FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR FIRST MI **OFFICE USE ONLY OFFICEHOLDER** Date Received INTY ELECTIONS **Brett** NAME NICKNAME SUFFIX LAST Ligon CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE CITY; **OFFICEHOLDER** PO Box 805 MAILING **ADDRESS** Change of Address Montgomery, TX 77356 Date Processed Date [maged CAMPAIGN MS/MRS/MR FIRST MI **TREASURER** NAME Shannon LAST **NICKNAME** SUFFIX Ligon CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER ADDRESS** PO Box 805 (Residence or Business) Montgomery, TX 77356 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED 01/01/2024 **THROUGH** 06/30/2024 10 ELECTION ELECTION DATE **ELECTION TYPE** Month Day Year Primary Other Runoff General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District Attorney Montgomery District Attorney **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

				2 of 38
Ligon, Brett		14 Filer ID		
candidate / officeholder	. These expenditures may have bee	en made without the candidate's or offi	ceholder's ki	nowledge or
COMMITTEE TYPE GENERAL	COMMITTEE NAME			
SPECIFIC	COMMITTEE ADDRESS			
	COMMITTEE CAMPAIGN TREAS	SURER NAME		
	COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		
		\$	0.00	
•		EES OF LOANS)	\$	3,500.00
	IZED POLITICAL EXPENDITURES	\$	0,00	
4. TOTAL POLITIC	\$	54,354.36		
I		D AS OF THE LAST DAY OF THE	\$	86,666.24
		ING LOANS AS OF THE LAST DAY	\$	0.00
Notary PUBLIC, STATE OF TO Notary ID #619296 Expires June 28, 20 TARY STAMP / SEAL ABo	true and correct under Title 15, 28 Sove	t and includes all information required Election Code. Signature of Candidate or Officeholders, this the 15th	to be report	
	This box is for notice of candidate / officeholder consent. Candidates an COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL UNITEM OR GUARANTE 2. TOTAL POLITIC (OTHER THAN I) 3. TOTAL UNITEM 4. TOTAL POLITIC REPORTING PE 6. TOTAL PRINCIP OF THE REPORTING PE 6. TOTAL PRINCIP OF THE REPORTING PE Expires June 28, 20 TARY STAMP / SEAL ABOUT ID #619296 Expires June 28, 20 TARY STAMP / SEAL ABOUT ID #619296 Expires June 28, 20 TARY STAMP / SEAL ABOUT ID #619296 Expires June 28, 20	This box is for notice of political contributions accepted or pandidate / officeholder. These expenditures may have bee consent. Candidates and officeholders are required to report to consent. Candidates and officeholders are required to report to consent. Candidates and officeholders are required to report to consent. Candidates and officeholders are required to report to consent. Candidates and officeholders are required to report to consent. Candidates and officeholders are required to report to consent to co	This box is for notice of political contributions accepted or political expenditures made by political candidate / officeholder. These expenditures may have been made without the candidate's or officence officeholders are required to report this information only if they receive to consent. Candidates and officeholders are required to report this information only if they receive to consent. Candidates and officeholders are required to report this information only if they receive to consent. Candidates and officeholders are required to report this information only if they receive to consent the candidate or of they receive to consent the candidate or officeholders. COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTE	This box is for notice of political contributions accepted or political expenditures made by political committees candidate of officeholder. These expenditures may have been made without the candidates or officeholder's key consent. Candidates and officeholders are required to report this information only if they receive notice of succonsent. Candidates and officeholders are required to report this information only if they receive notice of succonsent. Candidates and officeholders are required to report this information only if they receive notice of succonsent. Candidates and officeholders are required to report this information only if they receive notice of succonsent. Candidates are required to report this information only if they receive notice of succonsent. Candidates are required to report this information only if they receive notice of succonsent. Candidates are required to report this information only if they receive notice of succonsent. Candidates are required to report this information only if they receive notice of succonsent. Candidates are required to provide a succonsent they are required to provide and correct and includes all information required to be report under title 15, election Code. MELISA G. APPLETON Successful and Candidates are companying the provider of the report of the report of the provided before me, by the said. BY STAMP / SEAL ABOVE Signature of Candidate of Circleholder and Candidate of Candidate of Circleholder.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

 	_			J V EI (OI I	3 of 38
1	LER NAI gon, Bre		19 Filer ID		
		LE SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$.	
4.		SCHEDULE E: LOANS	\$		
5,	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	44,704.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,650.14
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11,		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	INS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/38	
2	FILER NAME		***************************************	3	Filer ID	
	Ligon, Brett					
4	Date	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
	06/25/2024	North Shore Republican Women PAC	***************************************			\$3,500.00
		6 Contributor address; City; State; Zip Code				
		PO Box 1993				
		Montgomery, TX 77356				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	L s)		
			· · · · · · · · · · · · · · · · · · ·			
		•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services			T	ravel in District ravel Out of District DTHER (enter a category not listed ab	ove)
L			The Instruction Guide	explains how to c	omplete this forn	n.		
1	Total pages Schedule F1:	2 FILER NAM	ΛE			3 F	iler ID	
	Sch: 1/11 Rpt: 5/38	Ligon, Bre	ett					
4	Date	5 Payee nan	ne			<u> </u>		
	01/16/2024	American						
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode		.	
1	\$3,634.25	PO Box 6	•					
	+-1 //	1						
		Dollon T	/ 7E26E					
_		Dallas, T			1			
8	PURPOSE OF		(See Categories listed at the top	of this schedule)	(b) Description			
	EXPENDITURE	Credit Cal	rd Payment		· —		of Texas. Complete Schedule T. ficeholder living expense	
							Card Payment	
							• • • • • • • • • • • • • • • • • • • •	
9	Complete ONLY if direct	L Candidate/O	fficeholder name	Office so	Light		Office held	
	expenditure to benefit C/O		come conto	5,,,00 301	() - 1		Janes Hom	
_	Date	Dayson north					· · · · · · · · · · · · · · · · · · ·	
	02/03/2024	Payee nam American						
			•					
	Amount (\$)	Payee addr	•	State; Zip Co	ode			
	\$3,499.22	PO Box 6	50448					
		Dallas, TX	75265					
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b) Descriptio	n		
	OF EXPENDITURE		d Payment		1 =		of Texas. Complete Schedule T.	
							iceholder living expense	
					Campaig	ii Creuit (Card Payment	
	Complete ONLY if direct	0	VI	0.66				
	expenditure to benefit C/OF	- Candidate/O	ficeholder name	Office sou	ugnt		Office held	
	Date	Payee nam	=					
	03/03/2024	American	Express					
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode			
	\$820.86	PO Box 65	50448					
		Dallas, TX	75265					
	PURPOSE	(a) Category /	See Categories listed at the top of	of this echadula)	(b) Description	n		
	OF		d Payment	a mio auneuule)			of Texas. Complete Schedule T.	
	EXPENDITURE		·· y · · · · · · ·		. —		ceholder living expense	
					Campaig	n Credit C	Card Payment	
	Complete ONLY if direct		ficeholder name	Office sou	ıght		Office held	
	expenditure to benefit C/OH	1 						
								1

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donatlons Made B Candidate/Officeholder/Politic Credit Card Payment		mmittee	Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel in District Travel Out of District OTHER (enter a category not listed a	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 2/11 Rpt: 6/38		Ligon, Brett								
4	Date	5	Payee name							·	
	04/03/2024		American E	xpress							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$1,720.24		PO Box 650)448							
			Dallas, TX	75265			···				
8	PURPOSE OF	(a)	Category (Se Credit Card	ee Categories listed at the to Payment	op of this sche	dule)	(b)	Description Check if travel	outsi	ide of Texas, Complete Schedule T.	
	EXPENDITURE		Orcan Ouru	ayment				<u>lamal</u>		officeholder living expense	
								Campaign Cr	edi	it Card Payment	
			·								
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	O1	ffice sou	ight			Office held	
	Date		Payee name								
	05/03/2024		American E	xpress							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$1,158.25		PO Box 650								
	·										
			Dallas, TX 7	75265							
	PURPOSE	(a)	Category (Se	e Categories listed at the to	p of this sched	dule)	(b)	Description			
	OF EXPENDITURE		Credit Card							de of Texas, Complete Schedule T.	
										officeholder living expense t Card Payment	
								Campaign of	ou.	t Gara i aymon	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	ceholder name	Of	fice sou	ght			Office held	-
	Date		Pavee name							. ", ", ",	
	06/03/2024		American Ex	press							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de			.	
	\$2,208.37		PO Box 650	448							
			Dallas, TX 7	5265							
	PURPOSE	(a)	Category (Se	e Categories listed at the to	p of this sched	luie)	(b)	Description			
	OF EXPENDITURE		Credit Card	Payment				—		de of Texas, Complete Schedule T.	
							İ			officeholder living expense t Card Payment	
								oumpaign on	- Cui	c dara r aymon	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	C	andidate/Offic	eholder name	Off	fice sou	ght	**		Office held	
	,			W**-W				··-			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate, Credit Card P	/Officeholder/Politica ayment	al Committee	Legal Services The Instruction Guide e		vages/Contract Labor mplete this form.	OTHER (enter a category not listed above)
1 Total pages	Schedule F1:	2 FILER NAM	. <u>. </u>	•		3 Filer ID
	1 Rpt: 7/38	Ligon, Bre				
4 Date		5 Payee nam	е			
01/16/2024	4	Blakemore	e & Associates			
6 Amount (\$)		7 Payee addr	ess; City;	State; Zip Co	de	
	\$5,500.00	1 E Green	way Plaza Ste 225			
		Houston, 1	ΓX 77046			
B PURPO	SE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
OF EXPENDIT	TURE .	Consulting			h	outside of Texas. Complete Schedule T.
	. 	ļ			<u> </u>	, TX, officeholder living expense
					Campaign C	onsulting Fees
	A11 34 (6 1)	- 111 : 45				
9 Complete O expenditure	<u>NLY</u> if direct to benefit C/OI		ficeholder name	Office sou	ght	Office held
·						
Date		Payee name				
03/15/2024	1	Blakemore	& Associates			
Amount (\$)		Payee addre	ess; City;	State; Zip Co	de	
	\$1,000.00	1 E Green	way Plaza Ste 225			
		Houston, T	X 77046			
PURPOS	SE	(a) Category (s	See Categories listed at the top o	f this schedule)	(b) Description	
OF EXPENDIT	upe	Consulting				outside of Texas, Complete Schedule T.
EXPENDIT	OKE	_	•		lement .	, ⊤X, officeholder living expense
					Campaign Co	onsulting Fees
Complete Of expenditure	<u>NLY</u> if direct to benefit C/O⊦		ficeholder name	Office sou	ght	Office held
caperialitate	to benefit 6/01		4000			
Date		Payee name)			
05/08/2024		Blakemore	& Associates			
Amount (\$)		Payee addre	ess; City;	State; Zip Co	de	
	\$1,000.00	1 E Greenv	vay Plaza Ste 225			
		Houston, T	X 77046			
PURPOS	SE		See Categories listed at the top o	f this cahadula)	(b) Description	
OF		Consulting		runs scrieduje)	_	outside of Texas, Complete Schedule T.
EXPENDIT	URE	Consuming		1	<u> </u>	TX, officeholder living expense
				ŀ	Campaign Co	onsulting Fees
	II V if alimont	Candidate/Off	iceholder name	Office soug	ıht	Office held
Complete ON	<u>v∟y</u> ii airect to benefit C/OH		icerojaer name	011100	şı ic	Office field

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 4/11 Rpt: 8/38	2 FILER NAME Ligon, Brett
4 Date	5 Payee name
01/02/2024	Bryan Christ For Chairman MCRP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	33219 Forst West St
	Magnolia, TX 77354
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/10/2024	Childrens Safe Harbor
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1519 Oddfellow St
	Conroe, TX 77301
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/22/2024	Clark, Patti
Amount (\$) \$455,00	Payee address; City; State; Zip Code 114 Golden Bush Place
	Montgomery, TX 77316
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Easter Wreaths
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense Pr	illing Expens inting Exper laries/Wage		Travel in District Travel Out of District OTHER (enter a category	not listed above)
<u> </u>	-		The Instruction Guid	e explains hov	to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	
	Sch: 5/11 Rpt: 9/38	Ligon, Bret	t					
4	Date	5 Payee name						
	03/11/2024	East MoCo	Republican Wome	en				
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	in Code			
	\$25.00	PO Box 29		otato, 2	ip Codo			
	420100	1 0 20% 20	_					
		Nav. Cara	. ***/ >>^-					
L		New Caney	/, TX 77357					
8	PURPOSE OF		ee Categories listed at the t) (b)	Description		
	EXPENDITURE	Office Over	head/Rental Expe	nse	ľ		outside of Texas. Complete Sch	
						Campaign D	n, TX, officeholder living expense	•
		ļ				Campaign	ues	
_	0 1 0 0 0 0 0 0 0 0							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Offic	e sought		Office held	
	Date	Payee name						
	02/01/2024	Historical C	ommission Of MoC	Co				
	Amount (\$)	Payee addre	ss; City;	State; Z	p Code			
	\$250.00	1	hillips St Ste 100	,				
	,							
		Carras TV	77004					
	<u> </u>	Conroe, TX	77301					
	PURPOSE OF		ee Categories listed at the to) (b)	Description		
	EXPENDITURE	Contribution	ns/Donations Made	Ву			outside of Texas, Complete Sch	
		Candidate/G	Officeholder/Politica	al Committe	9	Contribution	ı, TX, officeholder living expense	
						Contribution		
	Camplete ONLY if direct	0						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ceholder name	Office	e sought		Office held	
	Date	Payee name						
	04/29/2024	Lake Conro	e Area Republican	Women				
	Amount (\$)	Payee addres	ss; City;	State; Zi	o Code			
	\$100.00	PO Box 737		,				
		Montgomor	, TV 77256					
		<u> </u>	y, TX 77356					
	PURPOSE OF		e Categories listed at the to		(b)	Description		
	EXPENDITURE		s/Donations Made				outside of Texas, Complete Sch	edule T.
		Candidate/C	Officeholder/Politica	ai Committee	•	Contribution	, TX, officeholder living expense	
						Onthouse!		
	Complete OM V if allocat	Condidet - 4- (C.C.	and and all and an					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	cenolder name	Office	sought		Office held	
								7.49/1
		· · · · · · · · · · · · · · · · · · ·			<u></u>			7 - NA Na No.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Glft/Awards/Memorials Expense	Office Overhe Polling Exper Printing Expe Salaries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	. Total pages Schedule F1;	2	· · · · · · · · · · · · · · · · · · ·			3	Filer ID
_	Sch: 6/11 Rpt: 10/38		Ligon, Brett			_	
4	Date	5	Payee name				
	04/29/2024		Lake Conroe Area Republican Women				
6	Amount (\$) \$250.00		Payee address; City; State; PO Box 737 Montgomery, TX 77356	Zip Code			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Commit		<u>—</u>		de of Texas, Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Off	fice sough	t		Office held
	Date		Payee name		,		
	01/04/2024		Liberty Bells				
	Amount (\$)	Π	Payee address; City; State;	Zip Code			
	\$312.00		PO Box 1081 Conroe, TX 77305				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Contributions/Donations Made By Candidate/Officeholder/Political Commit				de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Off	fice sought			Office held
	Date 01/24/2024		Payee name Liberty Bells				
	Amount (\$) \$1,000.00	<u> </u>	Payee address; City; State; PO Box 1081 Conroe, TX 77305	Zip Code			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	(b)	Description		
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committ	ł	Check if travel of		ie of Texas, Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Officeholder name Offi	ice sought			Office held
							

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Food/Beverage Expense Gltt/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract						, , , ,			
	·			The Instruction G	uide explains l	how to co	ompl	ete this form.					
1	Total pages Schedule F1: Sch: 7/11 Rpt: 11/38	2	FILER NAME Ligon, Brett						3	Filer ID			
4	Date	5	Payee name										
	06/27/2024		Ligon, Brett										
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode						
	\$3,546.53		-										
			Montgomer	y, TX 77356									
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sche	edule)	(b)	Description					
	OF EXPENDITURE			/ment/Reimburs		•		——I		de of Texas. Complete S			
	EXI ENDITORE							_		officeholder living expen	se		
								Schedule G I	Keir	mbursements			
_	0 1 0 0 1 1 1	L					<u>L.</u>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	O	office sou	ught			Office held			
	Date		Payee name										
	02/02/2024		Montgomer	y County Bar As	sociation								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode						
	\$50.00		PO Box 356	51									
			Conroe, TX	77305									
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sche	idule)	(b)	Description					
	OF EXPENDITURE			nead/Rental Exp		,		:	outsid	de of Texas, Complete So	chedule T,		
	EXI ENDITORE	· ·						Check if Austin, TX, officeholder living expense					
								Officeholder I	Due	es			
	0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_					L						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	0	ffice sou	ıght			Office held			
	Date		Payee name										
	05/13/2024		Montgomery	/ County Fair As	sociation								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				<u></u>		
	\$500.00		9201 Airport	t									
			Conroe, TX	77303									
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sche	dute)	(b)	Description					
	OF EXPENDITURE			s/Donations Ma		,		Check If travel of		le of Texas, Complete Sc			
	CV TADLOKE		Candidate/C	Officeholder/Polit	ical Commi	ttee		ш	, TX,	officeholder living expens	6 0		
								Contribution					
							Ļ						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Offic	eholder name	Of	ffice sou	ght			Office held			

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 8/11 Rpt: 12/38	Ligon, Brett
4 Date	5 Payee name
05/20/2024	Montgomery County Fair Association
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	9201 Airport
	Conroe, TX 77303
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas, Complete Schedule T,
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/15/2024	Patriots PAC
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 130184
	The Woodlands, TX 77393
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas, Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check If Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Date	Payee name
02/15/2024	Patriots PAC
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	PO Box 130184
*-,	, and a second s
	The Woodlender TV 77909
DIES	The Woodlands, TX 77393
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Food/Severage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C The Instruction Guide explains how to complete					se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category no			
1	Total pages Schedule F1: Sch: 9/11 Rpt: 13/38	2	FILER NAME Ligon, Brett							3	Filer ID		
4	Date 06/11/2024	5	Payee name Patriots PAG							. I			
6	Amount (\$) \$5,000.00	7	Payee address PO Box 130 The Woodla	184	City;	State;	Zip C	Code					
8	PURPOSE OF EXPENDITURE	(a)	Category (Se Contribution Candidate/C	s/Dor	nations Made	е Ву		(b)	<u> </u>		de of Texas. Complete Sched officeholder living expense	ule T.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Offic	cehold	er name	0	ffice so	ught			Office held		
	Date 01/29/2024		Payee name Republican	Voter	s Of Texas								
	Amount (\$)	\vdash	Payee addres		City;	State	Zip C	'nde					
	\$4,000.00		30310 Charl		•	State,	Zip C	oue					
			Magnolia, T	X 773	55								
	PURPOSE OF EXPENDITURE	(a)	Category (Se Contribution Candidate/C	s/Don	nations Made	: Ву		(b)	<u>1</u>		de of Texas, Complete Sched officeholder living expense	ule T.	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	ehold	er name	Of	ffice so	ught			Office held		
	Date 03/07/2024		Payee name Robert Walk	er Ca	ımpaign						·		
	Amount (\$) \$250.00		Payee addres PO Box 558		City;	State;	Zip C	ode					
			Pinehurst, T										
	PURPOSE OF EXPENDITURE		Category (Sec Contribution: Candidate/O	s/Don	ations Made	э Ву		(b)			de of Texas. Complete Schedi officeholder living expense	ule Υ.	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Offic	eholde	er name	Of	ffice so	ught			Office held		

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed al	·
	Credit Card Payment		The Instruction Guide explains	how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAM	E.			3 Filer ID	
	Sch: 10/11 Rpt; 14/38	Ligon, Bret	t				
4	Date	5 Payee name	2				
ĺ	02/16/2024	SD Photog	raphy				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Code			
	\$216,50	5106 Park	View Dr				
		Willis, TX 7	7318				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edute) (b) Description		
	OF EXPENDITURE	1	rhead/Rental Expense	544(0)	Check if travel	outside of Texas. Complete Schedule T.	
	EXI ENDITORE					TX, officeholder living expense	
		ļ		ŀ	Campaign Ph	lotograpny	
9	Complete ONLY if direct	Candidata/Off	i-abalday yayı	N#:		O#: 114	
"	expenditure to benefit C/O		iceholder name C	Office sought	•	Office held	,
	Date						<u></u>
	04/01/2024	Payee name Sierra Tact					
		ļ		75- O-1-			
l	Amount (\$) \$1,000.00	Payee addre	- · · · · · · · · · · · · · · · · · · ·	Zip Code			
	Φ1,000.00	PO 60X 46	3				
		Duaman LIT	04000				
		Draper, UT		1			
	PURPOSE OF		ee Categories listed at the top of this scho	edule) (b)	Description	outside of Texas. Complete Schedule T.	
	EXPENDITURE	Gitt/Awards	:/Memorials Expense		<u> </u>	TX, officeholder living expense	
	,				Campaign Co	nstituent Gifts	
	Complete ONLY if direct		ceholder name C	ffice sought		Office held	
	expenditure to benefit C/O	-{ 					
	Date	Payee name				**	
	03/12/2024	Southern H	eritage Consulting				
	Amount (\$)	Payee addre	ss; City; State;	Zip Code			
	\$1,029.00	PO Box 558	3				
		Pinehurst, 1	X 77362				
	PURPOSE	(a) Category (Se	ee Categories listed at the top of this sche	edule) (b)	Description	T-T-COMP. C	
	OF EXPENDITURE		Fundraising Expense	, ,	Check if travel o	utside of Texas. Complete Schedule T.	
					_	TX, officeholder living expense	
					campaign Fu	ndraising Fees	
	Complete ONLY if direct	Candidata/Offi	ceholder name O	ffino poverb		Office heald	
	expenditure to benefit C/OF		селовиет натте — О	ffice sought		Office held	

SCHEDULE F1

	CONTRIBUTIO	NS	SCHEDOLE I I
-		EXPENDITURE CATEGORIES FOR BOX 8(a)	
i	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID
	Sch: 11/11 Rpt: 15/38	Ligon, Brett	
4	Date	5 Payee name	
	03/25/2024	Southern Heritage Consulting	
6	Amount (\$) \$1,029.00	7 Payee address; City; State; Zip Code PO Box 558 Pinehurst, TX 77362	
8	PURPOSE OF EXPENDITURE	Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense undraising Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	01/02/2024	Stephenson, John	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code - Montgomery, TX 77356	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ity
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics	By - Gift/Awar cal Committee Legal Se		Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel in District Travel Out of District OTHER (enter a cate		bove)
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID		
	Sch: 1/23 Rpt: 16/38	Ligon, Brett					
4	CREDIT CARD	Name of fin	nancial institution	5 TOTAL OF UNITE			
	ISSUER	Americ	an Express	EXPENDITURES CHARGED TO A C	 \$		
			201 - may ala	CHARGED TO A C	SKEDIT		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid	,	, <u></u>
		\$14.99	01/02/2024	02/03/2024			
		·					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	!	Amazon.com		410 Terry Ave N			
	!	Amazon.com					
		<u> </u>		Seattle, WA 98109	1		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	on of this schedule)	(b) Description			
		Office Overhead/Rer		Office Supplies			
	X Political						
	Non-Political	<u> </u>	fe of Texas, Complete Schedule		Austin, TX, officeholder living e	expense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH :	Candidate/Officeholde	r name U	Office sought	Office held		
٠.	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	Januar Daid		<u></u>
	PAYMENT	· ·		(c) Date(s) Credit Car 02/03/2024	d Issuer Paid		
		\$39.10	01/05/2024				
—	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		(a) rayou name		706 West Davis St		General,	Alp won-
		Donutwheel		100 11001 200			
		1		Conroe, TX 77301			
	PURPOSE OF	(a) Category		(b) Description	-		
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Staff Meeting	Staff Meeting		
	X Political	Occupations in the	3130				
	Non-Political	(c) Check if travel outside	e of Texas. Complete Schedule	T. Check if A	Austin, TX, officeholder living e	expense	
	Complete ONLY if direct	Candidate/Officeholde	r name O	Office sought	Office held		
e>	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer Paid		
		\$92.01	01/09/2024	03/15/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Pecan Hill Florist		309 Pond St			
		1					
_	PURPOSE OF	(a) Category		Montgomery, TX 77 (b) Description	7356-6031		
	EXPENDITURE	(See Categories listed at the top		(b) Description Campaign Constitu	iont Cifte		
	X Political	Gift/Awards/Memoria	ıls Expense	Outhpuigh Conoma	CIII OIIIG		
		Charlett warming outside	and the debadule	Chook if A	The second secon		
	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	er name	T. Check if A	Austin, TX, officeholder living e	xpense	<u>,</u>
	complete ONLY if direct chenditure to benefit C/OH	Candidate Oniconolida.	flame	nice sough	Onice neig		
			W1101.01.01.01.				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overheat/Rental Expense Polling Expense Printing Expense

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

	al Committee Legal Ser		Salaries/Wages/Contract Labor	OTHER (enter a cate	gory not listed a	bove)
1 Total pages Calcadula 54		truction Guide explains ho	w to complete this form.	Ta =: :=		
1 Total pages Schedule F4:				3 Filer ID		
Sch: 2/23 Rpt: 17/38	Ligon, Brett		In total of instruction			
4 CREDIT CARD ISSUER		ancial institution	5 TOTAL OF UNITEMIZ EXPENDITURES	ED 		
	see p	previous	CHARGED TO A CRE			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	euer Baid		
· Marie	1	1	03/15/2024	Suel Falu		
	\$55.13	01/19/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Montgomery Bakehouse		240 Longmire Rd	,	,	·
			Conroe, TX 77304			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff Meeting			
X Political						
Non-Political	` '	of Texas. Complete Schedule T,	<u> </u>	, TX, officeholder living e	expense	
9 Complete ONLY if direct	Candidate/Officeholder	r name Offi	ce sought	Office held		
expenditure to benefit C/OH					٠	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 03/15/2024	suer Paid		
	\$100.00	01/20/2024	03/13/2024			
PAYEE						
PAICE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Saltgrass		810 Interstate 45 North	1		
			Conroe, TX 77301-176	S.A		
PURPOSE OF	(a) Category		(b) Description) +		
EXPENDITURE	(See Categories listed at the top	•	Staff Meeting			
X Political	Food/Beverage Exper	nse				
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	Check if Austin.	, TX, officeholder living e	xnense	
Complete ONLY if direct					· (polibo	
Complete CIALL II direct	Candidate/Officeholder	name Offic	ce sought	Office held		
expenditure to benefit C/OH	Candidate/Officeholder	name Offic		Office held		
-	(a) Amount Charged	name Office (b) Date of Charge				
expenditure to benefit C/OH			ce sought			
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	ce sought (c) Date(s) Credit Card Iss			
expenditure to benefit C/OH	(a) Amount Charged	(b) Date of Charge	ce sought (c) Date(s) Credit Card Iss		State,	Zip Code
expenditure to benefit C/OH PAYMENT	(a) Amount Charged \$26.32 (a) Payee name	(b) Date of Charge	(c) Date(s) Credit Card Iss 03/15/2024	suer Paid	State,	Zip Code
expenditure to benefit C/OH PAYMENT	(a) Amount Charged \$26.32	(b) Date of Charge	(c) Date(s) Credit Card Iss 03/15/2024 (b) Payee address; 1321 West Davis St	suer Paid	State,	Zip Code
expenditure to benefit C/OH PAYMENT PAYEE	(a) Amount Charged \$26.32 (a) Payee name Chick-Fil-A	(b) Date of Charge	(c) Date(s) Credit Card Iss 03/15/2024 (b) Payee address; 1321 West Davis St Conroe, TX 77304	suer Paid	State,	Zip Code
PAYMENT PAYEE PURPOSE OF	(a) Amount Charged \$26.32 (a) Payee name Chick-Fil-A	(b) Date of Charge 01/25/2024	(c) Date(s) Credit Card Iss 03/15/2024 (b) Payee address; 1321 West Davis St Conroe, TX 77304 (b) Description	suer Paid	State,	Zip Code
expenditure to benefit C/OH PAYMENT PAYEE	(a) Amount Charged \$26.32 (a) Payee name Chick-Fil-A	(b) Date of Charge 01/25/2024 of this schedule)	(c) Date(s) Credit Card Iss 03/15/2024 (b) Payee address; 1321 West Davis St Conroe, TX 77304	suer Paid	State,	Zip Code
PAYEE PURPOSE OF EXPENDITURE	(a) Amount Charged \$26,32 (a) Payee name Chick-Fil-A (a) Category (see Categories listed at the top of Food/Beverage Exper	(b) Date of Charge 01/25/2024 of this schedule)	(c) Date(s) Credit Card Iss 03/15/2024 (b) Payee address; 1321 West Davis St Conroe, TX 77304 (b) Description Staff Meeting	suer Paid City,		Zip Code
PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political	(a) Amount Charged \$26,32 (a) Payee name Chick-Fil-A (a) Category (see Categories listed at the top of Food/Beverage Exper	(b) Date of Charge 01/25/2024 of this schedule) 1SE	(c) Date(s) Credit Card Iss 03/15/2024 (b) Payee address; 1321 West Davis St Conroe, TX 77304 (b) Description Staff Meeting	suer Paid		Zip Code

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Loan Repayment/Reimbursement Event Expense Solicitation/Fundralsing Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Travel in District Accounting/Banking Consulting Expense Food/Beverage Expense Travel Out of District Contributions/ Donations Made By -Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 3/23 Rpt: 18/38 Ligon, Brett 4 CREDIT CARD Name of financial institution TOTAL OF UNITEMIZED **ISSUER EXPENDITURES** see previous CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 03/15/2024 \$74,28 01/25/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1000 Outpost Dr Walk-On's Conroe, TX 77304 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Meeting Food/Beverage Expense X Political Non-Political (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 03/15/2024 \$473,12 01/26/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 9805 Katy Fwysuite 650 Perrys Restaurants Houston, TX 77024 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Meeting Food/Beverage Expense X Political Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 04/03/2024 \$73.50 02/07/2024 PAYEE (a) Payee name (b) Payee address; City, State. Zip Code 240 Longmire Rd Montgomery Bakehouse Conroe, TX 77304 (a) Category **PURPOSE OF** (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Meeting Food/Beverage Expense Political

Non-Political

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(c) Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica			rinting Expense alaries/Wages/Cor		ravel Out of District OTHER (enter a catego	ory not listed a	ibove)	
		truction Guide explains how	to complete	this form.				
					3 Filer ID			
Sch: 4/23 Rpt: 19/38	Ligon, Brett	·						
4 CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZED				
ISSUER	see p	previous	CHARG	BED TO A CREDIT	 \$ 			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 04/03/202) Credit Card Issue 124	r Paid			
	\$40,00	02/09/2024	U4700720	4 4				
7 PAYEE	(-) Device warms		(II) Payon	11	O'L .	21-1-	Cdo	
/ PATEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code	
!	North Shore Repub	olican Women	49 W Car	KS CL				
!	1		Montgom	nery, TX 77356-8	≀618			
8 PURPOSE OF	(a) Category		(b) Descrip		010		••••	
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaigr	n Dues				
X Political	Office Overhedding	rgi Exhelipe						
Non-Political	<u> </u>	of Texas, Complete Schedule T.		Check if Austin, TX,	, officeholder living exp	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 04/03/202	Credit Card Issuer 24	r Paid			
	\$120.00	02/09/2024	041001202	4				
PAYEE	(a) Payee name		(b) Payee a	-1-1	Ott.	Ctoto	Zia Cada	
LVIPE	(а) Рауее пате		(b) Payee a		City,	State,	Zip Code	
1	North Shore Republ	olican Women	49 W Oaks Ct					
	1		Montgom	ery, TX 77356-80	618			
PURPOSE OF	(a) Category		(b) Descript	otion				
EXPENDITURE	(See Categories listed at the top of Contributions/Donation		Contribution	on				
X Political		er/Political Committee						
Non-Political		of Texas, Complete Schedule T,	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	T/=\ Data/a\	Constit Constitution	- D-1-1			
PATIVIENT	`	1 . ,	(c) Date(s) 04/03/202	Credit Card Issuer 24	Paid			
	\$65.25	02/13/2024		•				
PAYEE	(a) Payee name		(b) Payee a	address:	City,	State,	Zip Code	
		,	20168 Eva		Oity,	umu,	Alp occ.	
ļ	Kroger	,		<i>x</i> 5.				
				ery, TX 77356				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schodule)	(b) Descript				,	
	Office Overhead/Renta		Office Sup	oplies				
X Political			<u></u>					
	<u> </u>	of Texas, Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onice	e sought		Office held			
experience to benefit of or		- www.						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Office/Identifice/Compilities

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic		ds/Memorials Expense rvices	Printing Expense Salaries/Wages/Con		Travel Out of District OTHER (enter a categ	jory not listed a	bove)	
	The Ins	truction Guide explains h	low to complete t	his form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID			
Sch: 5/23 Rpt: 20/38	Ligon, Brett							
4 CREDIT CARD	Name of fine	ancial institution	1	5 TOTAL OF UNITEMIZED				
ISSUER	see p	orevious		DITURES ED TO A CREDI	\$			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	er Paid			
	\$108,24	02/14/2024	04/03/202	24				
7 PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code	
			1 Microsoft Way					
	Microsoft							
		Redmond, WA 98052						
8 PURPOSE OF	(a) Category		(b) Descrip					
EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Campaign Software Subscription					
X Political		'						
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule	т. [Check if Austin, T.	X, officeholder living ex	xpense		
9 Complete ONLY if direct	Candidate/Officeholde	r name O	ffice sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issu	er Paid			
	\$72.51	02/23/2024	04/03/202	24				
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Edible Arrangemen	nte	95 Barnes	Rd				
	Edible Arrangemen	11.5						
	(1) 0 1			d, CT 06492		·····		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		ifto			
	Gift/Awards/Memoria	,	Campaign	Constituent G	ints			
X Political								
Non-Political	` / Immed	of Texas. Complete Schedule		Check if Austin, T	K, officeholder living ex	rpense		
Complete ONLY if direct	Candidate/Officeholder	rname Of	fice sought		Office held			
expenditure to benefit C/OH	(-) 1	1 (1) 2 (1)	123 - 323					
PAYMENT	(a) Amount Charged	(b) Date of Charge	04/03/202	Credit Card Issu 4	er Paid			
	\$297.68	02/26/2024	0-1/00/202	•				
PAYEE		- 100						
PAICE	(a) Payee name		(b) Payee a		City,	State,	Zip Code	
	Pecan Hill Florist		107 Old R	IV Raste J				
			Montgomo	TV 770E6	2052			
PURPOSE OF	(a) Category		(b) Descript	ery, TX 77356-				
EXPENDITURE	(See Categories listed at the top			Constituent G	ifts			
X Political	Gift/Awards/Memorial	ls Expense	Sampaign	oonomaon o				
Non-Political	(a) Charle 16 trans-1	of Toyon Complete Octobril 1	<u> </u>	Tobasis s	f afficient to the second			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule 1	fice sought	Cneck if Austin, TX	C, officeholder living ex Office held	.pense		
expenditure to benefit C/OH	2 00 100 100 10 10 10 10 10 10 10 10 10 1		oougut		Onico Heid			
<u> </u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica		ds/Memorials Expense Pr vices S	rinting Expense alaries/Wages/Contra	act Labor 07	avel Out of District THER (enter a categor	ry not listed a	bove)	
	The Inst	truction Guide explains how	v to complete thi	is form.				
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID			
Sch: 6/23 Rpt: 21/38	Ligon, Brett							
4 CREDIT CARD	Name of fina	ıncial institution		F UNITEMIZED				
ISSUER	see p	revious	EXPENDI CHARGE	HURES DITO A CREDIT	\$			
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid			
	\$268.61	02/26/2024	04/03/2024	1				
7 PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code	
	Convoc ICD		3205 West	Davis				
	Conroe ISD							
			Conroe, TX					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Description					
	Contributions/Donations Made By		Contribution to School Fundraisier					
X Political	Candidate/Officehold	er/Political Ćommittee						
Non-Political	<u> </u>	of Texas, Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held			
expenditure to benefit C/OH							<u> </u>	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C 04/03/2024	redit Card Issuer	Paid			
	\$87.01	02/26/2024	04/03/2024	•				
BAVER								
PAYEE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code	
	Pedros		2101 West	Davis St				
			Conroo TV	77204				
PURPOSE OF	(a) Category		Conroe, TX 77304 (b) Description					
EXPENDITURE	(See Categories listed at the top	•	Staff Meetin					
X Political	Food/Beverage Expe	nse						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chack If Austin TV	officabolder living over			
Complete ONLY if direct	Candidate/Officeholder		T. Check If Austin, TX, officeholder living expense ffice sought Office held					
expenditure to benefit C/OH	ļ							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid			
	\$133.51	02/29/2024	04/03/2024					
	Φ100,51	0212312024						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code	
			18035 Inter		•		·	
	Chuys							
			Conroe, TX	77385				
PURPOSE OF	(a) Category		(b) Description	on				
EXPENDITURE	(See Categories listed at the top of Food/Beverage Exper	•	Staff Meetir	ng				
X Political	. SSG/DSTGIAgo Expoi	100						
Non-Political	(c) Check if travel outside (of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
		. <u></u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Polltica	/ - Gift/A I Committee Lega	/Beverage Expense Awards/Memorials Expense I Services Instruction Guide explains	Printing Expense T Salaries/Wages/Contract Labor C	ravel in District ravel Out of District)THER (enter a category not listed above)		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID		
	Sch: 7/23 Rpt: 22/38	Ligon, Brett					
4	CREDIT CARD ISSUER		financial institution ee previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
		\$67.12	03/04/2024	04/03/2024			
7	PAYEE	(a) Payee name	I	(b) Payee address;	City, State, Zip Code		
		Pecan Hill Floris	st	107 Old Riv Rdste J			
_	DUBBOOK OF	(a) Catagoni		Montgomery, TX 77356-2	2852		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at th	e top of this schedule)	(b) Description Campaign Constituent Gi	fte		
	X Political	Gift/Awards/Memo	,		11.5		
	Non-Political	<u> </u>	tside of Texas. Complete Schedule		, officeholder living expense		
expenditure to benefit C/OH			Office sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$87.67	03/04/2024	04/03/2024			
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	:	Pecan Hill Florist		107 Old Riv Rdste J			
		7 1 1 1 1 1 1 1		Montgomery, TX 77356-2852			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Gift/Awards/Memo		(b) Description Campaign Constituent Gifts			
	X Political						
	Non-Political	(c) Check if travel out	side of Texas. Complete Schedule	T. Check if Austin, TX	officeholder living expense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeho	lder name C	Office sought	Office held		
	PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 03/05/2024	(c) Date(s) Credit Card Issue 04/03/2024	r Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
		Sacred Heart		615 Mcdade St			
				Conroe, TX 77301-2753			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Contributions/Dona		(b) Description Contribution to School Fu	ndraisier		
	X Political		older/Political Committe				
	Non-Political	<u>`` </u>	side of Texas, Complete Schedule		officeholder living expense		
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officehol	der name O	iffice sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/FundralsIng Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

l	Contributions/ Donations Made B Candidate/Officeholder/Politica	y - Gift/Awar	ds/Memorials Expense	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a categ	jory not listed a	bove)		
l		The ins	truction Guide explains h	ow to complete this form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID				
ı	Sch: 8/23 Rpt: 23/38	Ligon, Brett			- 1				
4	CREDIT CARD	Name of fina	ıncial institution	5 TOTAL OF UNITEMI	1 4				
	ISSUER	see p	previous	EXPENDITURES CHARGED TO A CR	, _{EDIT} \$				
		·		CARD	EDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid				
		\$64.02	03/08/2024	05/03/2024					
l		+-,	00,00,202,						
7	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code		
1				I-10 Exit 523					
		Love's							
				Comfort, TX 78013					
8	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memoria		Staff Gifts - White Hat Awards					
	X Political	only wards/warran	io Experies						
	Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T	. Check if Aust	tin, TX, officeholder living e	xpense			
9	Complete ONLY if direct	Candidate/Officeholde	r name Off	ice sought	Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid				
		\$277.41	03/09/2024	05/03/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		El Bosque		20821 Eva Stste P					
		Li Dosque		M					
				Montgomery, TX 77356					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Food/Beverage Expe	,	Staff Meeting					
	X Political								
	Non-Political	<u> </u>	of Texas, Complete Schedule T		tin, TX, officeholder living ex	kpense			
	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held				
e:	xpenditure to benefit C/OH	(-) A	1.42.5.1	(A) D (A) (A) (A) (B) (A) (A)					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I 05/03/2024	ssuer Pald				
		\$51.38	03/15/2024	00/00/2024					
	PAYEE	(a) Davis - 1		(h) D	<u> </u>	<u> </u>	71-0-1		
	PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Amazon.com		410 Terry Ave N					
				Coattle MA 00100					
	PURPOSE OF	(a) Category		Seattle, WA 98109 (b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Office Supplies					
	X Political	Office Overhead/Rent	tal Expense	omoc cappiles					
	Non-Political	(-) [] at 1 (2) 1 (2)	·/=	<u> </u>					
	<u> - -</u>	(c) Check if travel outside Candidate/Officeholder	of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living ex Office held	cpense			
61	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officerfolder	name Uill	ice sought	Onice neid				
	,								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

ement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enters extension and listed phase)

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	y - Gift/Awari al Committee Legal Ser		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a cate	gory not listed a	bove)	
		truction Guide explains i	now to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
Sch: 9/23 Rpt: 24/38	Ligon, Brett						
4 CREDIT CARD ISSUER		ancial institution previous	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	 \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
	\$24.92	03/15/2024	05/03/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Buc-Ee'S		2375 East Austin St Giddings, TX 78942				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Food/Beverage Expe	•	Special Prosecutor Travel Meals				
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule	T. Check if Austii	n, TX, officeholder living e	expense		
9 Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held	<u>, </u>		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$95.12	03/15/2024	05/03/2024				
PAYEE	(a) D-11-		(b) Davise address:	City,	State,	Zip Code	
PATEE	PAYEE (a) Payee name Giddings Downtown		(b) Payee address;		Siaic,		
PATEE		n	(b) Payee address; 155 West Austin St H		State,	_,,,	
PATEE		n	· · ·	wy 290 West	Siale,	_,p	
PURPOSE OF EXPENDITURE	Giddings Downtown (a) Category (See Categories listed at the top	of this schedule)	155 West Austin St Hv	wy 290 West 205	Siate,		
PURPOSE OF	Giddings Downtown (a) Category	of this schedule)	155 West Austin St Hv Giddings, TX 78942-3 (b) Description	wy 290 West 205	Siate,		
PURPOSE OF EXPENDITURE	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Exper	of this schedule)	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra	wy 290 West 205			
PURPOSE OF EXPENDITURE X Political	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Exper	of this schedule) NSE of Texas. Complete Schedule	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra	wy 290 West 205 avel Meals			
PURPOSE OF EXPENDITURE X Political Non-Political	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Experi	of this schedule) NSE of Texas. Complete Schedule	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra	wy 290 West 205 avel Meals			
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Experi	of this schedule) NSE of Texas. Complete Schedule	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra	wy 290 West 205 avel Meals n, TX, officeholder living e Office held			
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Expension (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79	of this schedule) nse of Texas. Complete Schedule name Of (b) Date of Charge	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra Check if Austir fice sought (c) Date(s) Credit Card Is 05/03/2024	wy 290 West 205 avel Meals n, TX, officeholder living e Office held	xpense		
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Experiments) (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79 (a) Payee name	of this schedule) nse of Texas. Complete Schedule name Of (b) Date of Charge	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra Check if Austin fice sought (c) Date(s) Credit Card Is 05/03/2024 (b) Payee address;	wy 290 West 205 avel Meals n, TX, officeholder living e Office held		Zip Code	
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Expension (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79	of this schedule) nse of Texas. Complete Schedule name Of (b) Date of Charge	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra Check if Austir fice sought (c) Date(s) Credit Card Is 05/03/2024	wy 290 West 205 avel Meals n, TX, officeholder living e Office held	xpense		
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Experiments) (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79 (a) Payee name	of this schedule) nse of Texas. Complete Schedule name Of (b) Date of Charge	Giddings, TX 78942-3 (b) Description Special Prosecutor Transfice sought (c) Date(s) Credit Card Is 05/03/2024 (b) Payee address; 2101 West Davis St	wy 290 West 205 avel Meals n, TX, officeholder living e Office held	xpense		
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Expension (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79 (a) Payee name Pedros (a) Category	of this schedule) nse of Texas. Complete Schedule name Of (b) Date of Charge 03/18/2024	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra Check if Austin fice sought (c) Date(s) Credit Card Is 05/03/2024 (b) Payee address;	wy 290 West 205 avel Meals n, TX, officeholder living e Office held	xpense		
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Expension (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79 (a) Payee name Pedros (a) Category (See Categories listed at the top	of this schedule) NSE of Texas. Complete Schedule name Of (b) Date of Charge 03/18/2024	Giddings, TX 78942-3 (b) Description Special Prosecutor Transfice sought (c) Date(s) Credit Card Is 05/03/2024 (b) Payee address; 2101 West Davis St Conroe, TX 77304	wy 290 West 205 avel Meals n, TX, officeholder living e Office held	xpense		
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Expension (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79 (a) Payee name Pedros (a) Category	of this schedule) NSE of Texas. Complete Schedule name Of (b) Date of Charge 03/18/2024	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra Check if Austin fice sought (c) Date(s) Credit Card Is 05/03/2024 (b) Payee address; 2101 West Davis St Conroe, TX 77304 (b) Description	wy 290 West 205 avel Meals n, TX, officeholder living e Office held	xpense		
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Experiments) (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79 (a) Payee name Pedros (a) Category (See Categories listed at the top Food/Beverage Experiments)	of this schedule) NSE of Texas. Complete Schedule name Of (b) Date of Charge 03/18/2024	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra The Check if Austin fice sought (c) Date(s) Credit Card Is 05/03/2024 (b) Payee address; 2101 West Davis St Conroe, TX 77304 (b) Description Staff Meeting	wy 290 West 205 avel Meals n, TX, officeholder living e Office held	xpense State,		
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Experiments) (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79 (a) Payee name Pedros (a) Category (See Categories listed at the top Food/Beverage Experiments)	of this schedule) nSe of Texas. Complete Schedule name Of (b) Date of Charge 03/18/2024 of this schedule) nSe of Texas. Complete Schedule	155 West Austin St Ho Giddings, TX 78942-3 (b) Description Special Prosecutor Tra The Check if Austin fice sought (c) Date(s) Credit Card Is 05/03/2024 (b) Payee address; 2101 West Davis St Conroe, TX 77304 (b) Description Staff Meeting	wy 290 West 205 avel Meals TX, officeholder living e Office held suer Paid City,	xpense State,		
PURPOSE OF EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE X Political Non-Political	Giddings Downtown (a) Category (See Categories listed at the top Food/Beverage Experiments) (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$78.79 (a) Payee name Pedros (a) Category (See Categories listed at the top Food/Beverage Experiments) (c) Check if travel outside of	of this schedule) nSe of Texas. Complete Schedule name Of (b) Date of Charge 03/18/2024 of this schedule) nSe of Texas. Complete Schedule	Giddings, TX 78942-3 (b) Description Special Prosecutor Transfice sought (c) Date(s) Credit Card Is 05/03/2024 (b) Payee address; 2101 West Davis St Conroe, TX 77304 (b) Description Staff Meeting	wy 290 West 205 avel Meals TX, officeholder living e Office held City,	xpense State,		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	By - Gift/Award:	verage Expense ds/Memorials Expense rvices	Polling Expense T Printing Expense T	Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego			
		truction Guide explains	how to complete this form.		· - 	· -	
1 Total pages Schedule F4:				3 Filer ID			
Sch: 10/23 Rpt: 25/38		····					
4 CREDIT CARD ISSUER		ancial institution previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	or Daid			
U I Primmin	\$34.34	03/19/2024	05/03/2024	A Faiu			
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Sam's		2000 Westview Blvd	-		- ,	
			Conroe, TX 77304				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Office Supplies	Office Supplies			
X Political	Omes states	CO EAPORT					
Non-Political	<u> </u>	of Texas, Complete Schedule		K, officeholder living ex	<pre>cpense</pre>		
9 Complete ONLY if direct	Candidate/Officeholder	name O	Office sought	Office held			
expenditure to benefit C/OH		The Colored	12 On the Conditions				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/03/2024	r Paid			
	\$128.14	03/22/2024	05/05/2024			I	
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
			14954 Hwy 105 West	-		•	
	Conroe Lake House	э					
	1		Montgomery, TX 77356				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	242 -shedulah	(b) Description				
	See Categories listed at the top of Food/Beverage Expen		Staff Meeting				
X Political							
Non-Political	\	of Texas. Complete Schedule		K, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	Office sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	Daid			
FAINER	1	1	05/03/2024	r Palu			
	\$71.42	03/26/2024				١	
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
			119 Simonton St	City,	о ш,	Alp Code	
	The Red Brick Tave	i rn	TTO OHITOHOLI, C.				
			Conroe, TX 77301-2861				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of Food/Beverage Expen		Staff Meeting				
X Political	FOODIDGVGIAGE II.	:				_	
Non-Political	<u> </u>	of Texas, Complete Schedule		, officeholder living exp	pense		
Complete ONLY if direct	Candidate/Officeholder r	name Of	Office sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

ĺ	Candidate/Officeholder/Politica	•		Salaries/Wages/Co			HER (enter a categor	y not listed al	bove)
L			truction Guide explains he	w to complete	tni	IS TOTM.	I		
1	Total pages Schedule F4:						3 Filer ID		
L	Sch: 11/23 Rpt: 26/38	Ligon, Brett							
4		Name of fina	ncial institution			F UNITEMIZED	_		
	ISSUER	see p	revious			ITURES D TO A CREDIT	 \$		
l				CARD	-	D TO TOTAL DIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$207,00	03/27/2024	05/03/20)24	1			
		Ψ207,00	00/21/2027						
7	PAYEE	(a) Payee name		(b) Payee	ad	ldress:	City,	State,	Zip Code
				21359 E			•	•	•
		USPS							
				Montgon	nei	ry, TX 77356			
8	PURPOSE OF	(a) Category		(b) Descri					
	EXPENDITURE	(See Categories listed at the top		Campaig	-				
	X Political	Office Overhead/Rent	tal Expense			J			
l	Non-Political	(a) Charlett through subside	of Tarres Operation Calculate T		_	Tohankis America TV			
9	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas, Complete Schedule T.	ice sought	<u> </u>	Check if Austin, 1X,	officeholder living exp	ense	
	xpenditure to benefit C/OH	Candidate/Officeriolaer	name om	ice sought			Office field		
٣	PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(c	١.	redit Card Issuer	Doid		
	PAIMENI	-		05/03/20			Palu		
		\$36,73	03/27/2024	1 00,00,20	_	•			
	DAVEE								
	PAYEE	(a) Payee name		(b) Payee			City,	State,	Zip Code
		The Toasted Yolk		2129 We	est	Davis Stste C			
						. ==== .			
		(-) O-1		Conroe,	_			· · · · · · · · · · · · · · · · · · ·	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories fisted at the top	of this schedule)	(b) Descrip					
		Food/Beverage Exper		Staff Me	etn	ng			
	X Political								
	Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought			Office held		
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid		
		\$88.98	04/03/2024	05/03/20	24	+			
	,								
	PAYEE	(a) Payee name	10000	(b) Payee	ad	dress;	City,	State,	Zip Code
				100 Scar	bo	rough Dr3			
		Marsalas Italian							
				Conroe,	ТХ	77304			
	PURPOSE OF	(a) Category		(b) Descrip	otio	on			
	EXPENDITURE	(See Categories listed at the top of Food/Beverage Exper		Staff Mee	etir	ng			
	X Political	Toourbeverage exper	13C						
	Non-Political	(C) Check if travel outside of	of Texas, Complete Schedule T,		П	Check if Austin. TX. o	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder		ce sought	_	1	Office held		
	penditure to benefit C/OH			J					
			- With the dis				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			rds/Memorials Expense rvices	Printing Expense Salaries/Wages/Contrac		ravel Out of District THER (enter a catego	ory not listed a	bove)
L		The Ins	struction Guide explains he	ow to complete this	form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID		
	Sch: 12/23 Rpt: 27/38	Ligon, Brett						
4	CREDIT CARD	Name of fin	ancial institution		UNITEMIZED	1.	-	
	ISSUER	see	previous	EXPENDIT	URES TO A CREDIT	- \$		
l				CARD	TOACKEDII	'		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issue	er Paid		
l		\$44.90	04/11/2024	06/03/2024				
		Ψ-1-,50	04/11/2024					
7	PAYEE	(a) Payee name		(b) Payee add	iress:	City,	State,	Zip Code
				103 N Thom			. ,	
		Honor Cafe		120011111011	ipoon Ot			
				Conroe, TX	77301			
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the to		Staff Meetin				
	X Political	Food/Beverage Expe	ense		•			
	Non-Political	(a) Data a Visco I and I			min at the contract of	- 600 - 1 - 4 d - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_	<u> </u>	(c) Check if travel outside Candidate/Officeholde	of Texas. Complete Schedule T	· L] fice sought	Check if Austin, TX,	officeholder living ex Office held	pense	
9	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Carididate/Officeriolde	i liaille Oli	nce sought		Office field		
-	PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a) Cr	adit Card Iagua	r Doid		
	FATRICIAL	_	1	06/03/2024	edit Card Issue	rraiu		
		\$33.52	04/16/2024	00,00,2021				
	PAYEE							
	PAICE	(a) Payee name		(b) Payee add		City,	State,	Zip Code
		Chuys		18035 Inters	state 45			
					77005			
	DUDDOCE OF	(a) Category		Conroe, TX				
	PURPOSE OF EXPENDITURE	(See Categories listed at the top	o of this schedule)	(b) Description Staff Meeting				
	Delisted	Food/Beverage Expe	ense	Stall Meeting	9			
	X Political							
	Non-Political	\-7 L	of Texas. Complete Schedule T	<u> </u>				
	Complete ONLY if direct	Candidate/Officeholde	r name Off	ice sought		Office held		
e	penditure to benefit C/OH			···				
	PAYMENT	(a) Amount Charged	(b) Date of Charge		edit Card Issue	r Paid		
	Į	\$42.22	04/16/2024	06/03/2024				
	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
		Churc		18035 Inters	tate 45			
		Chuys						
				Conroe, TX	77385			
	PURPOSE OF	(a) Category	adding make 1.1.3	(b) Description				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff Meeting	3			
	X Political	. sourborolage Expe						
	Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	П	Check if Austin, TX,	officeholder living ex	oense	
	Complete ONLY if direct	Candidate/Officeholde	r name Offi	ice sought		Office held		
	Combiere Charl in direct. 1	Our landater Office Holde	i dane On	ice sought		Office Held		
ex	penditure to benefit C/OH	our and accompany	Than S	cc sought		Office field		

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: FILER NAME 3 Filer ID Sch: 13/23 Rpt: 28/38 Ligon, Brett CREDIT CARD Name of financial institution TOTAL OF UNITEMIZED **EXPENDITURES ISSUER** see previous CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/03/2024 \$32.64 04/20/2024 PAYEE (a) Payee name (b) Payee address; City, State. Zip Code 20821 Eva Stste P El Bosque Montgomery, TX 77356 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Meeting Food/Beverage Expense Political Non-Political (C) 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 **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/03/2024 \$173.21 04/20/2024 PAYEE Zip Code (a) Payee name (b) Payee address; City, State, 20821 Eva Stste P El Bosque Montgomery, TX 77356 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Meeting Food/Beverage Expense X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/03/2024 \$1,562.00 04/21/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 74 North Veranda Rdg Dr Montgomery County Republican Spring, TX 77382 (a) Category (b) Description **PURPOSE OF**

(See Categories listed at the top of this schedule)

Contributions/Donations Made By

Candidate/Officeholder name

Candidate/Officeholder/Political Committee

Check if travel outside of Texas, Complete Schedule T.

EXPENDITURE

X Political

Non-Political

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Auction Item

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Consulting Expense Contributions/ Donations Made B	sy - Gift/Award		Polling Expense Printing Expense	Travel in District Travel Out of District		
Candidate/Officeholder/Politic			Salaries/Wages/Contract Labor	OTHER (enter a categor	ry not listed a	bove)
5 T C		truction Guide explains n	low to complete this form.			
1 Total pages Schedule F4:				3 Filer ID		
Sch: 14/23 Rpt: 29/38	Ligon, Brett					
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZE	ED \$		
ISSUER	see p	previous	EXPENDITURES CHARGED TO A CREI	1.5		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$36,35	04/22/2024	06/03/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City	State,	Zip Code
			5901 West Davis St			,
	Kuntry Katfish					
			Conroe, TX 77304-489	18		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Staff Meeting			
X Political	Food/Beverage Expe	nse	-			
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule 1	T Check if Austin	TX, officeholder living exp		
9 Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held	elise	
expenditure to benefit C/OH	Out idiation of mobile 1,55	name Ç.	noc sought	Office Held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	zuer Paid		
			06/03/2024	JUEI FAIU		
	\$84.44	04/23/2024				
PAYEE	(-) Davis - Davis		(IA Day and done on	60.	~:	92' O. J.
PATEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Pecan Hill Florist		107 Old Riv Rdste J			
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2 2050		
DUDDACE OF	(a) Catagoni	W	Montgomery, TX 77356	3-2852		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Constituent	Citto		
_	Gift/Awards/Memorial	-	Campaign Constituent	GIIIS		
X Political						
Non-Political	` ' -	of Texas. Complete Schedule T		TX, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Off	fice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$18.58	04/26/2024	06/03/2024			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Mcdonald's		11000 East Davis St			
	MCCOTIALO S					
	!		Conroe, TX 77301			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	-	Staff Meeting			
X Political	1 Oodi Dovolago Enpo.	130				
Non-Political	(C) Check if travel outside of	of Texas, Complete Schedule T	Check if Austin,	TX, officeholder living exp	ense	
Non-Political Complete ONLY if direct	(c) Check if travel outside of Candidate/Officeholder		. Check if Austin, fice sought	TX, officeholder living expo	ense	
<u></u>					ense	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 15/23 Rpt: 30/38 Ligon, Brett CREDIT CARD Name of financial institution TOTAL OF UNITEMIZED **EXPENDITURES** ISSUER see previous CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date of Charge 06/03/2024 \$18.39 04/29/2024 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1319 West Davis St Office Depot Conroe, TX 77304 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Office Supplies Office Overhead/Rental Expense X Political Non-Political (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/03/2024 \$88.86 04/29/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 5901 West Davis St Kuntry Katfish Conroe, TX 77304-4898 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Meeting Food/Beverage Expense X Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH **PAYMENT** (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 06/03/2024 \$45.66 04/30/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 204 Mccowan St Old Montgomery Steakhouse Montgomery, TX 77356-4434 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Meeting Food/Beverage Expense X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politic	cal Committee Legal Ser		Printing Expense Salaries/Wages/Contract Labor	OTHER (enter a cate		bove)	
		truction Guide explains h	ow to complete this form.				
1 Total pages Schedule F4:				3 Filer ID			
Sch: 16/23 Rpt: 31/38	Ligon, Brett						
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZ				
ISSUER	see r	previous	EXPENDITURES CHARGED TO A CRI	 \$			
	'		CARD	-DI3			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
		1	(-,(-,				
	\$23.79	05/09/2024					
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
			202 South Loop 336 \	West 149			
	Taco Cabana					•	
			Conroe, TX 77304				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Staff Meeting				
X Political	Food/beverage Expe	nse .					
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule	Check if Austi	in, TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid			
	\$102.84	05/10/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			107 Old Riv Rdste J				
	Pecan Hill Florist						
			Montgomery, TX 7735	56-2852			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	· ·	Campaign Constituent Gifts				
X Political	Gift/Awards/Memorial	is Expense					
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T	Check if Austii	n, TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder		fice sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid			
	\$442,50	05/10/2024					
	φ442,50	03/10/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(a) i ayou mame		4870 West Davis St	City,	State,	Zip Code	
	Walgreens		4070 West Davis St				
	}		Conroe, TX 77304				
PURPOSE OF	(a) Category	71.2	(b) Description				
EXPENDITURE	(See Categories listed at the top	•	Office Supplies				
X Political	Office Overhead/Rent	al Expense	Office ouppiles				
	4.						
Non-Political	<u> </u>	of Texas, Complete Schedule T		n, TX, officeholder living e	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held			
expenditure to belieff C/OH		····					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politic		ds/Memorials Expense Pr vices Sa	rinting Expense alaries/Wages/Co	ontract Labor	Travel Out of District OTHER (enter a cate	gory not listed a	bove)
	The Inst	truction Guide explains hov	v to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID		
Sch: 17/23 Rpt: 32/38	Ligon, Brett						
4 CREDIT CARD ISSUER	1	ncial institution revious	EXPE	OF UNITEM IDITURES GED TO A CF	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$240.00	05/10/2024					
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	State Bar of Texas			lorado St St	e 505		
9 DUDDOCT OF	(a) Category		Austin, T (b) Descri				
8 PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Ren			der Dues			
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.		Check if Aus	tin, TX, officeholder living e	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held	·	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card	Issuer Paid		
	\$500.00	05/14/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	North Shore Repub	lican Women	49 W Oaks Ct Montgomery, TX 77356-8618				
BUBBAGEAE	(a) Ostania		_		356-8618		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Descrip Contribut				
Non-Political		of Texas, Complete Schedule T.		Chook if Aug	tin, TX, officeholder living e	Vnonce.	
Complete ONLY if direct	Candidate/Officeholder		e sought	L Cileck ii Aus	Office held	xpense	
expenditure to benefit C/OH			· · · · · · · · · · · · · · · ·		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card I	Issuer Paid		
	\$35.67	05/14/2024					
PAYEE	(a) Payee name	7-11.12	(b) Payee	address;	City,	State,	Zip Code
į	Hunan Village			th Loop 336			
				TX 77304-3	537		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Food/Beverage Exper		(b) Descrip Staff Mee				
X Political							
Non-Political	<u>`' </u>	of Texas, Complete Schedule T,		Check if Aust	tin, TX , of ficeholder living e	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made B Candidate/Officeholder/Politic			rinting Expense alaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed	above)		
	The Inst	truction Guide explains hov	w to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
Sch: 18/23 Rpt: 33/38	Ligon, Brett						
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	D .			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED) 5) T			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$825.37	05/17/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Mortons		25 Waterway Ave				
	Mortons						
	(-) Cotagon(Spring, TX 77380				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	orial Appreciation Meals			
X Political	Food/Beverage Expe	nse	Law Ellioteement Mour	ліаі Арргесіаноп меаю			
Non-Political							
	(c) Check if travel outside Candidate/Officeholder	of Texas, Complete Schedule T.		TX, officeholder living expense Office held			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Onicentificer	name Onic	ce sought	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uar Daid			
LVIMPMI	I		(C) Date(s) Credit Card 1990	Jei Faiu			
	\$79.81	05/20/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	(d) i dy do ila		16846 Interstate 45 Sou		Zip Gode		
	Willie's Grill		Add to him to the same of the	•			
			Conroe, TX 77384				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE —	(See Categories listed at the top Food/Beverage Exper	•	Staff Meeting				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held				
expenditure to benefit C/OH		<u> </u>					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$30,04	06/05/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code		
	Cracker Barrel		1301 League Line Rd				
			Onner TV 77004 0404	4			
PURPOSE OF	(a) Category),, , , '	Conroe, TX 77304-3424 (b) Description	<u> </u>			
EXPENDITURE	(See Categories listed at the top		Staff Meeting				
X Political	Food/Beverage Exper	is e	g				
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Chack if Auctin T	TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH	,		g				
			· · · · · · · · · · · · · · · · · · ·				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politic	· ·	vices Sa truction Guide explains how	laries/Wages/C to complete		THER (enter a catego	ary not listed a	bove)
1 Total pages Schedule F4:			to complete		3 Filer ID		
Sch: 19/23 Rpt: 34/38	Ligon, Brett				3 FIICI ID		
4 CREDIT CARD ISSUER	Name of fina	ncial institution revious	EXPE	OF UNITEMIZED NDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
	\$89.42	06/06/2024					
7 PAYEE	(a) Payee name Pappadeaux Seafo	od		nterstate 45 South	City,	State,	Zip Code
				TX 77385-8707			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•			
	Food/Beverage Expe	•	Staff Me	eting			
X Political							
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuei	r Paid		
	\$86.94	06/11/2024					
PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code
	Marsalas Italian		100 Sca	rborough Dr3			
			Conroe,	TX 77304			
PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE	(See Categories listed at the top		Staff Me	eting			
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	l	Check if Austin, TX,	officeholder living ext	nense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$108.39	06/14/2024		,			
PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code
	(a) Tayoo namo		1	llege Park Dr	Oity,	Otato,	Zip Oddc
	Red Phoenix Hunai	า	0001 00	nege i aik bi			
			Conroe	TX 77384			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	•	Staff Me	•			
X Political	Food/Beverage Exper	nse		~			
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	<u> </u>	Charle if Austin TV	officeholder living	nonco	
Complete ONLY if direct	Candidate/Officeholder		sought	Check if Austin, TX,	Office held	Jeilse	
expenditure to benefit C/OH	- arraidato/Ornobilo(dC)	Onice	Jougin		Office Held		
,	· **						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica	y - Gift/Aware al Committee Legal Ser	ds/Memorials Expense P vices S	Printing Expense Salaries/Wages/Co	Tra ntract Labor OT	avel Out of District THER (enter a category	not listed al	bove)
	The Ins	truction Guide explains ho	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID		
Sch: 20/23 Rpt: 35/38	Ligon, Brett						
4 CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZED			
ISSUER	see p	previous	I	DITURES SED TO A CREDIT	\$		
			CARD	, EB TO TO COLLEGI			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$79.95	06/17/2024					
	·						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			18484 4	5 South			
	Gloria's						
			Shenand	oah, TX 77348			
8 PURPOSE OF	(a) Category	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Descrip	otion	•		
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Staff Mee	eting			
X Political	T ood/beverage Expe	1136					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX, (officeholder living expe	nse	
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	ce sought	In4	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$46,55	06/18/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Objet Bit A		1321 We	st Davis St			
	Chick-Fil-A						
			Conroe, 1				,
PURPOSE OF	(a) Category	74:	(b) Descrip				
EXPENDITURE —	(See Categories listed at the top Food/Beverage Expense)		Staff Meeting				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living expe	nse	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$52.85	06/18/2024					
PAYEE	(a) Payee name	ч.	(b) Payee a	address;	City,	State,	Zip Code
	Outback Steakhous		808 Inters	state 45 North			
	Outdack Steakhous	, e	1				
	74.44	 	Conroe, 7				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	Food/Beverage Exper	•	Staff Mee	ting			
X Political							
Non-Political	· / [of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living expe	1se	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica	al Committee Legal Ser			OTHER (enter a category not listed	above)
	The Ins	truction Guide explains ho	ow to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	
Sch: 21/23 Rpt: 36/38	Ligon, Brett				
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZED	■ <u>-</u>	
ISSUER	see p	previous	EXPENDITURES CHARGED TO A CREDI	\$	
	·		CARD	'	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$169.94	06/19/2024			
		00,15,252			
7 PAYEE	(a) Payee name	.1.	(b) Payee address;	City, State,	Zip Code
	_ ,,,,,		107 Old Riv Rdste J	-	·
	Pecan Hill Florist				
			Montgomery, TX 77356-	2852	
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memoria		Campaign Constituent G	lifts	
X Political		io arponeo			
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.	. Check if Austin, T>	X, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	r name Offi	ice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
ļ	\$194.84	06/20/2024			
PÄYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Office Depot		6225 West By North Wes	st Blvd	
			11 1 270 40 40 40	_	
PURPOSE OF	(a) Category		Houston, TX 77040-4940)	
EXPENDITURE	(See Categories listed at the top	of this schedule)	Office Supplies		
X Political	Office Overhead/Rent	tal Expense	Office adphice		
Non-Political	A Character Street and addition	and the second s			
	(c) Check if travel outside Candidate/Officeholder	of Texas, Complete Schedule T.	Check if Austin, TX	C, officeholder living expense Office heid	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeriolider	name Om	ce sougni	Office neig	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	ar Daid	
		1	(c) Date(s) Ordan Said Issue	n Falu	
	\$123.81	06/20/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	(u) i ujoo name		2550 Interstate 45 North	Oity, Otato,	ZIP COGO
	Gringo's		2000 IIICIState TO NOTH		
			Conroe, TX 77303		
PURPOSE OF	(a) Category	***	(b) Description	H	
EXPENDITURE	(See Categories listed at the top	•	Staff Meeting		
X Political	Food/Beverage Exper	ise			
Non-Political	(C) Check if travel outside of	of Texas, Complete Schedule T.	Check if Austin, TX	(, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held	
expenditure to benefit C/OH					
, v= v			**********	-	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politic	•		Salaries/Wages/Contract Labor	OTHER (enter a cate		bove)	
		truction Guide explains h	ow to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
Sch: 22/23 Rpt: 37/38	Ligon, Brett						
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEM	I .			
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CI	SEDIT \$			
	•		CARD	(CDI)			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$322,00	06/21/2024			•		
	Ψ022,00	00/21/2024					
7 PAYEE	(a) Payee name	<u>.</u> l.	(b) Payee address;	City,	State,	Zip Code	
			225 Metcalf St	,.	·	'	
	Owen Theatre						
			Conroe, TX 77301-2	2853			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		Staff Gifts for Trainir	ng			
X Political	Gift/Awards/Memoria	ıs ⊨xpense					
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule 1	Check if Au	stin, TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholde	·	fice sought	Office held			
expenditure to benefit C/OH			,				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$29.21	06/27/2024					
	Ψ23.21	00/21/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1217 North Loop 336	6 West		,	
	Hobby Lobby		· ·				
			Conroe, TX 77301				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office Supplies				
X Political	Onice Overnead/Ren	iai Expense	:				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	. Check if Aus	stin, TX, officeholder living o	expense		
Complete ONLY if direct	Candidate/Officeholder	777.1	fice sought Office held				
expenditure to benefit C/OH			U				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
	\$103.91	06/27/2024					
	Ψ100,51	00/21/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(19 1 19 11 11		2220 North State Hw		Otato	Zip Gode	
	Office Depot		ZZZO WOM ORAKO M	, y 000			
			Grand Prairie, TX 75	050-1017			
PURPOSE OF	(a) Category	±./t	(b) Description				
EXPENDITURE	(See Categories listed at the top		Office Supplies				
X Political	Office Overhead/Rent	aı ⊑xpense					
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T	Chack if Aug	tin, TX, officeholder living e	exnense		
Complete ONLY if direct	Candidate/Officeholder		ice sought	Office held		•••	
expenditure to benefit C/OH				O MOO HOM			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politic	•		_	OTHER (enter a category not lis	sted above)
		truction Guide explains ho	ow to complete this form.		
1 Total pages Schedule F4:	ľ			3 Filer ID	
Sch: 23/23 Rpt: 38/38	Ligon, Brett			<u> </u>	
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZED		
ISSUER	see p	previous	EXPENDITURES CHARGED TO A CREDI	\$ T	
			CARD	'	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$0.50	06/27/2024			
	1 -				
7 PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code
			420 North Frazier St		
	Walgreens				
		_	Conroe, TX 77301		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Office Supplies		
X Political	Ollioo Ovollious, res	tai Expense			
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T	. Check if Austin, T>	X, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Off	fice sought	Office held	,
expenditure to benefit C/OH	<u> </u>				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$27.60	05/08/2024	06/03/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ite, Zip Code
l	Andreas Taco Shop		1102 North Park St		
l					
			Brenham, TX 77833-232	.9	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	······································	
l <u> </u>	Food/Beverage Exper	•	Special Prosecutor Assig	Inment Meals For Pe	rsonnei
X Political	<u> </u>	****	<u> </u>		
Non-Political	<u> </u>	of Texas. Complete Schedule T.	<u> </u>	X, officeholder living expense	 .
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ice sought	Office held	
	(-) A Ob owned	43 B t Ob	T. 75 - 12 0 - W O - 11 - 11		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 04/03/2024	er Paid	
	\$99.14	02/20/2024	04/03/2024		
PAYEE	1)5	<u> </u>			·
PAICE	(a) Payee name		(b) Payee address;	City, Sta	ite, Zip Code
	Mama Jacks		215 North Pne St		
			V		
PURPOSE OF	(a) Category		Kountze, TX 77625 (b) Description		
EXPENDITURE	(See Categories listed at the top of	of this schedule)	Special Prosecutor Assig	inment Meals For Inv	rectinators
X Political	Food/Beverage Exper		Special Floacoulor Assig	Hillietti Medis Lot uta	esugatora
Non-Political	` ` —	of Texas. Complete Schedule T.	 _	K, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Ome	ce sought	Office held	
expenditure to benefit C/O/	<u> </u>				