Of District	g Expense ent & Related Expens / not listed above)
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PAG	E FOR EACH O	CREDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Ashton D Hedrick	10.00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	3 FILE	ER ID (Ethics	Commission Filers		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$	0.00	
5 CREDIT CARD	Name of financial institut						
ISSUER	Chase Amazon Visa						
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit (Card Issuer Paid		
	\$ 24.66	01/24/2	2025				
7 PAYEE	(a) Payee name	I	(b) Payee ad	dress;	City,	State,	Zip Code
	Amazon			<u> </u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description			
🖸 Political	Other - Office Supplies			Bubble mailer envelopes			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held						
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit C	Card Issuer Paid		
	\$ 26.79 01/24/2025						
PAYEE	(a) Payee name (b) Paya			dress;	City,	State,	Zip Code
	Amazon						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Other - Office Supplies			(b) Description		<u> </u>	
EXPENDITURE				Thank you stickers round			
Political						• • • •	
		side of Texas. Complet	······		ck if Austin, TX, of		expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder r	iame	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendit	ure Charged	(c) Date(s) Credit Card Issuer Paid			
	\$ 38.09	03/01/2	2025				
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	Amazon						
PURPOSE OF		and at the tay of this cake	dula)	(b) Description		••••••	** ** *******
EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Office Supplies		Tshirt folding board and cellophone bags				
Political							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	ice Sought		Office Held	
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE AS	NEEDED		
orms provided by Texas Ethi	^{cs Com} Reset	Form	cs.s	Reset Page			Revised 1/1/2024

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees O Food/Beverage Expense P By GlfVAwards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense initing Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME	and a second	3 Filer ID (Ethics Commission Filers)		
3	Ashton D Hedrick				
4 Date 01/13/2025	5 Payee name United States Postal Service				
 6 Amount (\$) 9.65 Reimbursement from political contributions intended 	7 Payee address; 815 Goodson Road, Magnolia	city; 1, TX 77355	State; Zlp Code		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sched) Other - Postage		f January 25 reporting		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedul		n, TX, officeholder living expense		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/07/2025	Target				
Amount (\$) 28.15 Reimbursement from ✓ political contributione intended	Payee address; 21515 Tomball Parkway Hous	city; ton, TX 77070-164	State; Zip Code 7		
PURPOSE	Category (See Categories listed at the top of this sched	ule) Description			
OF	Event Expense Decorations, Decanters and trophies				
	Check If travel outside of Texas, Complete Schedul	eT. Check if Austir	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name		······································		
04/11/2025	United States Postal Service				
Amount (\$) 6.00	Payee address; 34635 Wright Road Pinehurst,	^{City;} , TX 77362-9998	State; Zip Code		
61 (6	Category (See Categories listed at the top of this schedu	le) Description			
PURPOSE OF EXPENDITURE	Other - Postage	paign t shirt			
	Check if travel outside of Taxas, Complete Schedule	e T. Check if Austin	n, TX, officeholder llving expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidale/Officeholder/Politi Credit Çard Payment		Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Rep Office Ov Polling E Printing B Salaries/	ayment/Reimbursement erhead/Rental Expense xpense xpense Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense	
1 Total pages Schedule G:		D Hedrick	<u>, , , </u>		3 Filer ID (Ethics	Commission Filers)	
4 _{Date} 04/25/2025	5 Payee nar Target	ne			i		
 6 Amount (\$) 64.95 Reimbursement from ✓ political contributions intended 	7 Payee add 21515	^{tress;} Tomball Parkway H	louston,	^{сіtу;} ТХ 77070-164	State; 7	Zip Code	
8 PURPOSE		(See Categories listed at the top of this	schedule)	(b) Description			
OF EXPENDITURE	Event Ex	• <u>•</u> ••••••••••••••••••••••••••••••••••		Decorations -		drinkware	
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH		hedt If travel outside of Taxas. Complete 5 ate / Officeholder name	schedule I.	Check if Austin Office sought	, TX, officeholder living ex	pense Office held	
Date	Payee nan	פו					
05/31/2025	Office I	Depot Office Max					
Amount (\$) 20.87 ✓ Relmbursement from political contributions intended	Payee address; City; State; Zip Code 14424 FM 2920 RD. TOMBALL, TX 77377						
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this Office Supplies	schedule)	Description Notepads and	index cards		
		hack if travel outside of Texas, Complete S	ichedule T.	Check if Austin	, TX, officeholder living ex	kpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held	
Date 02/17/2025	Payee nam Magnol	[⊪] ia Republican Club					
Amount (\$) 35.00 Reimbursement from political contributions intended	Payee add 18640	^{ress;} FM 1488, Suite A294	Magno	^{City;} blia, TX 77354	State;	Zip Code	
PURPOSE OF EXPENDITURE	Fees	(See Categories listed at the top of this	-	Description Annual membe	ership fee		
	• • • • • • • • • • • • • • • • • • •	heck if travel outside of Taxas. Complete S	chedule T.	· · · · · · · · · · · · · · · · · · ·	, TX, officeholder living ex	·	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held	
	ΑΤΤΑ	CHADDITIONAL COPIES C	OF THIS SO	CHEDULE AS NEED	FD		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fæs Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ov Polling E Printing B Selaries/	Expense Weges/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:		D Hedrick			3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee nar	ne				
05/31/2025	Office	Depot				
6 Amount (\$) 19.63 ✔ Reimbursement from ✔ political contributions intended	7 Payee address; City; State; Zip Code 14424 FM 2920 RD. TOMBALL, TX 77377					
8 PURPOSE	(a) Category	(See Categories listed at tha top of th	ils schedule)	(b) Description		
OF EXPENDITURE	Printing	Expense		Copies of Sile	nt Auction Item	Labels
	(c) (Check if travel outside of Texas, Complete	e Schedule T,	Check if Austin	n, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	C	Office held
Date	Payee nar	ne				
04/26/2025	Rick Jo	hnson				
Amount (\$) 500.00 Reimbursement from v political contributions Intended	Payee add 38925	^{tress;} Fm 1774 Rd, Magn	olia, TX 7	с _{іty;} 7355	State;	Zip Code
	Category	(See Categories listed at the top of the	nis schedule)	Description	a ddyraedd a'r ddd rydd Trfffill yr yr y	
PURPOSE OF EXPENDITURE	Advertising Expense set of custom corn hole boards with advertisement for coed league Crazy Train Food Truck Park			for coed league at		
	Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense		ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	с	office held
Date	Payee han	າຍ				
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of th	is schedule)	Description		
	c	heck if travel outside of Texas. Complete	a Schedule T.	Check if Austin	, TX, officsholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought	C)fflce held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Totel pages Schedule K: 1						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
Ashton D F	Hedrick							
4 Date	5 Name of person from whom amount is received	8 Amount (\$)						
	Amazon							
6 Address of person from whom amount is received; City; State; Zip Code								
05/13/2025	6 Address of person from whom amount is received; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109							
	7 Purpose for which amount is received Check If	political contribution returned to filer						
	Refund of returned fundraising item							
Date	Name of person from whom amount is received	Amount (\$)						
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received Check if	political contribution returned to filer						
Date	Name of person from whom amount is received	Amount (\$)						
	Address of person from whom amount is received; City; Sta	ite; Zip Code						
	Purpose for which amount is received Check If	political contribution returned to filer						
Date	Name of person from whom amount is received	Amount (\$)						
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received Check if	political contribution returned to filer						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED						