CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.		2 Total pages filed:
3 CANDIDATE/	MC / MDC / MD	FIRST	<u></u>	69. 71-5
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Brett	MI	OFFICE USE ONLY Date Received WTY ELECTION Date Received
				& RECEIVED &
	NICKNAME	LAST Ligon	SUFFIX	RECEIVED RECEIVED ROSTRA
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 805			Receipt Amount
Change of Address	Montgomery, TX 77356			Date Processed
				Date Imaged
_				Date imageu
5 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
	10			
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO	BOX PLEASE); APT	T / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE	E NUMBER EXTENSION		
REPORT TYPE	January 15	20th day before election	Duno#	AFAL - Land
		30th day before election		15th day after campaign treasurer appointment (officeholder only)
	X July 15		Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day 06/30/2025	Year
.0 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
		General	Special	
1 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (i	f known)
			l	
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 01 69
13 C / OH NAME	Ligon, Brett		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to difficeholders are required to report this information	he candidate's or officeh	older's knowledge or
Additional Pages	COMMITTEE TYPE			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	ss	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICA	AL EXPENDITURES		\$ 59,345.78
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PEI	AL CONTRIBUTIONS MAINTAINED AS OF THE LARIOD	AST DAY OF THE	\$ 94,284.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA OF THE REPORT	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
AFFIX NOT	ton	Signature of Bratt M 11 and	Candidate or Officeholde , this the	be reported by me
	-			•

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

					3 of 69
	ER NAI		19 Filer ID		
20 SC	HEDUL	LE SUBTOTALS SCHEDULE	<u> </u>	su	IBTOTAL AMOUNT
1.	х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	<u></u>	\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	31,442.92
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	25,556.08
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,346.78
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	\$	
					, ,

	MONET	ARY POLITICAL CO		SCHEDUI	E A1		
	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/69	
2	FILER NAME				3	Filer ID	
	Ligon, Brett						
4	Date 03/31/2025		out-of-state PAC (ID#:) 7	Amount of Contribution (\$)	
		6 Contributor address; City; State; Zip Code		•••••		\$1,000.0	
		PO Box 430965	up Code				
		, , , , , , , , , , , , , , , , , , , ,					
		Houston, TX 77243			l		
ţ	Principal occuj	pation / Job title (See Instructions)	!	Employer (See Instruc	tions)		
		Texas Ethics Commission		,			

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 By - Candidate/Officeholder/Political Committee Credit Card Payment		By - cal Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa		Travel In District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 1/6 Rpt: 5/69	2 FILER NA Ligon, Br				3 Filer ID
4	Date	5 Payee nar	ne			
	01/27/2025	Americar	· ·			
6	Amount (\$)	7 Payee add	lress; City; Sta	ite; Zip Code		
	\$4,577.99	PO Box 6		, <u>-</u> .,,		
		Dallas, T	X 75265			
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (k) Description	
	OF EXPENDITURE		rd Payment		<u> </u>	outside of Texas. Complete Schedule T.
						TX, officeholder living expense
					Campaign Cr	edit Card Payment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		officeholder name	Office sough	t	Office held
***	Date	Payee nam	AD			
	03/17/2025	American				
	Amount (\$)	Payee add		te; Zip Code		
	\$6,366.46	PO Box 6	•	ic, zip code		
	·					
		Dallas, TX	75265			
	PURPOSE	(a) Category	(See Categories listed at the top of this s	chedule) (b) Description	
	OF EXPENDITURE		d Payment			utside of Texas, Complete Schedule T,
						TX, officeholder living expense
		ļ.			Campaign Cre	edit Card Payment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/O H	fficeholder name	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
	Date	Payee nam				
į	04/08/2025	American				
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip Code		
	\$7,639.52	PO Box 65		,,		
		Dallas, TX	75265			
	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b)	Description	
	OF EXPENDITURE		d Payment	<i>'</i>		utside of Texas. Complete Schedule T.
				-		TX, officeholder living expense
	ļ				Campaign Cre	edit Card Payment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Of	ficeholder name	Office sought	<u>,,</u>	Office held
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		The Instruction Guide explains how to complete this form.		inse jes/Contract Labor		Transportation Equipment & Related Expense Travel In District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	7 FILER NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٦	Filer ID
_	Sch: 2/6 Rpt: 6/69	Ligon, Brett			i	٥	Pilei ID
4	Date	5 Payee name					
	05/06/2025	American E	xpress				
6	Amount (\$)	7 Payee addre	ss; City; State	e; Zip Code			
	\$3,688.12	PO Box 650)448				
		Dallas, TX					
8	PURPOSE OF		ee Categories listed at the top of this sci	hedule) (b	Description		
	EXPENDITURE	Credit Card	Payment		—		le of Texas. Complete Schedule T.
							officeholder living expense : Card Payment
					oampaign or	Cuit	. Gara r dyment
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sough			Office held
	expenditure to benefit C/O		scholder hame	Office sough			Office field
	Date	Payee name					
	06/12/2025	American E	xpress				
	Amount (\$)	Payee addres	ss; City; State	; Zip Code			· · · · · · · · · · · · · · · · · · ·
	\$3,277.69	PO Box 650	448				
	•						
		Dallas, TX 7	'5265				
	PURPOSE	(a) Category (Se	e Categories listed at the top of this sch	netiule) (b	Description		
	OF EXPENDITURE	Credit Card		loudine)	•	outsid	e of Texas. Complete Schedule T.
	LXI LIMDITORL		-		harmania .		officeholder living expense
					Campaign Cr	edit	Card Payment
	0 1 200 1215 11						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name (Office sought			Office held
	•						
	Date	Payee name					
	01/27/2025	Blakemore &	& Associates				
	Amount (\$)	Payee addres	s; City; State	Zip Code			
	\$500.00	1 E Greenwa	ay Plaza Ste 225				
		Houston, TX	77046				
	PURPOSE	(a) Category (See	e Categories listed at the top of this sch	edule) (b)	Description		
	OF EXPENDITURE	Consulting E		oudia,		utside	e of Texas. Complete Schedule T.
	EXPERIDITORE	_	•				fficeholder living expense
					Campaign Co	nsu	Iting Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name C	Office sought			Office held
_	mportantic to periorit C/OF						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Food/Beverage Experies Food/Beverage Exp	xpense Office Over xpense Polling Ex prials Expense Printing Ex		Solicitation/-undraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		n Guide explains how to co	mplete this form.	
1 Total pages Schedule F1				3 Filer ID
Sch: 3/6 Rpt: 7/69	Ligon, Brett			
4 Date	5 Payee name			
03/17/2025	Blakemore & Associates			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de	
\$1,000.00	1 E Greenway Plaza Ste	225		
	Houston, TX 77046			
8 PURPOSE OF	(a) Category (See Categories listed	at the top of this schedule)	(b) Description	
EXPENDITURE	Consulting Expense			outside of Texas. Complete Schedule T.
				TX, officeholder living expense ensulting Fees
			Cumpaign Co	risulang rees
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office soug	ht	Office held
Date	Payee name			
04/08/2025	Blakemore & Associates			
Amount (\$)	Payee address; City;	State; Zip Cod	le	
\$500.00	1 E Greenway Plaza Ste	-		
	j			
	Houston, TX 77046			
PURPOSE	(a) Category (See Categories listed a	et the ton of this schodule)	b) Description	
OF EXPENDITURE	Consulting Expense	a the top of this schedule)	· · · · · · · · · · · · · · · · · · ·	utside of Texas, Complete Schedule T.
				TX, officeholder living expense
			Campaign Cor	nsulting Fees
Camplete ONLY if allowed			<u>,,</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	ht	Office held
P - A -				
Date 05/06/2025	Payee name			
<u> </u>	Blakemore & Associates			
Amount (\$)	Payee address; City;	State; Zip Code	e	
\$500.00	1 E Greenway Plaza Ste 2	225		
	Houston, TX 77046			
PURPOSE OF	(a) Category (See Categories listed at	t the top of this schedule) (I	Description	
EXPENDITURE	Consulting Expense			tside of Texas. Complete Schedule T.
			_	X, officeholder living expense
			Campaign Con	sumy rees
Complete ONLY if direct	Candidate/Officeholder name	Office sough	ıf	Office hold
expenditure to benefit C/OI-		Office Sough	ıı	Office held
				
orms provided by Tayas Et	nice Commission			

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Conf	Travel in District Travel Out of District OTHER (enter a category not listed above)
4	= 17 01 11 86	The Instruction Guide explains how to complete the	
1	Total pages Schedule F1: Sch: 4/6 Rpt: 8/69	2 FILER NAME Ligon, Brett	3 Filer ID
4	Date	5 Payee name	
`.	06/12/2025	Blakemore & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	1 E Greenway Plaza Ste 225 Houston, TX 77046	
8	PURPOSE OF EXPENDITURE	Consulting Expense	scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Impaign Consulting Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	03/28/2025	Childrens Safe Harbor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1519 Oddfellow St	
		Conroe, TX 77301	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	scription
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ntribution
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
_	Date	Payos nama	
	01/10/2025	Payee name East Montgomery County Fair	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$808.00	21679 McCleskey Rd	
		New Caney, TX 77357	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Con	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ntribution
6	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Glft/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 5/6 Rpt: 9/69 Ligon, Brett Date Payee name 05/08/2025 K Bar N Ranch 6 Amount (\$) Pavee address: City: State; Zip Code \$1,250.00 5259 Jackson Road Montgomery, TX 77316 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description **OF** Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Auction Items Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2025 Liberty Bells Amount (\$) Payee address; City; State; Zip Code \$312.00 PO Box 1081 Conroe, TX 77305 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Contributions/Donations Made By 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/OH Date Payee name 01/30/2025 Montgomery County Bar Association Amount (\$) Payee address; City; State; Zip Code \$60.00 PO Box 3561 Conroe, TX 77305 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Officeholder Dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manage/Control

Gredit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 6/6 Rpt: 10/69	2 FILER NAME Ligon, Brett
4 Date 06/17/2025	5 Payee name Reguladores
6 Amount (\$) \$160,00	7 Payee address; City; State; Zip Code PO Box 2545 Conroe, TX 77305
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, ⊤X, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date 03/14/2025	Payee name Southern Heritage Consulting
Amount (\$) \$203.14	Payee address; City; State; Zip Code PO box 558 Pinehurst, TX 77362
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting Fees
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate/Officeholder name Office sought Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	By - Gift/Awan ical Committee Legal Ser		Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel in District Travel Out of District OTHER (enter a cate	at .	•
1	Total pages Schedule F4:		Articitori Guide explante	how to complete this form.			
	Sch: 1/43 Rpt: 11/69	Ligon, Brett			3 Filer ID		
4		Name of fina	ancial institution	5 TOTAL OF UNITEMIZE	/ED	,	
	ISSUER	1	an Express	EXPENDITURES CHARGED TO A CRE	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$107,64	02/28/2025				
7	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
		The Woodlands Re	epublicans	Moss Bluff Ct, 27	•		— -ŋ-
			<u>-</u>	The Woodlands, TX 77	7382		
8	PURPOSE OF	(a) Category		(b) Description			_,
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio	r of this schedule)	Contribution			
	X Political	Candidate/Officeholde	fer/Political Committ	tee			
_	Non-Political		e of Texas. Complete Schedule		n, TX, officeholder living e	exnense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		Office sought	Office held	Mpc	
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$71.45	04/24/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zin Code
		Capitol Giftshop		1400 North Congress A	=	Glaw,	Zip Code
		(Austin, TX 78701			
	PURPOSE OF	(a) Category		(b) Description			
ļ	EXPENDITURE	(See Categories listed at the top of Gift/Awards/Memorials	of this schedule)	Campaign Constituent (Gifts		
	X Political	GIII/Awarus/wemonak	3 Expense				
_	Non-Political	(c) Check if travel outside o	of Texas, Complete Schedule	T. Check if Austin,	TX, officeholder living ex	Avnense	
	Complete ONLY if direct	Candidate/Officeholder		Office sought	Office held	Appril	
	penditure to benefit C/OH	I					
Ī	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
		\$196.47	03/27/2025				
<u> </u>	PAYEE	(a) Payee name	<u></u>	(b) Payee address;	City,	State,	Zip Code
		., .		1400 North Congress Av	- ·	Slate,	ZIP Coue
		Capitol Giftshop			ve		
				Austin, TX 78701		<u> </u>	
		(a) Category (See Categories listed at the top of	of this echadula)	(b) Description			
		Gift/Awards/Memorials	s Expense	Campaign Constituent G	3ifts		
,							
'	· · · · · · · · · · · · · · · · · · ·		of Texas, Complete Schedule T	T. Check if Austin, T	TX, officeholder living ex	xpense	
	Complete ONLY if direct	Candidate/Officeholder r	name Of	ffice sought	Office held	<u> </u>	
exp	penditure to benefit C/OH						
							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi	By - Gift/Award cal Committee Legal Ser	rerage Expense ds/Memoriais Expense rvices	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipr Travel in District Travel Out of District OTHER (enter a categ		
		truction Guide explains h	ow to complete this form.			
1 Total pages Schedule F4 Sch: 2/43 Rpt: 12/69	: 2 FILER NAME Ligon, Brett			3 Filer ID		
4 CREDIT CARD ISSUER	1	ancial institution	5 TOTAL OF UNITEMIZE EXPENDITURES	ED 		
	see p	previous	CHARGED TO A CREE			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$263.00	05/12/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Ctata Day of Tour		1414 Colorado St Ste 5	05		
	State Bar of Texas					
			Austin, TX 78701			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Campaign Dues			
X Political	Omoc Overnead/(en	tai Experise				
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	. Check if Austin,	TX, officeholder living ex	opense	····
9 Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid		
	\$200.00	03/04/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	USPS		475 Lenfant Plz South V	Vest Rm 5540		·
			Washington, DC 20260			
PURPOSE OF	(a) Category	,	(b) Description			
EXPENDITURE	(See Categories listed at the top of Office Overhead/Rent		Campaign Shipping			
X Political	Office Overflead/Refit	ai Expense				
Non-Political	(c) Check if travel outside of	of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held	· · · · · · · · · · · · · · · · · · ·	
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid	•	- · <u></u>
	\$108.24	02/14/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Misson		1 Microsoft Way			·
	Microsoft					
			Redmond, WA 98052			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	fahia aaba alaha	(b) Description			•
	Office Overhead/Renta		Campaign Software Sub	scription		
X Political						
Non-Political	(C) Check if travel outside of	f Texas, Complete Schedule T.	Check if Austin, T	K, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder r	name Offic	e sought	Office held		
expenditure to benefit C/OH						
					<u> </u>	
Trine provided by Toyee Ct	niae Caracelle					

SCHEDULE F4

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense Fees

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	By - Gift/Award	everage Expense ards/Memorials Expense	Polling Expense Pr/Inting Expense Salaries/Wages/Contract Labor	Transportation Equips Travel in District Travel Out of District OTHER (enter a cate)	t	·
Į			struction Guide explains ho	•	OTHER (Miss. 10.	gory me me.	Move
1	1 0				3 Filer ID		
Ļ	Sch: 3/43 Rpt: 13/69	Ligon, Brett			-		
4			nancial institution	5 TOTAL OF UNITEMIZE			
	ISSUER		previous	EXPENDITURES CHARGED TO A CREI	\$		
Ļ		Std		CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
		\$48.18	01/30/2025				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
1		Comp Tac		87 Old Hammocks Rd			•
		Comp rac					
Ļ				Swansboro, NC 28584	<i>i</i>	-	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	this anhadula)	(b) Description			
		Gift/Awards/Memorial		Constituent Gifts			
	X Political						
	Non-Political		e of Texas, Complete Schedule T.		, TX, officeholder living ex	expense	
	Complete ONLY if direct	Candidate/Officeholder	r name Offi	fice sought	Office held		
	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	1	\$26.00	03/04/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	J			514 Paradise Ln	Ony,	June,	ZIP VOGO
	J	Lake Conroe Area F	Republican	OTT I GOGGGGG C			
_		1		Montgomery, TX 77356	a		
	PURPOSE OF	(a) Category	, <u>, , , , , , , , , , , , , , , , , , </u>	(b) Description			
	EXPENDITURE	(See Categories listed at the top of Contributions/Donation	of this schedule)	Contribution			
	X Political	Candidate/Officehold	ons Made By ler/Political Committee	s			
-	Non-Political		of Texas. Complete Schedule T.		TX, officeholder living ex		
(Complete ONLY if direct	Candidate/Officeholder		ice sought	Office held	pense	
	penditure to benefit C/OH			70 00 ag	Omaz		
,	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	1	\$50.00	03/04/2025	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
_		,	1				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			-	514 Paradise Ln	~ , ,	 ,	21p
	1	Lake Conroe Area R	₹epublican				
				Montgomery, TX 77356	í		
		(a) Category		(b) Description			
-	,	(See Categories listed at the top of Contributions/Donation	if this schedule)	Contribution			
	Political	Candidate/Officeholder	ar/Political Committee				
_	Non Dollational		of Texas, Complete Schedule T,		TX, officeholder living exp	-Nongo	
	Complete ONLY if direct	Candidate/Officeholder n		ce sought	Office held	Jense	
exp	penditure to benefit C/OH				·		
_							·

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/ Donations Made F Candidate/Officeholder/Politic	By - Gift/Awar	/erage Expense rds/Memorials Expense	Office Overhead/Rental Expense Politing Expense Printing Expense Salaries Magazif Contract Labor	Transportation Equipr Travel in District Travel Out of District		·
Sentimental Superiories.		rvices struction Guide explains he	Salaries/Wages/Contract Labor ow to complete this form.	OTHER (enter a cate	gory not listed a	above)
1 Total pages Schedule F4:		-		3 Filer ID		
Sch: 4/43 Rpt: 14/69	Ligon, Brett					
4 CREDIT CARD		ancial institution	5 TOTAL OF UNITEMIZE	n n		
ISSUER	1	previous	EXPENDITURES CHARGED TO A CRED CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$92,26	05/20/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	The Woodlands Re	publicans	Moss Bluff Ct, 27			·
			The Woodlands, TX 773	382		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	- Column	(b) Description			
	Contributions/Donatic		Contribution			
X Political		er/Political Committee	,			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, T	X, officeholder living ex	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ice sought	Office held		, .
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid	- -	
	\$100,00	02/09/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Lake Conroe Softba	all Homerun	20639 Fm 2854 Rd	•		*****
			Montgomery, TX 77316			
PURPOSE OF EXPENDITURE	(a) Category	THE COLUMN	(b) Description	<u> </u>		
	(See Categories listed at the top of Contributions/Donation		Contribution			
X Political	Candidate/Officeholde	er/Political Committee				
Non-Political		of Texas. Complete Schedule T.	Check if Austin, T)	X, officeholder living ex	pense	
Complete ONLY 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 Issue	er Pald		
	\$200,00	03/21/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Sacred Heart		615 Mcdade St	• • • • • • • • • • • • • • • • • • • •		—
			Conroe, TX 77301-2753			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of	of this schedule)	Contribution			
X Political	Contributions/Donation Candidate/Officeholde	r/Political Committee				
	<u> </u>	f Texas. Complete Schedule T.	- Personal	K, officeholder living exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder r	name Offic	ce sought	Office held		•
		;***				

SCHEDULE F4

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations Made By Candidate/Officeholds//Jelitical Committee

EXPENDITURE CATEGORIES FOR BOX 10(a)

Event Expense
Fees
Food/Beverage Expense
Git/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

Travel Out of District 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: 5/43 Rpt: 15/69 Ligon, Brett **CREDIT CARD** Name of financial institution TOTAL OF UNITEMIZED **ISSUER EXPENDITURES** see previous CHARGED TO A CREDIT CARD 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$250.00 03/31/2025 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1519 Oddfellow St Childrens Safe Harbor Conroe, TX 77301 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Contribution Contributions/Donations Made By X Political Candidate/Officeholder/Political Committee Non-Political Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 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 \$270.00 02/04/2025 PAYEE (a) Payee name (b) Payee address: City, State, Zìp Code 1519 Oddfellow St Childrens Safe Harbor Conroe, TX 77301 PURPOSE OF (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Contribution Contributions/Donations Made By X Political Candidate/Officeholder/Political Committee 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 \$500.00 04/16/2025 PAYEE (a) Payee name (b) Payee address: City, State, Zip Code 514 Paradise Ln Lake Conroe Area Republican Montgomery, TX 77356 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Contribution Contributions/Donations Made By X Political Candidate/Officeholder/Political Committee Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office 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

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

	Contributions/ Donations Made E Candidate/Officeholder/Politic	By - Gift/Award al Committee Legal Ser		rinting Expense alaries/Wages/Cor		ravel Out of District THER (enter a catego	ory not listed a	ibove)	
L			truction Guide explains ho	w to complete t	this form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID			
L	Sch: 6/43 Rpt: 16/69	Ligon, Brett							
4		Name of fina	ncial institution	5 TOTAL	OF UNITEMIZED				
	ISSUER	see p	revious		DITURES ED TO A CREDIT	_ \$			
		'		CARD	ED TO A CREDIT	1			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
l		\$500.00	03/04/2025						
ĺ		Ψ000.00	03/04/2023						
7	PAYEE	(a) Payee name		(b) Payee a	address:	City,	State,	Zip Code	
ĺ				1	I Justice Dr Ste		Otato,	Eip Codo	
l		Montgomery Count	y Sheriff's	1 - Cilliania	i Justice Di Jie	~			
ĺ				Conroe, 7	X 77301				
8	PURPOSE OF	(a) Category		(b) Descrip					
l	EXPENDITURE	(See Categories listed at the top		Contributi					
	X Political	Contributions/Donation Candidate/Officehold							
l	Non-Political		of Texas, Complete Schedule T.	<u> </u>					
9	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder		e sought	Check if Austin, TX,	officeholder living exp	ense		
	expenditure to benefit C/OH	Candidate/Oniceriolder	name Offic	e sought		Office field			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Data(e)	Credit Card Issue	r Doid			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_	(c) Date(s)	Credit Card Issue	i Faiu			
		\$1,000.00	03/03/2025						
_	PAYEE	(a) Dayon name		10) 5					
	TAILL	(a) Payee name		(b) Payee a		City,	State,	Zip Code	
		All Saints'		1301 East	t Houston Ave				
				Crockett TV 75925 1740					
_	PURPOSE OF	(a) Category		Crockett, TX 75835-1749 (b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	X Political	Contributions/Donatio		Contribution					
	Non-Political	Candidate/Officeholde							
			of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
•	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
е.	xpenditure to benefit C/OH	()		T					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid			
		\$1,250.00	03/21/2025						
	BAVES -								
	PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code	
		Childrens Safe Hark	nor	1519 Odd	fellow St				
		Grindrens Guie Frank	501						
				Conroe, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Descript					
		Contributions/Donation		Contribution	on				
	X Political	Candidate/Officeholde							
	Non-Political		f Texas, Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e>	penditure 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/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politi	cal Committee Legal Se		Friting Expense Salaries/Wages/Contract Labor W to complete this form.	OTHER (enter a cat		above)		
1 Total pages Schedule F4:				3 Filer ID				
Sch: 7/43 Rpt: 17/69	Ligon, Brett							
4 CREDIT CARD ISSUER	1	ancial institution previous	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	I Issuer Paid				
	\$3,500.00	03/03/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Lake Conroe Softb	all Homerun	20639 Fm 2854 Rd					
O DUDDOOL OF	(a) Oaks		Montgomery, TX 773	16				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
X Political	Contributions/Donation	ons Made By	Contribution					
Non-Political		er/Political Committee						
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholde	of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living Office held	expense			
expenditure to benefit C/OH	our all duter of libertoide	Thaine Office	ce sought	Office fleta				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	ssuer Paid				
	\$3,000.00	06/20/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			Ste A					
			Kyle, TX 78640-5671					
PURPOSE OF EXPENDITURE	(a) Category		(b) Description					
X Political	(See Categories listed at the top Solicitation/Fundraisir		Fundraising Facilities	Rental				
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	· · · · · · · · · · · · · · · · · · ·			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid				
	\$851.00	06/29/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	1. 10. 10.		8 La Costa Dr	,	·	,		
	Last Stand Store							
			Montgomery, TX 7735	56				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this echadula)	(b) Description	·				
X Political	Event Expense	or this somequie;	Office Celebration					
	—	<u></u>						
Non-Political				n, TX, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
· · · · · · · · · · · · · · · · · · ·						****		

SCHEDULE F4

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	By - Gift/Aware cal Committee Legal Ser		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a categor		·
1 Total pages Cahadula E4		truction Guide explains n	now to complete this form.			
1 Total pages Schedule F4: Sch: 8/43 Rpt: 18/69	Ligon, Brett			3 Filer ID		
4 CREDIT CARD ISSUER		ancial institution previous	5 TOTAL OF UNITEMIZE EXPENDITURES	 \$		
			CHARGED TO A CRED	DIT		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card issi	uer Paid		
	\$3.89	02/05/2025				
7 PAYEE	(a) Payee name	<u></u>	(b) Payee address;	City,	State,	Zip Code
1	Walgreens		420 North Frazier St			
			Conroe, TX 77301			
8 PURPOSE OF EXPENDITURE	(a) Category	A COLONIA DE LA COLONIA DE	(b) Description			
X Political	(See Categories listed at the top Office Overhead/Reni		Office Supplies			
Non-Political	(a) Check if traval outside	Canada Cahadala	- Charles America			
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas, Complete Schedule T	T. Check if Austin, T	TX, officeholder living expe	nse	
expenditure to benefit C/OH		liante o.,	nce sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid		
	\$13.31	06/25/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	The Home Depot		20240 Eva St	Olty;	Diano,	LIP COM
			Montgomery, TX 77356			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description	· · · · · ·		
X Political	(See Categories listed at the top of Office Overhead/Renti-		Office Supplies			
Han Delkins	Charle if traval autoida	- La gabada e	<u> </u>			
Complete ONLY if direct	(c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T.		X, officeholder living exper	nse	
expenditure to benefit C/OH			ice sought	Office held	_	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		<u> </u>
	\$17.32	02/05/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Target		503 Interstate 45 North			
			Conroe, TX 77304			
	(a) Category	, <u>, , , , , , , , , , , , , , , , , , </u>	(b) Description			
	(See Categories listed at the top of Office Overhead/Renta		Office Supplies			
X Political	Office Overridaditions	ai Expense				
Non-Political	(c) Check if travel outside of	of Texas, Complete Schedule T,	Check if Austin, TX	X, officeholder living expen	nse	
Complete ONLY if direct	Candidate/Officeholder r		ce sought	Office held		
expenditure to benefit C/OH			-	*		

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement 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 Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: FILER NAME 3 Filer ID Sch: 9/43 Rpt: 19/69 Ligon, Brett **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 \$22,74 06/01/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1590 West 49Th St The Home Depot Hialeah, FL 33012 **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 9 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 \$22.74 06/01/2025 PAYEE (a) Payee name (b) Payee address; City. State, Zip Code 1590 West 49Th St The Home Depot Hialeah, FL 33012 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 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 \$25.94 01/16/2025 PAYEE (a) Payee name (b) Payee address; City, State. Zip Code 420 North Frazier St Walgreens Conroe, TX 77301 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 Complete ONLY if direct Office sought Office held

expenditure to benefit C/OH

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Loan Repayment/Reimbursement

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	By - Gift/Award tical Committee Legal Serv	everage Expense ords/Memorials Expense ervices	Office Pollin Printii Salar	in Repayment/Rei ce Overhead/Reni ing Expense ating Expense aries/Wages/Contr	nta) Expense ntract Labor (Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	nent & Related	·
Ļ	Od - da EA		struction Guide explains	how to	o complete th	nis form.			
1							3 Filer ID		
Ļ	Sch: 10/43 Rpt: 20/69								
4	CREDIT CARD ISSUER		ancial institution			OF UNITEMIZED			
	aau⊾n	see p	previous	J		DITURES ED TO A CREDI [.]	ı⊤ \$ ı⊤		
Ĺ					CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s)	Credit Card Issue	er Paid		
		\$35.02	02/04/2025	-	ı				
7	PAYEE	(a) Bayaa nama				· .	-4.		
•	FAILL	(a) Payee name		- 1	(b) Payee ac		City,	State,	Zip Code
		Walgreens		1	420 North	Frazier St			
_					Conroe, TX	X 77301			
8	·	(a) Category		((b) Description	tion			
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent			Office Supplies				
	X Political	Office Ovorrious,	igi exhense						
_	Non-Political		e of Texas, Complete Schedule			Check if Austin, TY	X, officeholder living exp	pense	
	Complete ONLY if direct		Candidate/Officeholder name Office s			<u></u>	Office held		
_	expenditure to benefit C/OH					<u></u>	····		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	-10	(c) Date(s) C	Credit Card Issue	ar Paid		
	!	\$35.71	01/06/2025						
_	PAYEE	(A) Reside name	<u> </u>		0				
	1	(a) Payee name			(b) Payee ad		City,	State,	Zip Code
	1	Amazon		-	410 Terry A	√ve N			
	1	1			Seattle, WA	4 00100			
	PURPOSE OF	(a) Category			(b) Description				
	EXPENDITURE	(See Categories listed at the top o			Office Supp				
	X Political	Office Overhead/Renta	al Expense			7,72			
_	Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule 1			7 Check if Austin, TX	(, officeholder living expe	ance	
	Complete ONLY if direct	Candidate/Officeholder r		Office so	sought	O. C.	Office held	Albe	
ex	xpenditure to benefit C/OH			_					
•	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		-
	J	\$36.13	06/03/2025						
			i						
<u> </u>	PAYEE	(a) Payee name		()	(b) Payee add	dress;	City,	State,	Zip Code
	1	Target		5	503 Intersta	ate 45 North			
	1	i arger							
	THE COLUMN				Conroe, TX				
	EXPENDITURE	(a) Category (See Categories listed at the top of			b) Description				
		Office Overhead/Renta		1	Office Suppl	√lies			
			·				·		
_			of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct penditure to benefit C/OH	Candidate/Officeholder n	name Oir	ffice so	Jught	 -	Office held		
<u>+</u> √1-	Denditure to Denem 3.3.				, , , , , , , , , , , , , , , , , , , 				

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

Contributions/ Donations Made E Candidate/Officeholder/Politic	By - Gift/Aware cal Committee Legal Ser	ds/Memorials Expense vices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cat		above)	
	•		how to complete this form.			,	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID			
Sch: 11/43 Rpt: 21/69	Ligon, Brett						
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZE	.D			
ISSUER	see p	previous	EXPENDITURES CHARGED TO A CRED	_{\ _} \$			
	·		CARD	"'			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$78.99	03/18/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Amazon		410 Terry Ave N				
	Amazon						
	(-)		Seattle, WA 98109				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Office Overhead/Ren		Office Supplies				
Non-Political		of Texas, Complete Schedule		TX, officeholder living	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held			
PAYMENT	(a) Amount Charged	(b) Data of Charge	(a) Data(a) Cradit Cand Ian	van Deld			
FAIWENT	T	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid			
	\$122.00	06/03/2025					
PAYEE	(a) Payee name		(b) Payee address;	City	Ctoto	Zin Codo	
	(a) i ayee name		503 Interstate 45 North	City,	State,	Zip Code	
	Target		500 Interstate 45 (40)(I)				
			Conroe, TX 77304				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top of Office Overhead/Rent		Office Supplies				
X Political	Office Overflead/Refit	ar Expense					
Non-Political	(C) Check if travel outside of	of Texas, Complete Schedule	T. Check if Austin, T	X, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held	· · · · · · · · · · · · · · · · · · ·		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$299.08	03/06/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Etsy.com		117 Adams St				
·	Liby.com						
DI IDDOGE OF	(a) Ontones		Brooklyn, NY 11201				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description				
X Political	Office Overhead/Renta	al Expense	Office Supplies				
Non-Political	<u> </u>						
	• • • • • • • • • • • • • • • • • • • •	f Texas, Complete Schedule T		X, officeholder living e	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name On	fice sought	Office held			
, and the soliton colors							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Consulting Barteing Consulting Expense Contributions/ Donations Made (By - Glft/Awan	ds/Memorials Expense	Office Overhead/Rental Ex Polling Expense Printing Expense	Trav	nsportation Equipme vel in District vel Out of District		
Candidate/Officeholder/Politic	_	vices truction Guide explains h	Salaries/Wages/Contract L		HER (enter a catego	ry not listed a	bove)
1 Total pages Schedule F4:		duction Guide explains in	ow to complete this it		0 Fit ID		
Sch: 12/43 Rpt; 22/69	Ligon, Brett				3 Filer ID		
4 CREDIT CARD		ancial institution	5 TOTAL OF U	INUTERAZED			
ISSUER	ŀ		EXPENDITU		\$		
		previous	CHARGED T CARD	O A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid		
	\$397.28	02/08/2025					
7 PAYEE	(a) Payee name		(b) Payee addre	ss;	City,	State,	Zip Code
	A		410 Terry Ave	N			·
	Amazon						
			Seattle, WA 9	8109			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this calculation	(b) Description				
	Office Overhead/Ren	tal Expense	Office Supplie	S			
X Political			<u> </u>				
Non-Political		of Texas, Complete Schedule T	. Ch	eck if Austin, TX, of	fficeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held		
expenditure to benefit C/OH		T					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credi	it Card Issuer F	Paid		
	\$529.02	01/28/2025					
PAYEE	(a) Payee name		(b) Payee addres	ss;	City,	State,	Zip Code
			Send All Mail 7	Γο Corrfin Ad	- -		,
	Avis Rent A Car						
			Garden City, NY 11530				
PURPOSE OF EXPENDITURE	(a) Category		(b) Description				
	(See Categories listed at the top Transportation Equipn		Officeholder C	ar Rentals			
X Political	Expense						
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	name Offi	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	t Card Issuer P	aid		
	\$0.57	03/25/2025					
DAVEE							
PAYEE	(a) Payee name		(b) Payee addres		City,	State,	Zip Code
	Bird		382 North East	: 191St St			
			Minusi El Ona				
PURPOSE OF	(a) Category		Miami, FL 3317 (b) Description	79			
EXPENDITURE	(See Categories listed at the top of	of this schedule)	Officeholder Gr	round Tranen	ortation		
X Political	Transportation Equipm	nent And Related	Onice rolder Ci	ound Itanop	ortation		
Non-Political	Expense (c) Check if travel outside o	f Texas, Complete Schedule T.					
Complete ONLY if direct	Candidate/Officeholder		e sought		ceholder living expe	nse	
expenditure to benefit C/OH	· ····································	Jiii	o sought	,	onice He(0		
		·	<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 Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Onicenolue/Politic		rvices Sa struction Guide explains how	·	OTHER (enter a category not liste	∌d above}		
1 Total pages Schedule F4:				3 Filer ID			
Sch: 13/43 Rpt: 23/69	Ligon, Brett			1 110. 12			
4 CREDIT CARD ISSUER	Name of fina	ancial institution 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	r Paid			
	\$3.38	03/26/2025					
7 PAYEE	(a) Payee name Bird		(b) Payee address; 382 North East 191St St	City, State	e, Zip Code		
			Miami, FL 33179				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	and this achaetula)	(b) Description				
	Transportation Equip	-	Officeholder Ground Transportation				
X Political	Expense						
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
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 Issuer	r Paid	***		
	\$5.00	04/04/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State	e, Zip Code		
	Bird		382 North East 191St St	-	,		
			Miami, FL 33179				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top of Transportation Equipn Expense		Officeholder Ground Trans	sportation			
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		e sought	Office held			
expenditure to benefit C/OH	I						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
	\$5.00	03/26/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
			382 North East 191St St	•			
	Bird						
			Miami, FL 33179				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top or Transportation Equipm		Officeholder Ground Trans	sportation			
X Political	Expense	IEIII Anu Reialeu					
Non-Political		of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense	<u></u>		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH			23	Olivo Hola			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politic	cal Committee Legal Ser	ervices Si	Balaries/Wages/Contract Labor	OTHER (enter a cate		ibove)
		struction Guide explains how	w to complete this form.			
1 Total pages Schedule F4:	ľ			3 Filer ID		
Sch: 14/43 Rpt: 24/69	Ligon, Brett					
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITE			
ISSUER	see	previous	EXPENDITURES	1 7		
			CHARGED TO A CARD	CREDIT		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Paid		
	\$5,00	03/26/2025				
	Ψυίου	UUIZUIZUZU	!			
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
			382 North East 19		Catalog,	CIP
	Bird		OOK NOTH MOUSE.	131 91		
			Miami, FL 33179			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Officeholder Groun	nd Transportation		
X Political	Transportation Equip	ment And Related				
Non-Political		e of Texas. Complete Schedule T.	Check if	The affice halder flying		
9 Complete ONLY if direct	Candidate/Officeholder		ce sought	Austin, TX, officeholder living e Office held	xpense	
expenditure to benefit C/OH		name	e sought	Опис пом		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	and Instrum Daird		
	_	1	(c) Daicio, Oroan on	10 ISSUEL FAIG		
	\$7.21	01/23/2025				
PAYEE	(a) Payee name		(h) Dougo addropp!	Ois.	Ctoto	71: 0-40
	(a) rayee name		(b) Payee address;	City,	State,	Zip Code
	Uber		1455 Market St 4T	h Hoor		
	1		Con Francisco C/	1.044.00		
PURPOSE OF	(a) Category		San Francisco, CA (b) Description	. 94103		
EXPENDITURE	(See Categories listed at the top		Officeholder Ground Transportation			
X Political	Transportation Equipr	ment And Related	Officerroller Cross,	ΙΟ Παποροπασοπ		
Non-Political	Expense					
		of Texas. Complete Schedule T.		Austin, TX, officeholder living ex	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Choward	Taxa - fak	1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	rd Issuer Paid		
	\$7.99	04/16/2025				
PAYEE		<u> </u>				
PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Uber		1455 Market St 4Th	n Floor		
Ī	-					
PURPOSE OF	(a) Category		San Francisco, CA	94103		
	(See Categories listed at the top of		(b) Description	f man and a subable of		
X Political	Transportation Equipm		Officeholder Ground	d Transportation		
Man Ballelant	Expense					
		of Texas, Complete Schedule T.		Austin, TX, officeholder living ex	(pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	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 Candidate/Official Compilies

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

Candidate/Officeholder/Politic			rinting Expense Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
	The Inst	truction Guide explains ho	w to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID
Sch: 15/43 Rpt: 25/69	Ligon, Brett			
4 CREDIT CARD	Name of fina	ıncial institution	5 TOTAL OF UNITEMIZE	D
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED	\$
	·		CHARGED TO A CRED	11
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid
	\$8,44	03/25/2025		
	ψο. 4 τ	00/20/2020		
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City, State, Zip Code
			382 North East 191St St	·
	Bird			
			Miami, FL 33179	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	•	Officeholder Ground Tra	nsportation
X Political	Transportation Equip	ment And Related		
Non-Political		of Texas, Complete Schedule T,	Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held
expenditure to benefit C/OH			-	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
	\$10.90	05/16/2025		
	,	00.20.20		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			1455 Market St 4Th Floo	or
	Uber			
			San Francisco, CA 9410	3
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE —	(See Categories listed at the top Transportation Equipr		Officeholder Ground Tra	nsportation
X Political	Expense	TIONE / HIG PROMICE		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
Complete ONLY 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 Issu	er Paid
	\$10.93	04/15/2025		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	1 17		1455 Market St 4Th Floo	or
	Uber			
			San Francisco, CA 9410	3
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this polyadula)	(b) Description	
	Transportation Equipm		Officeholder Ground Trai	nsportation
X Political	Expense			
Non-Political		of Texas, Complete Schedule T.	Check if Austin, TX	K, officeholder living expense
Complete <u>ONLY</u> 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 Candidate/Officeholder/Political Committee

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

1 Total pages Schedule F4: 2 FiLi		vices S	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category	y not listed a	above)	
		truction Gulde explains ho	w to complete this form.				
				3 Filer ID			
	on, Brett						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZEI EXPENDITURES CHARGED TO A CRED CARD	 \$			
6 PAYMENT (a) Am	ount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
	\$10.93	04/15/2025					
7 PAYEE (a) Pay	yee name	<u></u>	(b) Payee address;	City,	State,	Zip Code	
Ube	er er		1455 Market St 4Th Floo	•		,	
			San Francisco, CA 9410)3			
8 PURPOSE OF (a) Cat EXPENDITURE (See Cate	tegory egories listed at the top	of this askashila)	(b) Description				
	portation Equipr	or this schedule) ment And Related	Officeholder Ground Tra	nsportation			
Non-Political (c)	Check if travel outside	of Texas, Complete Schedule T.	Check if Austin, T	X, officeholder living expe	ense		
,	idate/Officeholder	name Offic	ce sought	Office held			
expenditure to benefit C/OH							
PAYMENT (a) Amo	ount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$10.93	04/08/2025					
PAYEE (a) Pay	ree name		(b) Payee address;	City,	State,	Zip Code	
Ube	r		1455 Market St 4Th Floo	- ·			
			San Francisco, CA 9410	3			
			(b) Description				
	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related		Officeholder Ground Transportation				
	oortation Equipm		Officendider Ground Trail	nsportation			
X Political Transp	oortation Equipm se	nent And Related			nea		
X Political Transp Expension (c) (c)	oortation Equipm se	nent And Related of Texas. Complete Schedule T.		A, officeholder living exper	nse		
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X Political Transp Expension Complete ONLY if direct Candidate Can	oortation Equipm se Check If travel outside o	nent And Related of Texas. Complete Schedule T.	Check if Austin, T	x, officeholder living exper	inse		
X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT Transp Expend Condition (c) 10 Candid Candid Candid (a) Amo	oortation Equipm se Check If travel outside o date/Officeholder	nent And Related of Texas. Complete Schedule T. name Offic	Check if Austin, TX	x, officeholder living exper	inse		
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X Political Transp Expension Non-Political (c) 0 0 Complete ONLY if direct Candidate Candidate Expension Candidate Candidate PAYMENT (a) Amount Candidate Candidate Candidate PAYMENT (a) Amount Candidate	oortation Equipmese Check If travel outside of date/Officeholder o bunt Charged \$11.21	of Texas. Complete Schedule T. name Offic (b) Date of Charge	Check if Austin, TX ie sought (c) Date(s) Credit Card Issue	X, officeholder living exper Office held er Paid City,		Zip Code	
Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amo	oortation Equipmese Check If travel outside of date/Officeholder o bunt Charged \$11.21	of Texas. Complete Schedule T. name Offic (b) Date of Charge	Check if Austin, The sought (c) Date(s) Credit Card Issue (b) Payee address; 382 North East 191St St	X, officeholder living exper Office held er Paid City,		Zip Code	
PURPOSE OF Transp Expension (c) 0 Complete ONLY if direct expenditure to benefit C/OH (a) Amo (a) Paye Bird	cortation Equipmese Check If travel outside of date/Officeholder of the count Charged \$11.21 ee name	nent And Related of Texas. Complete Schedule T. name Offic (b) Date of Charge 03/26/2025	Check if Austin, To se sought (c) Date(s) Credit Card Issue (b) Payee address;	X, officeholder living exper Office held er Paid City,		Zip Code	
PURPOSE OF EXPENDITURE Transp Expension (c) 0 0 (c) 0 0 (c) 0 0 (d) Amount (a) Amount (a) Payer (a) Cate (See Cate (See Cate (c) 0 0 (c) 0 0 (d) Cate (See Cate (See Cate (c) 0 0 (d) Cate (See Cate (See Cate (c) 0 0 (d) Cate (See Cate (See Cate (Complete Appendix	cortation Equipmese Check If travel outside of date/Officeholder of the count Charged \$11.21 ee name egory gories listed at the top of	nent And Related of Texas. Complete Schedule T. name Offic (b) Date of Charge 03/26/2025	Check if Austin, The sought (c) Date(s) Credit Card Issue (b) Payee address; 382 North East 191St St Miami, FL 33179	X, officeholder living exper Office held er Paid City,		Zip Code	
Transp Expension Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amo PAYEE (a) Paye Bird PURPOSE OF EXPENDITURE (See Cate Transp	cortation Equipmese Check If travel outside of date/Officeholder outside o	nent And Related of Texas. Complete Schedule T. name Offic (b) Date of Charge 03/26/2025	Check if Austin, TX te sought (c) Date(s) Credit Card Issue (b) Payee address; 382 North East 191St St Miami, FL 33179 (b) Description	X, officeholder living exper Office held er Paid City,		Zip Code	
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Transp Expens Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amo (b) Paye Bird PURPOSE OF EXPENDITURE X Political Non-Political (c) C	cortation Equipmese Check If travel outside of date/Officeholder of the count Charged \$11.21 The ename The ename of the count is the count count of the count o	nent And Related of Texas. Complete Schedule T. name Offic (b) Date of Charge 03/26/2025 of this schedule) nent And Related	Check if Austin, The sought (c) Date(s) Credit Card Issue (b) Payee address; 382 North East 191St St Miami, FL 33179 (b) Description Officeholder Ground Tran	x, officeholder living experion Office held er Paid City,	State,	Zip Code	

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 Glft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	The Ins	truction Guide explains how	v to complete thi		men (enter a categ	ory not hated t	abovey
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID	 -	
Sch: 17/43 Rpt: 27/69	Ligon, Brett						
4 CREDIT CARD ISSUER	1	ancial institution previous	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$12,04	04/13/2025					
7 PAYEE	(a) Payee name Lime Ride		(b) Payee ad 85 2Nd St	dress;	City,	State,	Zip Code
				sco, CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this coloration	(b) Description				
	Transportation Equip		Officeholde	r Ground Trans	sportation		
X Political	Expense						
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX, o	officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cu	redit Card Issuer	Paid		
	\$12.23	02/12/2025	(c) Date(s) C	Cuit Cald Issuel	raju		
PAYEE	(a) Payee name		(b) Payee add	dress:	City,	State,	Zip Code
	Uber		1	t St 4Th Floor	J.97	omio	zip oogo
			San Francis	co, CA 94103			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Officeholder Ground Transportation				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX, o	fficeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	sought		Office held		
	(a) Amount Charged	(b) Date of Charge	(c) Data(c) Cr	edit Card Issuer	Doid		
	\$13.93	04/15/2025	(c) Date(s) Ci	edit Card (SSGE)	raiu		
PAYEE	(a) Payee name		(b) Payee ado	ress;	City,	State,	Zip Code
	Uber			t St 4Th Floor	,.	,	
			San Francis	co, CA 94103			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top or Transportation Equipm	•	Officeholder	Ground Trans	portation		
X Political	Expense	ione / and i Colated					
Non-Political	(c) Check if travel outside of	f Texas, Complete Schedule T.	П	Check if Austin, TX, of	ficeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	sought	······································	Office held	<u> </u>	
	, _		 .				

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politic	itical Committee Legal Ser	ards/Memorials Expense F ervices S	Printing Expense Salaries/Wages/Contra	Tr ract Labor C	rave! Out of District DTHER (enter a categ	gory not listed	above)
		struction Guide explains ho			·		
1 Total pages Schedule F4:	.				3 Filer ID	-	
Sch: 18/43 Rpt: 28/69	Ligon, Brett						
4 CREDIT CARD ISSUER	Name of fina	nancial institution		F UNITEMIZED			
ISSUER	see r	previous	EXPENDI CHARGEI	ITURES D TO A CREDIT	, \$		
			CARD		<u> </u>		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
	\$16.33	03/26/2025					
7 PAYEE	(a) Payee name		(b) Payee ad	· ·	City,	State,	Zip Code
	Bird		382 North F	East 191St St			
	5						
8 PURPOSE OF	(a) Category		Miami, FL 3				
EXPENDITURE	(See Categories listed at the top		(b) Descriptio		سريو الله ما الداد		
X Political	Transportation Equipr		Officeriolae	er Ground Trans	sportation		
Non-Political	Expense					··	
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	e of Texas. Complete Schedule T.		Check if Austin, TX, o		pense	
expenditure to benefit C/OH		name Onic	ice sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	redit Card Issuer	Paid		*
	\$16.81	05/16/2025					
	<u> </u>	1					
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
!	Uber		1455 Marke	et St 4Th Floor			
!	0.00.						
PURPOSE OF	(a) Category			sco, CA 94103			·
EXPENDITURE	(See Categories listed at the top of		(b) Description			_	
X Political	Transportation Equipm Expense		Officeriolide	r Ground Trans	portation		
Non-Political		of Texas, Complete Schedule T.		Check if Austin, TX, of	officeholder living ex	nanca	
Complete <u>ONLY</u> if direct	Candidate/Officeholder		ce sought	VIII.	Office held		
expenditure to benefit C/OH			- -				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cr	edit Card Issuer I	Paid		
	\$17.57	01/23/2025					
	·	ı					
PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
J	Uber		1455 Market	t St 4Th Floor			·
1	l Oper						
DI IDROCE OF				co, CA 94103			<u> </u>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description				
X Political	Transportation Equipm	nent And Related	Officenolaer	Ground Transp	portation		
Mon Deliving	Expense						
		of Texas, Complete Schedule T.		Check if Austin, TX, off		ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder n	name Office	e sought		Office held		
experiulture to beliefit 0/011			<u> </u>				
			•		- -		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic		rds/Memorials Expense	Printing Expense	Travel Out of District OTHER (enter a category	not listed a	bove)
		struction Guide explains ho		· 	_	
	2 FILER NAME			3 Filer ID		
Sch: 19/43 Rpt: 29/69	Ligon, Brett					
4 CREDIT CARD	Name of fine	ancial institution	5 TOTAL OF UNITEMIZED	1 .		
ISSUER	see p	orevious	EXPENDITURES CHARGED TO A CREDI	, _{IT} \$		
			CARD	.'		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$17.75	04/14/2025				
7 PAYEE	(a) Payee name	<u></u>	(b) Payee address;	City,	State,	Zip Code
	Uber		1455 Market St Fl 4			
	Upei					
			San Francisco, CA 9410	/3		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description	e - et - m		
	Transportation Equip		Officeholder Ground Trai	nsportation		
X Political	Expense					
Non-Political	J.,	of Texas, Complete Schedule T.		X, officeholder living expe	nse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	rhame Om	ice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$20.69	01/23/2025				
	T	A 80 - 20				İ
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Uber		1455 Market St 4Th Floo	ır		
	Oper					
			San Francisco, CA 94103	3		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	·		
X Political	Transportation Equipr		Officeholder Ground Trar	nsportation		i
	Expense					
Non-Political		of Texas. Complete Schedule T.		C, officeholder living exper	ise	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Om	ice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(-) Data(a) Gradit Cord Innu	m_f_l		
LW IMMIAI	_ <u> </u>		(c) Date(s) Credit Card Issue	ar Paid		
	\$28.86	04/08/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	Ctoto	Zin Codo
	(a) i ayoo namo		1455 Market St 4Th Floor	•	State,	Zip Code
	Uber		THOO MAINCE OF THE FIGURE	I		
			San Francisco, CA 94103	3		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top or Transportation Equipm		Officeholder Ground Tran	nsportation		
X Political	Expense	Hent And Related				
Non-Political		of Texas, Complete Schedule T.	Check if Austin, TX	, officeholder living expen	ise	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held		
expenditure to benefit C/OH						
						7

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

	Acvertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	By - Gift/Award	erage Expense ds/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel in District Travel Out of District OTHER (enter a catego	nent & Related E	•
			truction Guide explains I	how to complete this form.			
1	Total pages Schedule F4:				3 Filer ID		
	Sch: 20/43 Rpt: 30/69	Ligon, Brett					
4	CREDIT CARD ISSUER		ancial institution previous	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CF CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
		\$30.33	03/26/2025			· 	
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Uber		1455 Market St 4Th			
				San Francisco, CA 9	4103		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	X Political	Transportation Equipr	ment And Related	Officeholder Ground	Transportation		
	Non-Political	• • •	of Texas, Complete Schedule		stin, TX, officeholder living ex	pense	
	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	·	office sought	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
		\$32.56	01/22/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Uber		1455 Market St 4Th I San Francisco, CA 9			
	PURPOSE OF	(a) Category	,	(b) Description			
	EXPENDITURE X Political	(See Categories listed at the top of Transportation Equipm Expense		Officeholder Ground	Transportation		
	Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule	T, Check if Aust	tin, TX, officeholder living exp	pense	
ех	Complete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate/Officeholder		ffice sought	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card I	Issuer Paid	_	
		\$36.88	03/26/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Uber		1455 Market St 4Th F			
<u></u>				San Francisco, CA 94	4103		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	T		
	X Political	Transportation Equipm Expense	•	Officeholder Ground	Transportation		
	Non-Political		of Texas. Complete Schedule T	T. Check if Aust	tin, TX, officeholder living exp	pense	
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officeholder i	name Off	ffice 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 Git/Awards/Memorials Expense

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

Contributions/ Donations Made Candidate/Officeholder/Politi	By - Gift/Awar cal Committee Legal Ser	ds/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/C DW to complete	Contract Labor	Travel in District Travel Out of District OTHER (enter a categ	jory not listed	above)
1 Total pages Schedule F4:			<u> </u>		3 Filer ID		
Sch: 21/43 Rpt: 31/69	Ligon, Brett				O THE TE		
4 CREDIT CARD ISSUER		ancial institution previous	EXPE	L OF UNITEMIZED NDITURES GED TO A CREDI	 \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issu	er Paid		
	\$43.77	01/22/2025					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Uber			arket St 4Th Floo	or		_,r
O BURDON OF	(-)			ncisco, CA 9410	3		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•			
X Political	Transportation Equip		Officeho	lder Ground Trai	nsportation		
Non-Political		of Texas, Complete Schedule T.		Check if Austin, TX	K, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offi	ce sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$107.00	01/26/2025					
PAYEE	(a) Payee name	, <u>,</u>	(b) Payee	address;	City,	State,	Zip Code
	Best Western		2600 Ha	II Ave	•	•	•
, <u> </u>			Littlefield	, TX 79339			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this cohodule)	(b) Descri				"
X Political	Travel Out of District	or this scriedale)	Officehol	der Lodging			
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living exp	ense	
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 Issue	r Paid	<u></u> ·	···
	\$114.00	01/25/2025					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Best Western		2600 Hall	Ave	,	•••••	_ ,
·			Littlefield,	TX 79339			
PURPOSE OF EXPENDITURE	(a) Category		(b) Description				
	(See Categories listed at the top or Travel Out of District	uus schedule)	Officehold	der Lodging			
X Political			İ				
		Texas, Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder r	name Offic	e sought		Office held	·	
orms provided by Toyas Eth	alog Commission						

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 Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTMER (outer a category pat listed above)

Contributions/ Donations Made E Candidate/Officeholder/Politic	cal Committee Legal Sen	ervices S	Printing Expense Salaries/Wages/Con	ntract Labor (Travel Out of District OTHER (enter a categor	ry not listed	above)
2.1 31.84		struction Guide explains how	w to complete the	his form.			
1 Total pages Schedule F4:	!				3 Filer ID		
Sch: 22/43 Rpt: 32/69							
4 CREDIT CARD ISSUER	Name of fine	ancial institution		OF UNITEMIZED)		
ISSUEK	see p	previous		DITURES ED TO A CREDI	_{i=} \$		
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$114.00	01/25/2025					
=·							
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Best Western		2600 Hall	Ave			
	best western						
			Littlefield,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descripti				
	Travel Out of District		Officehold	der Lodging			
X Political				· <u>———</u>			
Non-Political		e of Texas, Complete Schedule T.	Γ	Check if Austin, TX	X, officeholder living expe	ense	
9 Complete ONLY 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 Issue	er Paid		
	\$14.83	04/07/2025					
		1					
PAYEE	(a) Payee name		(b) Payee at	.ddress;	City,	State	Zip Code
	Buo Eolo		2375 East	. Austin St			
	Buc-Ee's						
			Giddings, 1				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	-f this school (is)	(b) Description				
	Food/Beverage Expen		Officeholde	er Meals While	Travelling		
X Political							
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living expe	ense	
Complete ONLY 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) C	Credit Card Issue	r Paid		
	\$19.60	04/11/2025					
		ı					
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	Buo Eolo		2375 East /	Austin St			•
	Buc-Ee's						
			Giddings, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top or	-fullshadulat	(b) Description				
	Food/Beverage Expen		Officeholde	er Meals While	Travelling		
X Political	·						
Non-Political	(C) Check if travel outside of	of Texas, Complete Schedule T.		Check if Austin, TX,	, officeholder living exper	ense	
Complete ONLY if direct	Candidate/Officeholder r	name Office	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 Gift/Awards/Memorials Expense Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politi	•		Salaries/Wages/Contract Labor	OTHER (enter a cate	gory not listed a	above)
4 T.M. O. I. I. 54		truction Guide explains ho	ow to complete this form.			
1 Total pages Schedule F4				3 Filer ID		
Sch: 23/43 Rpt: 33/69			·			
4 CREDIT CARD ISSUER		ancial institution	5 TOTAL OF UNITEMIZE EXPENDITURES	^{≘D} \$		
ISSOER	see p	orevious	CHARGED TO A CREI			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
	\$43.80	03/26/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			601 Poydras St Suite 1	500		
	Premium Parking					
			New Orleans, LA 7013	0		
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Officeholder Parking			
X Political	, ocarboralago Expa					
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living o	expense	
9 Complete ONLY if direct	Candidate/Officeholde	r name Offi	ce sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid		
	\$4.00	04/13/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	365 Vend LLC		1743 Maplelawn	•		
	303 Vend LLC					
			Troy, MI 48084			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echadula)	(b) Description			
	Transportation Equip		Officeholder Snacks Wi	nile Travelling		
X Political	Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		TX, officeholder living e	xpense	
Complete ONLY 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 Iss	uer Paid		
	\$67.12	03/04/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Pean Hill Florist		107 Old Riv Rd Ste J			
	T CONTINUE TO THE	-				
	(-) (-)		Montgomery, TX 77356	-2852		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Food/Beverage Exper	nse	Staff Gifts			
X Political		<u>.</u>	<u></u>			
Non-Political		of Texas. Complete Schedule T.	<u> </u>	TX, officeholder living e	xpense	
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

Event Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense

Transportation Equipment & Related Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Glft/Awards/Memorials Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services 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: 24/43 Rpt: 34/69 Ligon, Brett **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 \$79,80 01/30/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 3433 East Wyatt Way LAS Concealment Gilbert, AZ 85297 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Gifts Gift/Awards/Memorials 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 \$102.84 05/16/2025 PAYEE (a) Payee name (b) Payee address; City. State. Zip Code 107 Old Riv Rd Ste J Pean Hill Florist Montgomery, TX 77356-2852 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Gifts Gift/Awards/Memorials 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 \$105.01 03/24/2025 PAYEE (a) Payee name (b) Payee address; City, State. Zip Code 107 Old Riv Rd Ste J Pean Hill Florist Montgomery, TX 77356-2852 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Gifts Gift/Awards/Memorials 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

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Consulting Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Travel in District Travel Out of District OTHER (enter a category not listed above) Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: FILER NAME 3 Filer ID Sch: 25/43 Rpt: 35/69 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 \$131.25 05/16/2025 PAYEE (a) Payee name (b) Payee address; City, State. Zip Code 120 Burke Ave Radebaugh Florist Towson, MD 21286-1119 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Gifts Gift/Awards/Memorials 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 sought Complete ONLY if direct Office held expenditure to benefit C/OH PAYMENT (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date of Charge \$400.00 01/22/2025 PAYEE City, (a) Payee name (b) Payee address; State. Zip Code 3415 East 109 North Tops Knives Idaho Falls, ID 83401 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Gifts Gift/Awards/Memorials 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 \$984.47 01/30/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1109 West Dallas St Texas Top Cop Shop Conroe, TX 77301 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Staff Gifts Gift/Awards/Memorials Expense X Political Non-Political (c) Check if travel outside of Texas, Complete Schedute T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name 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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	By - Gift/Award al Committee Legal Ser		Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a ca		bove)	
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4 CREDIT CARD	<u> </u>	ncial institution	5 TOTAL OF UNITEMIZED	5			
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6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid			
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			San Francisco, CA 9410)3			
8 PURPOSE OF	(a) Category		(b) Description		_		
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff Meeting				
X Political	- courboverage Expe	1100					
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule	e T. Check if Austin, T	X, officeholder living	g expense		
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expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$14.65	02/21/2025					
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PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
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	Hughes Landing						
			The Woodlands, TX 773	81			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	•	Staff Meeting				
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Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T.	, officeholder living expense			
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PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code	
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			Austin, TX 78701-3312				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff Meeting				
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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 Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
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	Complete ONLY if direct	Candidate/Officeholder	r name Of	fice sought		Office held		
ez	xpenditure to benefit C/OH	(-) A	I # 5 = 3 / 61					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid .		
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		THE POLICION FORCE	<i>-</i> (1)					
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		\$38.01	05/05/2025	1				
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	PAICE	(a) Payee name		(b) Payee a	•	City,	State,	Zip Code
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	PURPOSE OF	(a) Cotagoni		Conroe, TX				
	EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Descripti Staff Meeti				
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	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held		
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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Contributions/ Donations Made E Candidate/Officeholder/Politic	eal Committee Legal Serv	Aces	•	THER (enter a categ	ory not listed a	bove)
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4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED	<u> </u>		
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7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
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	Pappas Bar-B-Q					
			Houston, TX 77002-8213			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of this schedule)		Staff Meeting			
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EXPENDITURE	(a) Category		2105 Hancock Dr Austin, TX 78756			
EXPENDITURE X Political	(a) Category (See Categories listed at the top of Food/Beverage Exper	nse	2105 Hancock Dr Austin, TX 78756 (b) Description Staff Meeting			
EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top of Food/Beverage Experion Co. Check if travel outside co.	Texas. Complete Schedule T.	2105 Hancock Dr Austin, TX 78756 (b) Description Staff Meeting Check if Austin, TX,		rpense	
EXPENDITURE X Political Non-Political Complete ONLY if direct	(a) Category (See Categories listed at the top of Food/Beverage Exper	Texas. Complete Schedule T.	2105 Hancock Dr Austin, TX 78756 (b) Description Staff Meeting	officeholder living ex Office held	pense	
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EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	(a) Category (See Categories listed at the top of Food/Beverage Exper (c) Check if travel outside of Candidate/Officeholder (a) Amount Charged \$48,00	of Texas. Complete Schedule T. name Offi (b) Date of Charge	2105 Hancock Dr Austin, TX 78756 (b) Description Staff Meeting Check if Austin, TX, ce sought (c) Date(s) Credit Card Issuer	Office held		
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EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE	(a) Category (See Categories listed at the top of Food/Beverage Exper (c) Check if travel outside of Candidate/Officeholder (a) Amount Charged \$48,00 (a) Payee name Montgomery Bakeho	nse of Texas. Complete Schedule T. name Offi (b) Date of Charge 02/06/2025	2105 Hancock Dr Austin, TX 78756 (b) Description Staff Meeting Check if Austin, TX, ce sought (c) Date(s) Credit Card Issuer (b) Payee address; 240 Longmire Rd Conroe, TX 77304	Office held		Zip Code
EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT	(a) Category (See Categories listed at the top of Food/Beverage Exper (c) Check if travel outside of Candidate/Officeholder (a) Amount Charged \$48.00 (a) Payee name Montgomery Bakeho (a) Category (See Categories listed at the top of	nse of Texas. Complete Schedule T. name Offi (b) Date of Charge 02/06/2025 OUSE	2105 Hancock Dr Austin, TX 78756 (b) Description Staff Meeting Check if Austin, TX, ce sought (c) Date(s) Credit Card Issuer (b) Payee address; 240 Longmire Rd Conroe, TX 77304 (b) Description	Office held		Zip Code
EXPENDITURE X Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Food/Beverage Exper (c) Check if travel outside of Candidate/Officeholder (a) Amount Charged \$48.00 (a) Payee name Montgomery Bakeho (a) Category	nse of Texas. Complete Schedule T. name Offi (b) Date of Charge 02/06/2025 OUSE	2105 Hancock Dr Austin, TX 78756 (b) Description Staff Meeting Check if Austin, TX, ce sought (c) Date(s) Credit Card Issuer (b) Payee address; 240 Longmire Rd Conroe, TX 77304	Office held		Zip Code
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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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District 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: 29/43 Rpt: 39/69 Ligon, Brett **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 \$48.99 01/16/2025 PAYEE (a) Payee name City, (b) Payee address; State, Zip Code 2971 Hawthorne Dr Lone Star Executive Airport Black Walnut Conroe, TX 77301-2059 **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 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 \$50.18 05/27/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 2021 North Loop 336 West Chicken Express Conroe, TX 77304-3515 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 expenditure to benefit C/OH PAYMENT (b) Date of Charge (a) Amount Charged (c) Date(s) Credit Card Issuer Paid \$51.00 02/07/2025 PAYEE (a) Payee name (b) Payee address; City, State. Zip Code 810 Interstate 45 North Saltgrass Conroe, TX 77301-1764 **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

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 Glit/Awards/Memorlais 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 E Candidate/Officeholder/Politic	By - Glft/Awar	ds/Memoriais Expense	Polining Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out of District	a not linted	nhava)	
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4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZE	D			
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O BURDOON OF	(-) (0-1		Conroe, TX 77304-1872	2			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
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Non-Political	7. H.						
9 Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas, Complete Schedule T.		X, officeholder living expe	ense		
expenditure to benefit C/OH		manie Om	ce sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	or Daid			
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;	φ52.55	04/21/2025					
PAYEE	(a) Payee name	<u></u> .	(b) Payee address;	City,	State,	Zip Code	
			2117 West Ben White Bl	= '-	Olato	Zip Obde	
	Taco Cabana						
			Austin, TX 78704				
PURPOSE OF EXPENDITURE	(a) Category		(b) Description			,	
	(See Categories listed at the top of this schedule) Food/Beverage Expense		Staff Meeting				
X Political							
Non-Political		of Texas, Complete Schedule T.	Check if Austin, TX	X, officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought	Office held			
expenditure to benefit C/OH PAYMENT	(-)						
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		_	
	\$55.97	02/19/2025				ı	
PAYEE	(a) Payee name		(b) Davis - (l				
	(a) rayee name		(b) Payee address;	City,	State,	Zip Code	
	Pizza Shack		115 West Montgomery S	ţ			
			Willis, TX 77378				
PURPOSE OF	(a) Category		(b) Description	,			
EXPENDITURE	(See Categories listed at the top of		Staff Meeting				
X Political	Food/Beverage Expen	15 0	_			ì	
Non-Political	(c) Check if travel outside o	f Texas, Complete Schedule T.	Check if Austin. TX	, officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder		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

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

Candidate/Officeholder/Politic		os/Memoriais Expense vices	Printing Expense Salaries/Wages/Co		avel Out of District THER (enter a catego	ory not listed ε	above)
	The Ins	truction Guide explains ho	ow to complete t	this form.			
1 Total pages Schedule F4:	2 FILER NAME	•		, , ,	3 Filer ID		
Sch: 31/43 Rpt: 41/69	Ligon, Brett						
4 CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZED			
ISSUER	see p	orevious		DITURES ED TO A CREDIT	 \$		
			CARD	LD TO A CKEDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$61.58	02/20/2025					
	452,60	OZ/ZO/LOLO					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
				st Davis St	2.	·	
	Kuntry Katfish						
			Conroe, T	X 77304-4898			
8 PURPOSE OF	(a) Category		(b) Descrip			***	
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Staff Mee	ting			
X Political	Food/beverage Expe	1126					
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.		Check if Austin, TX,	officeholder living exp	pense	
9 Complete ONLY if direct	Candidate/Officeholde	r name Off	ice sought		Office held		
expenditure to benefit C/OH					•		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$62.16	01/29/2025					
PAYEE	(a) Payee name		(b) Payee a	iddress;	City,	State,	Zip Code
	Ole a alata uta		2520 Inter	state 45 North			
	Cheddar's						
			Conroe, T	X 77303			
PURPOSE OF EXPENDITURE	(a) Category		(b) Descript				
	(See Categories listed at the top of this schedule) Food/Beverage Expense		Staff Mee	ting			
X Political							
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.		Check if Austin, TX, o	officeholder living exp	pense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Offi	ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$64.19	01/22/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Gilley's		3300 Sout	h Las Vegas Blv	d Treasure Is	Hotel Ca	sino
	Gilley 3						
		<u>,</u>		s, NV 89109-891	6		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	Food/Beverage Exper		Staff Meet	ing			
X Political				<u>-</u>			
Non-Political	· / I-mail	of Texas, Complete Schedule T.		Check if Austin, TX, o		ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce 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
Gift/Awards/Memorials Expense Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica		rvices S struction Guide explains ho	Salaries/Wages/Contr ow to complete th		OTHER (enter a catego	ory not listed a	above)
1 Total pages Schedule F4:			***************************************	10 101	3 Filer ID		
Sch: 32/43 Rpt: 42/69					9 FIRE ID		
4 CREDIT CARD	<u> </u>	ancial institution	TE TOTAL (OF UNITEMIZED			
ISSUER			EXPEND	DITURES	 \$		
	300 p	orevious	CHARGE CARD	ED TO A CREDIT	r		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue			
	1	1	(b) Daiolo)	Offun Gara 19965	JI Fraiu		
	\$70.47	02/08/2025					
7 PAYEE	(a) Payee name		(b) Payee a	iddraee'	City,	State,	Zip Code
	(a) I ayou name		1 ' '	tate 45 North	Oity,	Janes	Zip Oouc
ļ	Saltgrass		OTO INFORM	late 45 North			
			Conroe, T	X 77301-1764			
8 PURPOSE OF	(a) Category		(b) Descripti				
EXPENDITURE	(See Categories listed at the top		Staff Meeti				
X Political	Food/Beverage Exper	nse		•			
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.	Г	Check if Austin, TX	K, officeholder living ex	vnanse	
9 Complete ONLY if direct	Candidate/Officeholder		ice sought	0/100/11 12 12 12 12 12 12 12 12 12 12 12 12 1	Office held	репьс	<u> </u>
expenditure to benefit C/OH			<u>-</u>				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
!	\$72.71	05/30/2025					
!	1						
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	Tanania Dali		1400 North	h Loop 336 We	st		
	Jason's Deli						
	ļ		Conroe, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schodula)	(b) Description				
	Food/Beverage Exper	•	Staff Meeti	ing			
X Political	·						
Non-Political	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Texas, Complete Schedule T.		Check if Austin, TX,	, officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought		Office held		
expenditure to benefit C/OH			T				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
	\$73.00	05/29/2025					
PAYEE		<u> </u>					
PATEE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code
	Joe's Pizza & Pasta	ì	1604 North	ı Frazier St			
	 I		Common Ti				
PURPOSE OF	(a) Category		Conroe, TX (b) Description				
EXPENDITURE	(See Categories listed at the top of		Staff Meetin				
X Political	Food/Beverage Expen	ise	Olan moss	Hy			
Non-Political	Observed manual authorida (·					
Complete ONLY if direct	(c) Check if travel outside o Candidate/Officeholder i	of Texas, Complete Schedule T.	L	Check if Austin, TX,	office hold)ense	
expenditure to benefit C/OH	Candidate/Onjocholica	name one	ce 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 Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made I Candidate/Officeholder/Politic	By - Gift/Awa cal Committee Legal Se	rds/Memorials Expense prvices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate		ahove)
		struction Guide explains h		Orner forms would	gory not noted.	abovej
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID		
Sch: 33/43 Rpt: 43/69	Ligon, Brett					
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZE	ED		
ISSUER	see i	previous	EXPENDITURES	 \$		
			CHARGED TO A CREE) ^{TIC}		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid	<u>. </u>	
	\$76,44	03/27/2025				
	4,5	00/2/12023				
7 PAYEE	(a) Payee name		(b) Payee address;	Clty,	State,	Zip Code
			600 North Lamar Blvd	Ψι. , ,	المسادر	Alp Cods
	24 Diner					
			Austin, TX 78703-5400			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	o of this schedule)	Staff Meeting			
X Political	Food/Beverage Expe	nse	_			
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.	Check if Austin.	TX, officeholder living e	vnenea	
9 Complete ONLY if direct	Candidate/Officeholde		ice sought	Office held	xpense	
expenditure to benefit C/OH				~~~~~~~~~~		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		 :
	\$77.53	06/07/2025				
	4.1.00	00/07/2020				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Malana / B I		1501 North Frazier St	2,,	Otato,	LIP OCGS
	Mckenzies Barbequ	ae				
			Conroe, TX 77301-1817	7		
PURPOSE OF	(a) Category	,	(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Staff Meeting			
X Political	Food/Develage Expen	nse				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin. T	X, officeholder living ex	manca	
Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held	pense	
expenditure to benefit C/OH				Olivo		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$82,28	02/04/2025		0, 1, 1, 1, 1		
	402.20	0210412020	j			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	, ,		101 Metcalf St	Oity,	State	Zip Coue
	Pacific Yard House		TOT MICROAN OF			
			Conroe, TX 77301-2851			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of		Staff Meeting			
X Political	Food/Beverage Expen	ise				
Non-Political	(C) Check if travel outside o	of Texas, Complete Schedule T.	Charle is Access T			
				X, officeholder living exp	oense	
Complete ONLY if direct	- Candidate/Officeholder i	name Offic	o entiribt	Office held		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) g Expense Expense Loan Repayment/Relimburs

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made E Candidate/Officeholder/Politic	cal Committee Legal Ser	vices s	Printing Expense Salaries/Wages/Co	ntract Labor	Travel Out of District OTHER (enter a categ	jory not listed ε	above)
	The Ins	truction Guide explains ho	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID		
Sch: 34/43 Rpt: 44/69	Ligon, Brett						
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL	OF UNITEMIZE	D		
ISSUER	see n	previous		DITURES	\$		
		-	CHARG	SED TO A CRED	''		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issu	<u> </u>	<u></u>	
·		1`'	(0) 54.0(0)	Ordan Oura 1000	ioi i dia		
	\$85.22	02/25/2025					
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee	address:	City,	State,	Zip Code
			1	ntrose Blvd	,	, , , , , , , , , , , , , , , , , , , ,	
	Niko Nikos						
			Houston.	TX 77006			
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top		Staff Mee				
X Political	Food/Beverage Expe	nse		J			
Non-Political	(c) Check if travel outside	of Texas, Complete Schedule T.		Charlett Access T	V - 551 - 1-1-1-1 11-1		
9 Complete ONLY if direct	Candidate/Officeholder		ce sought	Check # Austin, 1.	X, officeholder living ex Office held	pense	
expenditure to benefit C/OH		name om	ce sought		Office field		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issu	or Boid		
	<u>-</u>	' '	(c) Dale(s)	Credit Card (SSG	er Falu		
	\$90.18	03/05/2025	i				
PAYEE	(a) Payee name		(b) Payee	addraee.	City,	State,	Zip Code
	(a) i ay ou name		1 ' '	igation Blvd	City,	Sidie,	Zip Code
	Ninfas		2104 Nav	igation bivu			
			Houston,	TX 77003			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Staff Mee				
X Political	Food/Beverage Exper	nse		9			
Non-Political	/		<u> </u>				
<u> </u>	(c) Check if travel outside of Candidate/Officeholder	of Texas. Complete Schedule T.		Check if Austin, TX	X, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought		Office held		
PAYMENT	(a) Amount Changed	(h) D-1(-0)	1435	- II I.			
PAIMENI	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$91.08	05/27/2025	1				
P. A.V.P.P.							
PAYEE	(a) Payee name		(b) Payee a	iddress;	City,	State,	Zip Code
	Guadalaharrys Bar	& Tayorn	12947 Lk	Conroe Hls Dr			
	Oudddidinair y 3 Bai 1	a ravem					
			Willis, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this scharlulo)	(b) Descript				
	Food/Beverage Expen		Staff Mee	ung			
X Political							
Non-Political	(c) Check if travel outside of	of Texas, Complete Schedule T.		Check if Austin, TX	(, officeholder living exp	pense	
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

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

Candidate/Officeholder/Politi		os/Memoriais Expense F rvices S	rinting Expense Salaries/Wages/Co		ravel Out of District THER (enter a categ	ory not listed ε	above)
	The Ins	truction Guide explains ho	w to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME	110			3 Filer ID		
Sch: 35/43 Rpt: 45/69	Ligon, Brett						
4 CREDIT CARD	Name of fina	ancial institution		OF UNITEMIZED			
ISSUER	see p	previous		IDITURES SED TO A CREDIT	_ \$		
i			CARD	DED TO A CITEDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$91.85	04/08/2025					
	402,00	0-1/00/2020					
7 PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code
	1		1	h West 1St Ave	,	,	
	Voodoo Doughnuts	S					
			Portland,	OR 97204			
8 PURPOSE OF	(a) Category		(b) Descrip	***			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	-	Staff Mee	eting			
X Political	Food/beverage Expe	anse					
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/Officeholde		ce sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$96.00	05/01/2025					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	David. I		303 2Nd	St Suite 800			
	Doordash						
			San Fran	cisco, CA 94107			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Staff Mee	ting			
X Political	· · · · · · · · · · · · · · · · · · ·						
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY 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		
	\$100.00	01/09/2025					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Manualia Diasa		18423 Fm	1488 Rd			
	Magnolia Diner						
			Magnolia,	TX 77354-8511			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Staff Mee	ting			
X Political	, , and motorago Expor						
Non-Political	(C) Check if travel outside	of Texas, Complete Schedule T.	<u>'</u>	Check if Austin, TX,	officeholder living exp	ense	
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 Event Expense Loan Repayment/Reimbur

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

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 Travel Out of District

Travel Out of District 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: 36/43 Rpt: 46/69 Ligon, Brett 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 \$114,36 06/06/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 810 Interstate 45 North Saltgrass Conroe, TX 77301-1764 **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 \$114.54 04/23/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1728 Barton Spgs Rd Chuy's Austin, TX 78704-1037 **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 \$125.01 04/25/2025 PAYEE (a) Payee name (b) Payee address; City, State. Zip Code 800 Brazos St Ste 215 Sapori Italian Austin, TX 78701-0077 **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

SCHEDULE F4

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi	Food/Beverage Expense P Gift/Awards/Memorials Expense P		Office Overhead/Rental Expense Polling Expense Printing E			
Candidate/Officerrolder/Politi			Salaries/Wages/Contract Labor how to complete this form,	OTHER (enter a cate	gory not listed	above)
1 Total pages Schedule F4		a a a a a a a a a a a a a a a a a a a	now to complete this form,	3 Filer ID		
Sch: 37/43 Rpt: 47/69				is Filerio		
4 CREDIT CARD		ancial institution	5 TOTAL OF UNITER	MZED		
ISSUER		previous	EXPENDITURES CHARGED TO A C	\$		
C DAVISTOR		· · · · · · · · · · · · · · · · · · ·	CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	d Issuer Paid		
	\$127.30	01/13/2025				
7 PAYEE	(a) Payee name	. <u>. </u>	(b) Payee address;	City,	State,	Zip Code
	Honor Cafe		103 N Thompson Si	t		
			Conroe, TX 77301			
8 PURPOSE OF EXPENDITURE	(a) Category	of this pale of 1-3	(b) Description			
	(See Categories listed at the top of this schedule) Food/Beverage Expense		Staff Meeting			
X Political						
Non-Political		of Texas, Complete Schedule	T. Check if Au	stin, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name O	ffice sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid		
	\$140.25	01/06/2025				
PAYEE	(a) Payee name		(h) Davis a defen			
	(a) r ayee name		(b) Payee address; Montgomery Plz 140	City,	State,	Zip Code
	Jason's Deli		Workgomery Fiz 140	00 1x-336 F00h		
			Conroe, TX 77304			
PURPOSE OF	(a) Category	<u> </u>	(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Staff Meeting			
X Political		130				
Non-Political		of Texas. Complete Schedule T	Check if Aus	stin, TX, officeholder living ex	pense	
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	Issuer Paid		_
	\$141.96	04/12/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	On manifest Hard		800 Brazos St Ste 21			p
'	Sapori Italian					
			Austin, TX 78701-00	77		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description			
X Political	Food/Beverage Expen		Staff Meeting			
Non-Political	(c) Check if travel outside of	f Texas. Complete Schedule T.	<u> </u>			
Complete ONLY if direct	Candidate/Officeholder		Check if Aust	tin, TX, officeholder living exp	oense	
expenditure to benefit C/OH		OIII	oc sough	Office held		
	, <u></u>	- <u>-</u>				

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Event Expense Fees Food/Beverage Expense Giff/Award/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 Candidate/Officeholder/Politi	By - ical Committee	Gift/Awar	rds/Memorials Expense rvices	Printing Expense Salaries/Wages/C	T	ravel in District ravel Out of District THER (enter a catego	ny not lieted	ahovo)
		-	struction Guide explains h			THEN TOTAL A DAILEGO	ry not listeu	above)
1 Total pages Schedule F4	: 2 FILEI	R NAME				3 Filer ID		
Sch: 38/43 Rpt: 48/69	Ligor	n, Brett						
4 CREDIT CARD		Name of fina	ancial institution	5 TOTAL OF UNITEMIZED				-
ISSUER		see p	previous		NDITURES	_ \$		
				CARD	GED TO A CREDIT			
6 PAYMENT	(a) Amou	unt Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issue	r Paid		
	\$	142.58	01/22/2025					
7 PAYEE	(a) Paye	е пате		(b) Payee	address;	City,	State,	Zip Code
<u> </u>	Saltg	race		129 Eas	t Fremont St			
	Jang	1035						
C. BURDOCT OF	(-) 5				as, NV 89101			
8 PURPOSE OF EXPENDITURE	(a) Categ	JOTY ories listed at the top	of this schedule)	(b) Descri	-			
X Political		everage Expe		Staff Me	eting			
Non-Political								·
			of Texas. Complete Schedule T		Check if Austin, TX,	officeholder living exp	ense	<u> </u>
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ate/Officeholder	r name Off	ice sought		Office held		
PAYMENT	(a) Amou	int Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$1	L50.17	01/19/2025					
PAYEE	(a) Payee	name		(b) Payee	address;	City,	State,	Zip Code
	Texas	Roadhouse		2201 Eas	st Rte 66			
	TOMAG	rodunousc						
PURPOSE OF	(a) Cator	OP (, AZ 86004			
EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Staff Meeting					
X Political	Food/Be	verage Exper	nse	Stall Met	sung			
Non-Political	(a) \Box (b)	and team of the second						
Complete ONLY if direct		te/Officeholder	of Texas, Complete Schedule T.	ce sought	Check if Austin, TX, o	officeholder living expe	nse	
expenditure to benefit C/OH	- Surraida	NO O HICO HOIGO	name om	oc sougni		Office held		
PAYMENT	(a) Amour	nt Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		50,82	02/04/2025	(b) Ballo(b)	Orbait Guid 1550ci	Falu		
	Ψ.Ι.	50,02	02/04/2025					
PAYEE	(a) Payee	name		(b) Payee	address:	City,	State,	Zip Code
				101 Metc		Oky,	Otato,	Zip Code
	Pacific	: Yard House						
				Conroe, 7	TX 77301-2851			
PURPOSE OF	(a) Categori		of this asked ()	(b) Descrip				
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			Staff Mee	ting				
			se					
X Political			se					
X Political Non-Political	Food/Bev	Verage Expen	Texas, Complete Schedule T,		Check if Austin, TX, of	fficeholder living expe	nse	
X Political Non-Political Complete ONLY if direct	Food/Bev	verage Expen	Texas, Complete Schedule T.	e sought	Check if Austin, TX, or	fficeholder living exper	nse	
X Political Non-Political	Food/Bev	Verage Expen	Texas, Complete Schedule T.		Check if Austin, TX, of		nse	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)
Event Expense Loan Repayment/Reimburs

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politi	tical Committee Legal Set	ervices Expense S	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate		above)
		struction Guide explains ho	ow to complete this form.	•		
1 Total pages Schedule F4:				3 Filer ID		<u></u>
Sch: 39/43 Rpt: 49/69	Ligon, Brett					
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZE	ED -		
ISSUER	see	previous	EXPENDITURES	\$		
			CHARGED TO A CRED	ודוג		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$192.15	05/19/2025				
		V-,				
7 PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code
	<u></u>		2330 West North Loop I	-	,	~16 +
	Fonda			J, v C,		
			Austin, TX 78756-2360			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	CONT. IN BUILD	(b) Description			
	Food/Beverage Expe	, of this schedule) ২০১৪	Staff Meeting			
X Political						
Non-Political		of Texas, Complete Schedule T.	·	TX, officeholder living e	expense	
9 Complete ONLY if direct	Candidate/Officeholder	r name Offic	ice sought	Office held		
expenditure to benefit C/OH				-· <u> </u>		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid		
	\$250.00	03/21/2025				
6- A \$ / File pol	!					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
1	Perrys		9805 Katy Fwy Suite 650	0		
1	,,-				•	
PURPOSE OF	(a) Category		Houston, TX 77024			
EXPENDITURE	(See Categories listed at the top of	of this schedule)	(b) Description			
X Political	Food/Beverage Exper	nse	Staff Meeting			
Non-Political						····
Complete ONLY if direct	(c) Check if travel outside o Candidate/Officeholder	of Texas. Complete Schedule T,		X, officeholder living ex	xpense	
expenditure to benefit C/OH	Candidate/Onicerio/deri	name Office	ce sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(2) Date (2) Consult Constitution			
	· ·	_	(c) Date(s) Credit Card Issue	ar Pald		
	\$300.00	04/24/2025				
PAYEE	(a) Payee name		Chi Dana - Ideana	-t	÷. ,	
1	(a) i ayoo nama		(b) Payee address;	City,	State,	Zip Code
1	Perrys		9805 Katy Fwy Suite 650	1		
			Houston, TX 77024			
	(a) Category		(b) Description		·	
EXPENDITURE	(See Categories listed at the top of	if this schedule)	Staff Meeting			
X Political	Food/Beverage Expens	se				
Non-Political	(c) Check if travel outside of	f Texas, Complete Schedule T.	Charle 26 Austin TV			
Complete ONLY if direct	Candidate/Officeholder n		Check if Austin, TX,	 officeholder living exp Office held 	pense	
expenditure to benefit C/OH			/ Sougrit	Office field		
						ľ

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/wards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic	By - Gift/Awar	verage Expense rds/Memorials Expense rvices	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of Distric OTHER (enter a ca		above)
	The Ins	truction Guide explains	s how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID		
Sch: 40/43 Rpt: 50/69	Ligon, Brett					
4 CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZE	ED		
ISSUER	see r	orevious	EXPENDITURES	 \$		
]	'	101.55.5	CHARGED TO A CRE	.DIT I		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	I suer Paid	<u></u>	
	\$303.07	05/08/2025	(2) 12 12 12 12 12 12 12 12 12 12 12 12 12	July 1 Mig		
	φουο,υ τ	V3/V6/ZUZ5				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	(cy / cy co mains		1604 North Frazier St	=	Sidie,	Zip Coue
	Joe's Pizza & Pasta	а	1004 NUM PIAZICI SE			
			Conroe, TX 77301			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top		Staff Meeting			
X Political	Food/Beverage Expe	nse	Stall Wicoung			
Non-Political						
		of Texas, Complete Schedule	<u></u>	n, TX, officeholder living		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	Office sought	Office held		
PAYMENT	(-) America Oberman	1	T			
PATWENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid		
•	\$368.51	05/15/2025				
DAVIE -						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Perrys		114 West 7Th St			
	1 61135					
			Austin, TX 78701-3000	1		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this ashadula)	(b) Description			
	Food/Beverage Expen	,	Staff Meeting			
X Political		100				
Non-Political	(c) Check if travel outside o	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct	Candidate/Officeholder	name O	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	\$386.63	03/17/2025	1			
	,	 1				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			114 West 7Th St	,	O,	Aip Code
	Perrys					
			Austin, TX 78701-3000	,		
	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top of	of this schedule)	Staff Meeting			
X Political	Food/Beverage Expens	.se	_			
Non-Political	(C) Check if travel outside of	of Texas, Complete Schedule T	T Chook if Austin	- 1 of the language for the con-		
Complete ONLY if direct	Candidate/Officeholder r		ffice sought	TX, officeholder living e Office held	⇒xpense	
· · · · · · · · · · · · · · · · · · ·			alce souding	CONTRACTOR OF THE INC.		
expenditure to benefit C/OH				omoo noja		

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 B Candidate/Officeholder/Politic	y - Gift/Awar	ds/Memorials Expense	Printing Expense	Travel in District Travel Out of District OTHER (enter a category not listed above)				
		truction Guide explains he	-	Officer (officer a octogory from parca and roy				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID				
Sch: 41/43 Rpt: 51/69	Ligon, Brett							
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES					
ISSUER	see previous			⊤				
6 PAYMENT	(a) Amount Charged	(h) Data of Charge	CARD	P.13				
O PAIMENI	1	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
	\$410.24	01/23/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
Palazzo Electra Bar			Attn Treasury Department 3355 Las Vegas Blvd S					
		Las Vegas, NV 89109-89	1 11					
8 PURPOSE OF	(a) Category		(b) Description	7 4.L				
EXPENDITURE	(See Categories listed at the top	•	Staff Meeting					
X Political	Food/Beverage Expe	1						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T	. Check if Austin, T	K, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder		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				
	\$427.24	01/23/2025						
- 1122								
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
•	Smith And Wollensky		Suite 2095 3377 South L	as Vegas Blvd				
		•	Las Vegas, NV 89109					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Staff Meeting					
X Political	Food/Beverage Exper	nse 						
Non-Political	1 / 100	of Texas. Complete Schedule T.	land	, officeholder living expense				
Complete ONLY if direct			ce sought	Office held				
expenditure to benefit C/OH PAYMENT	20 American Observation		1 - 1 - 1 - 1					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid				
	\$547.12	04/15/2025						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code				
	() 3		114 West 7Th St	State, Zip Code				
	Perrys							
			Austin, TX 78701-3000					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
EXPENDITURE	Food/Beverage Exper		Staff Meeting					
X Political	0							
		Texas, Complete Schedule T.		officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce 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 Gilt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services 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: 42/43 Rpt: 52/69 Ligon, Brett Name of financial institution **CREDIT CARD** 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 \$601.94 04/04/2025 PAYEE (a) Payee name City, (b) Payee address; State, Zip Code 9805 Katy Fwy Suite 650 Perrys 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 \$756.52 02/21/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 1900 Hughes Lndg Blvd Ste 600 Trujucks Spring, TX 77380 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 expenditure to benefit C/OH PAYMENT (b) Date of Charge (a) Amount Charged (c) Date(s) Credit Card Issuer Paid \$776.96 05/09/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 9805 Katy Fwy Suite 650 Perrys 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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. FILER NAME 1 Total pages Schedule F4: 3 Filer ID Sch: 43/43 Rpt: 53/69 Ligon, Brett **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 \$105.41 01/21/2025 PAYEE (a) Payee name (b) Payee address: City, State, Zip Code 3355 Las Vegas Blvd S Black Tap Bar and Grille Las Vegas, NV 89109 **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 \$241.33 01/23/2025 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 3245 Palms Ctr Dr Spiegel World Las Vegas, NV 89103-5664 **PURPOSE OF** (a) Category (b) Description **EXPENDITURE** (See Categories listed at the top of this schedule) Constituent Gifts Gift/Awards/Memorials 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

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Credit Card Payment 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 G: FILER NAME 3 Filer ID Sch: 1/18 Rpt: 54/71 Ligon, Brett Date Payee name 04/23/2025 24 Diner Amount (\$) Payee address; City; State; Zip Code \$28.41 600 N Lamar Blvd Relmbursement from political contributions Austin, TX 78703 intended 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/17/2025 24 Diner Amount (\$) Payee address; State; Zip Code City; \$29.11 600 N Lamar Blvd Reimbursement from political contributions ١x١ intended Austin, TX 78703 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/20/2025 24 Diner Amount (\$) Payee address; City; State; Zip Code \$25,64 600 N Lamar Blvd Reimbursement from political contributions intended Austin, TX 78703 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense

Candidate/Officeholder name

EXPENDITURE

Complete ONLY if direct

expenditure to benefit

C/OH

Session

Office sought

Officeholder Meals While Travelling For Legislative

Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME 3 Filer ID Sch: 2/18 Rpt: 55/71 Ligon, Brett Date Payee name 02/14/2025 24 Diner 6 Amount (\$) Payee address; City; State; Zip Code \$38.74 600 N Lamar Blvd Reimbursement from political contributions intended Austin, TX 78703 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/13/2025 24 Diner Amount (\$) Payee address; City; State; Zip Code \$25.87 600 N Lamar Blvd Reimbursement from political contributions intended Austin, TX 78703 PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 05/15/2025 24 Diner Amount (\$) Payee address; City; State; Zip Code \$28,53 600 N Lamar Blvd Reimbursement from political contributions intended Austin, TX 78703 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Consulting Expense Polling Expense Food/Beverage Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Glft/Awards/Memorials Expense Legal Services Printing Expense Travel Out of District OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 3/18 Rpt: 56/71 Ligon, Brett Date Payee name 01/31/2025 Barry Ure 6 Amount (\$) Payee address; City; State; Zip Code \$300.00 27326 Robinson Rd Ste 303 Reimbursement from political contributions Intended X Conroe, TX 77385 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Offie Staff Gifts Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 05/13/2025 Buc-Ee's Amount (\$) Payee address; City; State; Zip Code \$7.22 2375 East Austin St Reimbursement from political contributions intended |x| Giddings, TX 78942 PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/25/2025 Buc-ee's Amount (\$) Payee address; City; State; Zip Code \$30,93 1700 State Hwy 71 Reimbursement from political contributions intended Bastrop, TX 78602 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Adventising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Or Polling E Printing I Salaries/	Expense Wages/Contract Labor		Solicitation-Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L	m	1_		The Instruction Guide explains i	now to c	omplete this form.		
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID
	Sch: 4/18 Rpt: 57/71	L	Ligon, Brett					
4	Date 04/16/2025	5	Payee name Buc-ee's					
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip C	ode		
	\$19.33		2378 E Aus	tin St				
	Reimbursement from political contributions intended		Giddings, TX 78942					
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sche	dule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			Ch	eck if Austin, TX, officeholder living expense
EX ENDITORE						Officeholder Meals While Travelling For Legislative Session		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeł	older name		Office sought		Office held
	Date		Payee name					
	03/24/2025		Buc-ee's					
	Amount (\$)		Payee addres	ss; City; State; Zip Code				
\$19.53 2378 E Austin St				in St				
	Reimbursement from political contributions intended		Giddings, T	K 78942				
	PURPOSE		Category (se	e Categories listed at the top of this sche	dule)	Description	J	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bevera	crage Expense		eck if Austin, TX, officeholder living expense		
						Officeholder Mea Session	ls V	Vhile Travelling For Legislative
	Complete ONLY if direct of expenditure to benefit C/OH	Can	didate/Officeh	older name		Office sought		Office held
	Date		Payee name					
	03/17/2025		Buc-ee's					
	Amount (\$)		Payee addres	s; City; State;	Zip Co	ode		
	\$15,20		2378 E Aust	in St				
İ	Reimbursement from political contributions intended		Giddings, TX	(78942				
	PURPOSE		Category (see	Categories listed at the top of this sched	tule)	Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bevera	ige Expense			4	eck if Austin, TX, officeholder living expense
		Officeholder Meals While Travelling For Legislative Session					/hile Travelling For Legislative	
	Complete <u>ONLY</u> if direct Cexpenditure to benefit C/OH	Can	didate/Officeh	older name		Office sought		Office held
		•	ii -					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Food/Beverage Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Travel Out of District OTHER (enter a category not listed above) Legal Services Salaries/Wades/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G; FILER NAME 3 Filer ID Sch: 5/18 Rpt: 58/71 Ligon, Brett Date Payee name 01/21/2025 CVS Amount (\$) Payee address; City; State; Zip Code \$73.12 1017 Nevada Way Reimbursement from political contributions intended |x| Boulder, NV 89005 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. (b) Description Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office Supplies Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 03/03/2025 Dairy Queen Amount (\$) Payee address; City; State; Zip Code \$15.10 800 S Fourth St Reimbursement from political contributions intended Crockett, TX 75835 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Campaign Constituent Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/15/2025 Doubletree Amount (\$) Payee address; City; State; Zip Code \$671.80 6505 N Hwy 35 Reimbursement from political contributions intended Austin, TX 78752 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Officeholder Lodging Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Fees Consulting Expense Polling Expense Food/Beverage Expense Contributions/ Donations Made By -Glft/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 6/18 Rpt: 59/71 Ligon, Brett 4 Date Payee name 03/31/2025 Etsy 6 Amount (\$) Payee address; City; State; Zip Code 117 Adams St \$111.68 Reimbursement from political contributions intended |X| Brooklyn, NY 11201 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office Decorations Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 04/15/2025 Frida's Mexican Amount (\$) Payee address; City; State; Zip Code \$43.87 414 Starr St Reimbursement from political contributions intended Corpus Christi, TX 78401 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Office Staff Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2025 Gloria's Amount (\$) Payee address; City; State; Zip Code \$42.72 18484 | 45 Reimbursement from political contributions intended X Shenandoah, TX 77384 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Office Staff Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expens Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Glft/Awards/Memorials Expense Legal Services Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME 3 Filer ID Sch: 7/18 Rpt: 60/71 Ligon, Brett Date Payee name 01/27/2025 Grand Lux Caf Amount (\$) Payee address; City; State; Zip Code \$21.40 3355 Las Vegas Blvd Reimbursement from political contributions intended Las Vegas, NV 89109 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 01/22/2025 Grimaldi's Amount (\$) Payee address; City; State; Zip Code \$80.88 3327 Las Vegas Blvd Reimbursement from political contributions intended |x| Las Vegas, NV 89109 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit

C/OH Date Payee name 04/23/2025 HEB Amount (\$) Payee address; City; State; Zip Code \$266,10 646 S Flores Reimbursement from political contributions intended |x| San Antonio, TX 78204 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Office Staff Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Gift/Awards/Memorials Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME 3 Filer ID Sch: 8/18 Rpt: 61/71 Ligon, Brett 4 Date Payee name 04/14/2025 HEB 6 Amount (\$) Payee address; City; State; Zip Code \$118.02 1400 Hwy 35 N Reimbursement from political contributions intended Rockport, TX 78382 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check If Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/21/2025 Hoffbrau Amount (\$) Payee address; City: State; Zip Code \$29.39 7203 W Hwy 40 Reimbursement from political contributions intended Amarillo, TX 79106 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/17/2025 Hotel Indigo Amount (\$) Payee address; City: State; Zip Code \$11.50 810 Red River St Reimbursement from ΙXΙ political contributions intended Austin, TX 78701 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Food/Beverage Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Glft/Awards/Memorials Expense Legal Services Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME Filer ID Sch: 9/18 Rpt: 62/71 Ligon, Brett Date Payee name 05/12/2025 Hotel Indigo Amount (\$) Payee address; City; State; Zip Code \$6.00 810 Red River St Reimbursement from political contributions intended Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/26/2025 Juan in a Million Amount (\$) Payee address; City; State; Zip Code \$21.32 2300 E Cesar Chavez Reimbursement from political contributions intended [X] Austin, TX 78702 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete **ONLY** if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/18/2025 Lady Bird Restaurant Amount (\$) Payee address; City: State; Zip Code \$6.41 810 Red River St Reimbursement from political contributions intended Austin, TX 78701 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Transportation Equipment & Related Expense Consulting Expense Polling Expense Food/Beverage Expense Travel in District Contributions/ Donations Made By -Glft/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME 3 Filer ID Sch: 10/18 Rpt: 63/71 Ligon, Brett Date Payee name 04/09/2025 Lady Bird Restaurant 6 Amount (\$) Payee address; City; State; Zip Code \$40.00 810 Red River St Reimbursement from political contributions ntended Austin, TX 78701 PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense EXPENDITURE Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/21/2025 Love's Amount (\$) Payee address; City; State; Zip Code \$20.07 6035 Minerva Ln Reimbursement from political contributions intended |x| Kingman, AZ 86401 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/21/2025 Love's Amount (\$) Payee address; City; State; Zip Code \$11,29 1900 S Mountain Rd Reimbursement from political contributions intended lx|

Complete ONLY if direct Candidate/Officeholder name

PURPOSE

OF

EXPENDITURE

expenditure to benefit

C/OH

Tucumcari, NM 88401

Food/Beverage Expense

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

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

Officeholder Meals While Travelling

Office sought

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By - Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement a Overhead/Rental Expense rg Expense rg Expense rg Expense rg Expense rg Expense rest/Wages/Contract Labor Solicitation/Fundraising Expense ransportation Equipment & Related Expense rravel in District ravel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule G:		
Sch: 11/18 Rpt: 64/71	Ligon, Brett	3 Filer ID
4 Date 01/30/2025	5 Payee name Moco Tea Party	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip	Code
Reimbursement from political contributions intended	Montgomery, TX 77316	
8 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 Campaign Dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
01/21/2025	Moontower	
Amount (\$)	Payee address; City; State; Zip C	Code
\$25.25 X Reimbursement from political contributions intended	117 S Texas St Crowley, TX 76036	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Meals While Travelling
Complete ONLY if direct Cexpenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date	Payee name	
04/15/2025	Morsels Omni	
Amount (\$) \$24,35	Payee address; City; State; Zip C 900 N Shoreline Blvd	ode
Reimbursement from political contributions intended	Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder Meals While Travelling
Complete ONLY if direct C expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Printing Expense Travel in District Gift/Awards/Memorlals Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 12/18 Rpt: 65/71 Ligon, Brett 4 Date Payee name 04/15/2025 Morsels Omni 6 Amount (\$) Payee address; City; State; Zip Code \$18,40 900 N Shoreline Blvd Reimbursement from political contributions intended |X| Corpus Christi, TX 78401 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T, OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/05/2025 North Shore Republican Women Amount (\$) Payee address; City; State; Zip Code \$20.00 PO Box 1993 Reimbursement from political contributions X intended Montgomery, TX 77356 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Food/Beverage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Luncheon Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/16/2025 Pep's Mexican Amount (\$) Payee address; City; State; Zip Code \$33.52 1807 US 181 Reimbursement from political contributions intended Portland, TX 78374 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Food/Beverage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE**

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit

C/OH

Office Staff Meeting

Office sought

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel in District Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME Filer ID Sch: 13/18 Rpt: 66/71 Ligon, Brett 4 Date Payee name 04/07/2025 Road Ranger 6 Amount (\$) Payee address; City; State; Zip Code \$69.23 775 TX 179 Reimbursement from political contributions [X]Intended Teague, TX 75860 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/07/2025 Road Ranger Amount (\$) Payee address; City; State; Zip Code \$62,38 775 TX 179 Reimbursement from political contributions intended Teague, TX 75860 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/27/2025 Road Ranger Amount (\$) Payee address; City; State; Zip Code \$7.23 202 I-20 Frontage Reimbursement from political contributions intended X Cisco, TX 76437 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politics Credit Card Payment	3y - :al Committe	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense e Legal Services The Instruction Guide expl	Office O Polling S Printing Sajaries	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not iisted above)
1	Total pages Schedule G:	2 FILE	R NAME			3	Filer ID
	Sch: 14/18 Rpt: 67/71	Liga	on, Brett				
4	Date	5 Pay	ee name			Щ.	
	01/27/2025		ad Ranger				
6	Amount (\$)	7 Pay	ee address; City; S	itate; Zip C	Code		
	\$20.42	202	I-20 Frontage				
	Reimbursement from political contributions intended	Ciso	co, TX 7 6437				
8	PURPOSE OF		gory (See Categories listed at the top of this	s schedule)	(b) Description] Ch	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Foo	d/Beverage Expense				eck if Austin, TX, officeholder living expense
					Officeholder Mea	ıls V	Vhile Travelling
9	Complete ONLY if direct	Candida	e/Officeholder name		0.65		
_	expenditure to benefit C/OH	Callulua	e/Onicendider name		Office sought		Office held
	Date	Paye	e name				
	01/30/2025	Salt	grass				
	Amount (\$)	Paye	e address; City; St	ate; Zip Co	ode		, <u>, , , , , , , , , , , , , , , , , , </u>
	\$53.36	810	I 45 N				
	Reimbursement from political contributions intended	Con	roe, TX 77301				
	PURPOSE OF		GOTY (See Categories listed at the top of this	s schedule)	Description	- 5	eck if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Food	I/Beverage Expense		Office Staff Meeti	_	eck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct C expenditure to benefit C/OH	Candidate	e/Officeholder name		Office sought		Office held
-	Date	Paye	e name				
	05/13/2025	Sant	a Fe Steakhouse				
-	Amount (\$)	Payer	e address; City; Sta	ate; Zip Co	ode		
	\$26.29	581 \	V Austin				
[Reimbursement from political contributions intended	Giddi	ngs, TX 78942				
	PURPOSE OF		OTY (See Categories listed at the top of this	schedule)	Description 🔲	Cher	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food	/Beverage Expense	1		•	ck if Austin, TX, officeholder living expense
	Ī				Office Staff Meetin	ìg	
е	Complete ONLY if direct Concept to benefit C/OH	andidate	/Officeholder name		Office sought		Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 15/18 Rpt: 68/71 Ligon, Brett 4 Date Payee name 04/16/2025 Stubbs 6 Amount (\$) Payee address; City; State; Zip Code \$73,33 801 Red River Reimbursement from political contributions X intended Austin, TX 78701 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2025 Sunoco Amount (\$) Payee address; City; State; Zip Code \$42.77 4200 N Esplanade Reimbursement from political contributions intended Cuero, TX 77954 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/27/2025 Sunoco Amount (\$) Payee address; City; State; Zip Code \$28.58 410 College Ave Reimbursement from political contributions intended X Snyder, TX 79549 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Food/Beverage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel in District Contributions/ Donations Made By -Gift/Awards/Memorials Expense Legal Services Travel Out of District Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 16/18 Rpt: 69/71 Ligon, Brett 4 Date Payee name 04/15/2025 Switchgrass Landing 6 Amount (\$) Payee address; City; State; Zip Code \$36.31 900 N Shoreline Blvd Reimbursement from political contributions Intended X Corpus Christi, TX 78401 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/28/2025 Thompson Amount (\$) Payee address; City; State; Zip Code \$26.73 506 San Jacinto Blvd Reimbursement from political contributions intended |X| Austin, TX 78701 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/14/2025 USPS Amount (\$) Payee address; City; State; Zip Code \$72,80 809 Nueces Blvd Reimbursement from political contributions intended |X| Corpus Christi, TX 78469 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Loan Repayment/Relimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel in District Contributions/ Donations Made By -Glft/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 17/18 Rpt: 70/71 Ligon, Brett 4 Date Payee name 03/28/2025 Via 313 6 Amount (\$) Payee address; City; State; Zip Code \$25.52 1802 E 6th St Reimbursement from political contributions intended |X| Austin, TX 78702 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/22/2025 Walgreens Amount (\$) Payee address; State; Zip Code \$31.76 3339 Las Vegas Blvd Reimbursement from political contributions intended X Las Vegas, NV 89109 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/24/2025 Walmart Amount (\$) Payee address; City; State; Zip Code \$130,22 702 Sw 8th St Reimbursement from political contributions intended X Bentonville, AR 72716 **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Food/Beverage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Officeholder Meals While Travelling For Legislative Session Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G								
	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office Ov Food/Beverage Expense Polling E By Glift/Awards/Memorials Expense Printing E	payment/Reimbursement Solicitation/Fiverhead/Rental Expense Transportation Travel in Dist Expense Travel Out of Wages/Contract Labor OTHER (enter State Country Countr					
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID					
	Sch: 18/18 Rpt: 71/71	Ligon, Brett						
4	Date	5 Payee name						
	01/27/2025	Zeppola Baker						
6	Amount (\$) \$48.99 Reimbursement from political contributions	7 Payee address; City; State; Zip Co 3377 Las Vegas Blvd #2390	ode					
	X political contributions Intended	Las Vegas, NV 89109						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	1`'	itside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, 1	X, officeholder living expense				
			Office Staff Meeting					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				