	E / OFFICEHOLDER I FINANCE REPORT			FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this	form. 1 Filer ID		2 Total pages filed: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Commissioner Charl		МІ	OFFICE USE ONLY Date Received
	NICKNAME LAST Riley		SUFFIX	RECEIVED TO THE PERSON OF THE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE PO Box 1605	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked JUL 15 2025 Receipt Amount
Change of Address	Magnolia, TX 77353			Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI	
NAME	InAr	no		
	NICKNAME LAST	410	SUFFIX	
	Moo	re		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PI	LEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	2310 FM 1486	Monta	gomeny X	17316
7 CAMPAIGN TREASURER PHONE	281 - 794 - 0593	BER EXTENSION		
8 REPORT TYPE		day before election	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day 06/30/2025	Year
10 ELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other
11 OFFICE	OFFICE HELD (if any) Montgomery		12 OFFICE SOUGHT ((if known)
	5	GO TO PAGE 2		
Forms provided by Te	as Ethics Commission	www.ethics.state.tx.u	S	Version V4.1.0.f10d0fd8

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 of 27						
13 C / OH NAME	Riley, Charlie (Comm	issioner)	14 Filer ID							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or officeh	older's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS							
16 CONTRIBUTION TOTALS		TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOA OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 750.00						
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDITURES		\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 44,223.01						
CONTRIBUTION BALANCE	REPORTING PE			\$ 195,968.62						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP. OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
THE PURPLE OF TH	PAIGE D. PANGARAKI: NOTARY PUBLIC, STATE OF TEXA Notary ID #128942992 Expires August 12,202	Clarle		be reported by me						
	akka T	Charlie Villes	, this the	day May dministering dath						

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 27 19 Filer ID 18 FILER NAME Riley, Charlie (Commissioner) 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 750.00 \mathbf{x} SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 0.00 0.00 $|\mathbf{x}|$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ X SCHEDULE E: LOANS \$ 0.00 X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 44,223.01 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 0.00 X \$ 7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 0.00 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 0.00 8. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 0.00 X \$ 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. TO FILER

	MONET	TARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages S Sch: 1/1 Rp		
2	FILER NAME Riley, Charl	ie (Commissioner)		3 Filer ID		
4	Date 01/22/2025	 5 Full name of contributor out-of-state PAC (ID#: City of Magnolia 6 Contributor address; City; State; Zip Code 18111 Buddy Riley Blvd Magnolia, TX 77354 		7 Amount of Co	ontribution (\$)	\$250.00
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Oliver, Edward Contributor address; City; State; Zip Code 37842 Clubhouse Lane Magnolia, TX 77355		Amount of Co	ontribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

			·	
Th	e Instruction Guide explains how to co	mplete this form.	1 Total pages S	
		porter in the second se	Sch: 1/1 Rpt	. 3/21
FILER NA			3 Filer ID jmooremctx(annoil com
Riley, Ch	arlie (Commissioner)		jinoorencixe	***
TOTAL	OF UNITEMIZED PLEDGES		\$	0.0
Date	6 Full name of pledgor out-of-state PA	C (ID#:		9 In-kind description (If applicable)
	Distance Address - 20	partogisto ropresipote referentes estas es		, ,
	7 Pledgor Address; City; State; Zip	Code		
Princinal o	ccupation / Job title (See Instructions)	11. Employer (See In		outside of Texas. Complete Schedule
i inicipus o	boupedon's oob data (occ mandonolos)	Employer (See ii	Hatructions)	

LOANS			SCHEDULE E					
The Instruction Guide explains how to complete this	form.		iges Schedule E: '1 Rpt: 6/27					
2 FILER NAME Riley, Charlie (Commissioner)		3 Filer ID						
4 TOTAL OF UNITEMIZED LOANS			\$ 0.00					
5 Date of loan 7 Name of lender out-of-state P	AC (ID#:		9 Loan Amount (\$)					
6 Is lender a financial institution? 8 Lender address; City; State;								
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)						
14 Description of Collateral None	15 Check if personal funds we	re deposited	I into political account (See Instructions)					
16 GUARANTOR INFORMATION 17 Name of guarantor			19 Amount Guaranteed (\$)					
not applicable 18 Guarantor address; City; State;	544 H 200 1 J & 1 30 1 J & 1 30 000 -							
			:					
20 Principal occupation	21 Employer (See Instructions)						
			:					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Legal Services Printing Expense Salartes/Wages/ The Instruction Guide explains how to compte				wages	/Contract Labor		Travel Out of District OTHER (enter a category not li	sted above)
L	Tatal yanga Cabashila Etc	1	EL CO NALE		- Control Control	cxpicilis i	1010 10 00	mpic	300 WH3 1011114	12 (iler ID	
1	Total pages Schedule F1:	-] '	-liei ID	
	Sch: 1/21 Rpt: 7/27	<u> </u>	Riley, Charl	ie (Coi	mmissioner)	~~~~				<u> </u>		
4	Date	5	Payee name									
	04/22/2025		Ainsworth N	leats								
6	Amount (\$)	7	Payee addres	ss;	City;	State;	Zip Co	ode				
	\$1,040.00		32599 FM 2		•		-					
1	4-,4 1-1	1										
]	Magnalia T	מלד ער	DE A							
<u> </u>			Magnolia , ⊺	I X //3	104							
8	PURPOSE OF	(a)	Category (Se	e Catego	ries listed at the top	of this sche	edule)	(b)	Description			
	EXPENDITURE		Food/Bever	age Ex	(pens e				البسا		e of Texas, Complete Schedule	·T.
								ľ	Processing of		fficeholder living expense	
			÷					ŀ	Frucesaling 0	4 1010	- Condion	
		<u></u>					***	<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholde	er name	О	ffice sou	ight			Office held	
	expenditure to benefit or or											
	Date		Payee name			····						
	03/04/2025		Antique Ros	se Flori	ist							
	Amount (\$)	┢	Payee addres	ss:	City;	State:	Zip Co	ode	 			
	\$208.92		10540 FM 1		9.							
	Ψ		2001011112	.,,,,								
			4 4 P 		- 4							
			Magnolia, T	X 773	04						······	·
	PURPOSE	(a)	Category (Se	e Catego	ries listed at the top	of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards/	/Memo	rials Expense	9			<u> </u>		of Texas. Complete Schedule	:Т,
									Funeral Eric I		fficeholder living expense	
									runeral Elic i	LIOIII	nan	
	**************************************	<u> </u>						<u> </u>				
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholde	er name	Q	ffice sou	ight			Office held	
	experimiture to bertein GO	· 1										
	Date		Payee name		A		 					
	05/03/2025		Antique Ros	e Flori	ist							
	Amount (\$)		Payee addres	ss.	City;	State:	Zip Co	nde		·, ·		
	\$102.84		10540 FM 1		~,,		H					
	Ψτοτίστ		T0040 M T									
			Magnolia, T.	X 7735	54							
	PURPOSE	(a)	Category (Se	e Catego	ries listed at the top	of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards/	/Memo	rials Expense	9		ĺ	Land .		of Texas. Complete Schedule	•т.
									limenal .		fficeholder living expense	
									Gift for office	rare	an Cantell	
	· · · · · · · · · · · · · · · · · · ·			·								
	Complete ONLY if direct		andidate/Offic	ceholde	r name	0	ffice sou	ght			Office held	
	expenditure to benefit C/OI	1										
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·							

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	mmittee	Food/Beverage Expens Glft/Awards/Memorials Legal Services The Instruction Gu	Expense		kpens Vages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	IE					3	Filer ID
l	Sch: 2/21 Rpt: 8/27	ł	Riley, Cha	rlie (Commission	er)					
4	Date	5	Payee name	e			, ,		L	
	05/18/2025		Antique Ro							
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Co	de			
	\$106.09		10540 FM	*		•				
l										
			Magnolia,	TX 77354		***				
8	PURPOSE OF	(a)		See Categories listed at the		eđule)	(b)	Description		the drawer Breeder School de T
Ì	EXPENDITURE		Gift/Award	s/Memorials Exp	ense					ide of Texas. Complete Schedule T. , officeholder living expense
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								-		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	O	Office sou	ght	· · · · · · · · · · · · · · · · · · ·		Office held
	Date		Payee name							
L	02/20/2025		Antique Ro	ose Florist						
	Amount (\$)		Payee addr	•	State;	Zìp Co	de			
	\$103.42		10540 FM	1488						
		1								
			Magnolia,	TX 77354						
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Gift/Award	s/Memorials Exp	ense					lde of Texas. Complete Schedule T. , officeholder living expense
								Funeral Robe		
1								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		55
┝	Complete ONLY if direct	ـــــر	Candidate/Of	ficeholder name	C	Office sou	aht			Office held
	expenditure to benefit C/OI						.J			
==	Date	T	Dayoo nome					***************************************		
	04/04/2025		Payee name Antique Ro							
 -	Amount (\$)	-	Payee addre		State	Zip Co	da			
	\$100.67		10540 FM	-	Jiaic,	Zip Co	uG			
	Φ100:07		103-10 141	1-400						
		ŀ	Magnolia,	TX 77354						
H	PURPOSE	(a)		See Categories listed at th			(b)	Description		
	OF	,,		s/Memorials Exp		edule)	. ,		outs	ide of Texas. Complete Schedule T.
ĺ	EXPENDITURE							lana di la canada		, officeholder living expense
								Funeral Dian	a T	rim
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	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	О	Office sou	ght			Office held
	expenditure to beliefit GO		·····	***************************************				, , , , , , , , , , , , , , , , , , ,		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Food/Beverage Expense Glft/Awards/Memorials Ex Legal Services The Instruction Guid	•		xpens Wages	se /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed	above)	
1	Total pages Schedule F1:	2	FILER NAME			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	Filer ID	
	Sch: 3/21 Rpt: 9/27	L		lie (Commissioner)		·			<u> </u>	
4	Date	5	Payee name								
	02/09/2025		Brookshire	Brother's							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode		*********		
	\$95.92	l	18535 FM 3	L488 Rd							
		l									
			Magnolia, T	X 77354					·		
8	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Event Expe	nse				<u> </u>		de of Texas. Complete Schedule T.	
		ĺ						لبسا		officeholder living expense zen Valentines Day Cele	hration
								, 612 6611161		on talonalios buy bole	
9	Complete ONLY if direct	Ļ	Condidate/Offi	ceholder name		ffice sou	L			Office held	
9	expenditure to benefit C/O		Januluate/Om	cendider name	O.	ince sou	iAirr			Office field	
	Date		Payee name						•		***************************************
	05/20/2025		Ceballos , C	Caroline							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				,,
	\$500.00		29607 Elgin	Dr							
			Magnolia, T	X 77354							
	PURPOSE	(a)		ee Categories listed at the t		dule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards	/Memorials Expen	ise			لنسنا		le of Texas, Complete Schedule T. officeholder living expense	
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								EOLO COMICI C	3011	olatorap	
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	Date		Payee name								
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			Magnalia T	V 77955							
			Magnolia, T				T				
	PURPOSE OF	(a)		ee Categories listed at the t	top of this sched	dule)	(D)	Description Check if travel of	nntoiri	le of Texas, Complete Schedule T.	
	EXPENDITURE	ŀ	Food/Bever	age Expense				اسا		officeholder living expense	'
										Wide Cleanup	
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	Complete ONLY if direct	_	andidate/Offi	ceholder name	Of	fice sou	ıght	····	,	Office held	
	expenditure to benefit C/OF	4					-				
				Daving a second	·····					, , , , , , , , , , , , , , , , , , , 	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Conmittee	Gift/Awards/Memorials Exp Legal Services The Instruction Guide	8		ges/Contract Labor	Travel Out of District OTHER (enter a category not	listed above)
1	Total pages Schedule F1:	2 FILER NAM	1E		···		3 Filer ID	
L	Sch: 4/21 Rpt: 10/27	Rifey, Cha	rlie (Commissioner)	·				
4	Date	5 Payee nam	е					
	04/08/2025	Constable	Chris Jones					
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Cod	е		
	\$500.00	PO Box 52	2					
	•							
		Magnolia,	TX 77353					
8	PURPOSE	(a) Category	See Categories listed at the to	op of this schedu	.ile) (b) Description		
	OF EXPENDITURE		ons/Donations Made		ŀ	ll	outside of Texas, Complete Schedu	ile T.
1	MAPEL MERCHANIST SOUTHER	Candidate	/Officeholder/Politic	al Committ	ee		n, TX, officeholder living expense Liser Donation	
l					1	2025 Fullate	user Donation	
_							06	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Offi	ice soug	πτ	Office held	
ł	Date	Payee nam	e					
l	03/17/2025	Constable	David Eason					
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e	,	
	\$1,000.00	130 N Mai	n					
		Conroe , T	X 77301					
-	PURPOSE	(a) Category	See Categories listed at the to	on of this schedu	ıle) (b) Description		
	OF EXPENDITURE		ons/Donations Made				outside of Texas. Complete Schedu	de T.
	EXPENDITURE	Candidate	/Officeholder/Politica	al Committ	ee	-	n, TX, officeholder living expense	
					İ	Freedom Sh	oot Sponsor	
		<u> </u>						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete ONLY if direct expenditure to benefit C/Oi		ficeholder name	Offi	ice soug	ht	Office held	
	experience to belief of or							
	Date	Payee nam	9					
	03/24/2025	Constable	David Eason					
	Amount (\$)	Payee addr	ess; City;	State:	Zip Cod	e		
	\$2,250.00	130 N Mai	n					
		Conroe , T	X 77301					
	PURPOSE	(a) Category	See Categories listed at the to	op of this schedu	ıle) (b) Description		
	OF EXPENDITURE	Contribution	ons/Donations Made	Ву			outside of Texas. Complete Schedu	ıle T.
	DAT LIIDITONE	Candidate	/Officeholder/Politica	al Committ	ee	Taiper 1	n, TX, officeholder living expense	
					1	Fundraiser D	onalion	
<u> </u>							Order 1 14	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Offi	ce sougl	nt	Office held	
	September of Denoit WO	•					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
	· · · · ·							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	mmittee	Gift/Awards/Memorials Legal Services The Instruction G			Wages	s/Contract Labor		Travel Out of District OTHER (enter a category not lister	l above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
L	Sch: 5/21 Rpt: 11/27	L		lie (Commission	er)				L		
4	Date	5	Payee name								
	03/08/2025		Costco								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$147.21		27000 Tom	ball Pkwy							
			Tomball, T	C 77375							
8	PURPOSE	(a)	Category (s	ee Categories listed at t	the top of this scho	edule)	(b)	Description			•
	OF EXPENDITURE		Event Expe	nse				البيسا		te of Texas. Complete Schedule T.	
		ĺ						أببيسا		officeholder living expense eanup Supplies	
								County Wide	U 10	апар Сарриос	
Ļ	Complete ONLY if direct	Ļ	2			office sou				Office held	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oi		.andidate/Offi	iceholder name	Ų	Office sou	igin.			Office Relu	
					<u> </u>		.,		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Date		Payee name								
	05/15/2025		Curry, Alicia	3							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$750.00		24702 Sylva	an Place							
			Magnolia, T	X 77355							
	PURPOSE	(a)	Category (s	ee Categories listed at t	he top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Consulting			,		أبيسيا		le of Texas, Complete Schedule T.	
	EXPENDITORE									officeholder living expense	
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_		<u> </u>					L,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offi	ceholder name	O	office sou	ight			Office held	
									مبرح جب		
	Date		Payee name								
	04/13/2025		Curry, Alicia	a							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$1,500.00		24702 Sylva	an Place							
: L.			Magnolia, T	X 77355							
	PURPOSE	(a)		ee Categories listed at t	he top of this sche	edule)	(b)	Description			·
	OF EXPENDITURE		Consulting !	Expense						de of Texas, Complete Schedule T.	
						İ		Jan Bookkee		officeholder living expense	
								Jun Doonico	. h., ı,f	g 13port	
	Complete ONLY if direct	L.,	Pandidata/Off	ceholder name		ffice sou	laht		,,,,,, ,	Office held	
	expenditure to benefit C/O		anuluale/OIII	Centruct Hallie	U	4116 6 900	ıgııı			Onice rich	
											
											:

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 6/21 Rpt: 12/27	2 FILER NAME Riley, Charlie (Commissioner) 3 Filer ID
4	Date 02/10/2025	5 Payee name Curry, Alicia
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 24702 Sylvan Place
Ļ		Magnolia, TX 77355
8	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 Feb Bookkeeping
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/05/2025	Payee name Curry, Alicia
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 24702 Sylvan Place Magnolia, TX 77355
	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 March Bookkeeping
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/17/2025	Payee name Curry, Alicia
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 24702 Sylvan Place Magnolia, TX 77355
	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 April Bookkeeping
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
Sch: 7/21 Rpt: 13/27	Riley, Charlie (Commissioner)	
4 Date	5 Payee name	1
05/30/2025	Curry, Alicia	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$750.00	24702 Sylvan Place	
	Magnolia, TX 77355	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	ļ
	May Bookkeeping	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
04/30/2025	El Bosque	
Amount (\$)	Payee address; City; State; Zip Code	
\$84.40	14543 SH-105	
	Conroe, TX 77304	******
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Charles the translation of Toyas Complete Schedule T	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Political Meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	
02/04/2025	Family Promise	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,250.00	PO Box 692	
	Conroe , TX 77305	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

imbursement Solicitation/Fundralsing Expense
tal Expense Transportation Equipment & Related Expense
Travel In District
Travel Out of District
oract Labor OTHER (enter a category not listed above)

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legal Service:	emorials Expense		Expens Wages	se s/Contract Labor		Travel Out of District OTHER (enter a category not listed above	re)
-	Total warner Calcabile Ed.	Ta FUED		tion outer explaine				Ta i	Filer ID	
]^	Total pages Schedule F1:	1] '	LIIGI ID	
L	Sch: 8/21 Rpt: 14/27	Riley,	Charlie (Comm	issioner)				<u> </u>		
4	Date	5 Payee	name							
l	06/29/2025	Great	er Magnolia Par	kway Chamber (of Comm	erce	•			
6	Amount (\$)	7 Payee	address; City	State	; Zip Co	ode	***************************************			
	\$120.00	_	FM 1488	,	•					
			-U- TV 77054							
		Magn	olia, TX 77354	······································		,				
8	PURPOSE	(a) Categ	Ory (See Categories I	sted at the top of this scl	nedule)	(b)	<u>Description</u>			
l	OF EXPENDITURE	Fees					<u></u>		e of Texas, Complete Schedule T.	
1		İ					Luncheon Me		officeholder living expense	
							LUNCHEON	ecun	ıy	
					.,,,	<u> </u>				·
9	Complete ONLY if direct		te/Officeholder na	ime (Office sou	ıght			Office held	
	expenditure to benefit C/O	Ħ								
	Date	Payee	name							· · · · · · · · · · · · · · · · · · ·
	03/25/2025	_		kway Chamber o	of Comm	erce	2			
<u> </u>				-			_		· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)	I -	address; City	, State	; Zip Co	Jue				
	\$1,100.00	18423	FM 1488							
ļ		Magn	olia, TX 77354							
┢	PURPOSE	(a) Catego	OTV (See Categories I	sted at the top of this scl	redule)	(b)	Description	:	<u>de annigen annia e d'annia and de and i primere en la company de la de de de para-diferen</u>	
Ì	OF	Fees	, (200 000000000000000000000000000000000		,			outside	e of Texas, Complete Schedule T.	
	EXPENDITURE						land.		officeholder living expense	
		ļ				ļ	Annual Dues	3		
						ł				
	Complete ONLY if direct		te/Officeholder na	me (Office sou	ight			Office held	.,
l	expenditure to benefit C/O	Н								
==	Date	T 5								
		Payee								
-	06/20/2025		n, Summer							· · · · · · · · · · · · · · · · · · ·
	Amount (\$)		address; City	; State	; Zip Co	ode				
	\$500.00	31833	Walnut Creek							
		Magn	olia , TX 77355							
-	PURPOSE					(h)	Description			
	OF		•	sted at the top of this sci	iedule)	ייין	•	outside	e of Texas, Complete Schedule T.	
	EXPENDITURE	GIIVA	wards/Memorial	s expense		}	lu-ul		officeholder living expense	
							2025 Senior			
]			,	
-	Complete ONLY if direct	Condida	te/Officeholder na	mo 4	Office sou	L	· · · · · · · · · · · · · · · · · · ·		Office held	
ŀ	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		keromoenoluer na	uei c	JIIIUU 50L	ıyııt			Office Held	
										

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	/ - Gi Il Committee Le	nounceverage Expense iti/Awards/Memorials Expense agai Services the Instruction Guide			xpens Vages	e /Contract Labor		Travel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAME		***************************************				3	Filer ID	
	Sch: 9/21 Rpt: 15/27	Rifey, Charlie	(Commissioner)							
4	Date	5 Payee name								
	01/04/2025	HEB								
6	Amount (\$)	7 Payee address	; City;	State;	Zip Co	de				
	\$28.27	7988 FM 148	8							
		Magnolia, TX	77354							
8	PURPOSE	(a) Category (See	Categories listed at the top	of this sche	dule)	(b)	Description			
	OF EXPENDITURE	Food/Beverag					البسا		e of Texas, Complete Schedule T.	
ł	EXPERIDITORE						البيا		officeholder living expense	
							Coffee for Sh	ıerım	Office	
		·····							· · · · · · · · · · · · · · · · · · ·	···
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	holder name	Of	fice sou	ght			Office held	
П	Date	Payee name				· · · · · · · · · · · · · · · · · · ·				
	04/19/2025	HEB								
<u> </u>	Amount (\$)	Payee address	; City;	State;	Zip Co	de				
	\$169.70	7988 FM 148	• •	-	•					
	***		•							
		Magnolia, TX	77354							
	PURPOSE	(a) Category (See	Categories listed at the top	of this sched	lule)	(b)	Description		7	
	OF EXPENDITURE	Event Expens			,		Check if travel	outsid	e of Texas. Complete Schedule T.	
	EXPENDITORE	•					لسبا		officeholder living expense	
					-		Pct 2 Senior	Citiz	en Easter Celebration	
	Complete ONLY if direct	Candidate/Office	holder name	Of	fice sou	ght			Office held	
ŀ	expenditure to benefit C/OI	1								
-	Date	Payee name				***************************************				***************************************
	03/29/2025	Honea Egypt	Self Storage							
	Amount (\$)	Payee address		State:	Zip Co	de	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	\$372.00	718 Honea E	-	Olulo,	2.IP 00	uc.				
•	Ψ312.00	1101101104	уурста							
		Magnolia, TX	77354							
	PURPOSE	(a) Category (See	Categories listed at the top	of this sched	lule)	(b)	Description			
	OF EXPENDITURE	Office Overhe	ad/Rental Expens	se			لسا		e of Texas. Complete Schedule T.	
							السنا		officeholder living expense	
							Sidiage of Ci	απβ	aign Materials	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	nolder name	Of	fice sou	ght			Office held	
	Empondado to sonon 0/0/			····						
1										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (or to present partitions)

	Constitutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Glift/Awards/Memorials Expense Printing Expense Travel Out of District A Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
ļ	Sch: 10/21 Rpt: 16/27	Riley, Charlie (Commissioner)	
4	Date	5 Payee name	
	04/18/2025	Hostmonster	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$220.19	1500 North Priest Drive Ste 200	
Ļ	***************************************	Tempe, AZ 85281	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if report patricle of Tayon Campleto Schedule I	
	EXPENDITURE	Fees Check if trave) outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Website	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O	- Arrivaliantes at the state of	
	Date	Payee name	
	04/18/2025	Integrity Awards & Trophy	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$285.78	26111 I-45 N	
	•		
		The Woodlands , TX 77380	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Awards presented in Commissioners Court	
	······································		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
_			
	Date	Payee name	
	02/04/2025	Liberty Belles Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,560.00	73 Greenbriar Drive	
		Conroe, TX 77304	ļ
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Sponsorship	
		οροποσιστήμ 	
	Complete ONLY if allowing	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed shows)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	nmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	,		Vages	s/Contract Labor	Travel Out of District OTHER (enter a category not listed above))
	Total pages Cohedula F1.	1-	Eli CO NIANE		nao explano			1	3 Filer ID	
1	Total pages Schedule F1:	1			-u\				3 Filer ID	
	Sch: 11/21 Rpt: 17/27	<u> </u>	Riley, Chan	lie (Commissione	er)					
4	Date	5	Payee name							
	06/02/2025		Magnolia A	postolic Taberna	ıcle					
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de	****	<u> </u>	
	\$150.00		18235 Farm	n to Market Rd 1	.488					;
	!									
	!		Magnolia, T	X 77354						
8	PURPOSE	-				***************************************	/h)	Description		
0	OF	(4)		ee Categories listed at th ns/Donations Ma		edule)	(v)		outside of Texas. Complete Schedule T.	
	EXPENDITURE			officeholder/Poli		ittee			TX, officeholder living expense	
				F 177				Donation		
j)	!	l				İ				
9	Complete ONLY if direct	L(Candidate/Offi	ceholder name	C	Office sou	ght	, , , , , , , , , , , , , , , , , , , 	Office held	
	expenditure to benefit C/O	Н					•			
	Date	T	Pavee name							
ŕ	04/01/2025			postolic Taberna	ماءد					
		ļ.—			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					• • • • • • • • • • • • • • • • • • • •
	Amount (\$)		Payee addres	· ·	•	Zip Co	de			
	\$1,325.00		18235 Farm	n to Market Rd 1	488					
	1	ł								
			Magnolia, T	X 77354						
	PURPOSE	(a)	Category (Si	ee Categories listed at th	ne top of this sch	edule)	(b)	Description	<u> </u>	
	OF EXPENDITURE	,		s/Donations Ma				Check if travel of	outside of Texas. Complete Schedule T.	
	EXACIANTIONE			Officeholder/Polit		ittee			TX, officeholder living expense	
		ŀ						Spring Fling F	Fundraiser	!
		L								
	Complete ONLY if direct expenditure to benefit C/OH		:andidate/Offi	ceholder name	C	Office sou	ght		Office held	
	experiulture to benefit Groi	.T								
	Date		Payee name							
	05/12/2025		Magnolia Ar	rea Softball Asso	ociation					
·	Amount (\$)	 	Payee addres	ss; City;	State;	Zip Co	de			
	\$150.00		PO Box 57							
			1020.2.							
			Mannalia T	V 770E9						
			Magnolia, T	X 11303				,		
	PURPOSE OF		•	ee Categories listed at th		edule)	(d)	Description	e e e e e e e e e e e e e e e e e e e	
	EXPENDITURE			ns/Donations Ma					outside of Texas. Complete Schedule T. TX, officeholder living expense	
			Candidate/C	Officeholder/Polit	licai comm	ntee		Sponsorship	1V (phocholics stark subsuce	
								Oponounce		
	C-malata ONII V if direct	ــــــــــــــــــــــــــــــــــــــ	*didata/Offi	ceholder name		Office sou	~ht		Office held	
	Complete ONLY if direct expenditure to benefit C/OI		anujuate/Om	Sendider name		Mice sou) Hit		Office Held	
p					,	,	-	······································		

SCHEDULE F1

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

Event Expense L.
Fees C.
Food/Beverage Expense P.
Git/Awards/Memorials Expense P.
Leant Son/Aemorials Expense P.

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 B Candidate/Officeholder/Politica Credit Card Payment		Gitt/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/	Vages	Contract Labor		Travel Out of District OTHER (enter a category not listed above)
<u> </u>				***************************************			-	
1	Total pages Schedule F1: Sch: 12/21 Rpt: 18/27		AME harlie (Commissioner)				3	Filer ID
4	Date	5 Payee na	ame					
	04/03/2025	Magnoli	a Diner					
6	Amount (\$)	7 Payee a	idress; City;	State; Zip Co	ıde			
	\$78.52	18423 F	M 1488 Rd					
		Magnoli	a, TX 77354				-	
8	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Be	everage Expense			<u></u>		ie of Texas. Complete Schedule T.
	DATE ENDITORIE					liI		officeholder living expense
Ì						Political Meeti	ıng	
9	Complete ONLY if direct		/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/O	4						
-	Date	Payee na	ame					
	03/30/2025	Magnoli						
-	Amount (\$)	Payee ac		State; Zip Co	ndo			
	\$48.00		M 1488 Rd	State, Elp Ot	uc			
	Φ40.00	10459 L	JNI 7400 L/n					
ľ								
١		Magnoli	a, TX 77354					
	PURPOSE	(a) Category	(See Categories listed at the to	o of this schedule)	(b)	Description		
	OF EXPENDITURE		everage Expense			لبسا		le of Texas. Complete Schedule T.
	EXPENDITORE					karal .		officeholder living expense
				i	ı	Political Meeti	ıng	
	A				<u> </u>			
	Complete ONLY if direct		/Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/O	*1						
out of the	Date	Payee na	ame					
	01/08/2025		a Education Foundation	n				
	Amount (\$)	Payee ac	idress; City;	State; Zip Co	de	, ,		
	\$1,000.00	•	lichols Sawmill Rd	Caro, Lip Ci				
	\$1,000.00	311411	iichdis sawniii ra					
		Magnoli	a, TX 77355					
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Contribu	itions/Donations Made	Ву				le of Texas. Complete Schedule T.
	EXPENDITURE	Candida	ite/Officeholder/Politica	l Committee		Percei ²		officeholder living expense
						Santa Table S	spo	nsor
	Complete ONLY if direct		Officeholder name	Office sou	ght			Office held
	expenditure to benefit C/OI	4						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions (Depart

Event Expense Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Cut of District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide explains		iges/Contract Labor	OTHER (enter a category not listed a	above)
1	Total pages Schedule F1:	2 ELEDNAM	E:			3 Filer ID	
*	Sch: 13/21 Rpt: 19/27]	rlie (Commissioner)			J Frier to	
4	Date	5 Payee name)				
	03/03/2025		ducation Foundation				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Cod	e		
	\$1,500.00	31141 Nich	nols Sawmill Rd				
		Magnolia, ⁻	TX 77355				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this so	chedule) (b) Description		
İ	OF EXPENDITURE		ns/Donations Made By		<u>ابدسا</u>	outside of Texas. Complete Schedule T.	
		Candidate/	Officeholder/Political Comr	nittee	Bronze Spon	a, TX, officeholder living expense	
					bionze apon	301	
9	Complete ONLY if direct	Condidate/Off	iceholder name	Office soug		Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		icentituer name	Onice soug	111.	Onice neta	
	Date	Payee name					
	05/02/2025	Magnolia F	listrocial Society			والمراحف والمراحف والمراجع والمقاربة والمراجع وا	
	Amount (\$)	Payee addre	, , , , , , , , , , , , , , , , , , ,	e; Zip Cod	e		
	\$250.00	426 Melton	St			_	
		Magnolia, 1	TX 77354				
	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule) (b) Description		
	OF EXPENDITURE		ns/Donations Made By	· ·	<u> </u>	outside of Texas, Complete Schedule T.	
	CAPENDITONE	Candidate/	Officeholder/Political Comr	nittee	لبجما	, TX, officeholder living expense	
				1	Program Spo	onsor	
				5/5		00 - L b	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		liceholder name	Office soug	nţ	Office held	
							· ·
	Date	Payee name					
	04/24/2025	Magnolia IS	SD				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Cod	e		
	\$500.00	31141 Nich	ols Sawmill Road				
		•					
		Magnolia, 1	TX 77355				
	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule) (b) Description		
	OF EXPENDITURE	Contributio	ns/Donations Made By		ليسيا	outside of Texas. Complete Schedule T.	
	EXPENDITORE	Candidate/	Officeholder/Political Comr	nittee		, TX, officeholder living expense	
					End of Year	Teacher Awards	
						ose - 1. 11	····
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office soug	nt	Office held	
		·					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politics		Gift/Awards/Memorials Exp Legal Services	ense Printi Salari	ig Expens es/Wage:	se s/Contract Labor	Travel Out of District OTHER (enter a category not listed ab	ove)
	Credit Card Payment		The Instruction Guide	explains how to	compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAM	Z				3 Filer ID	
-	Sch: 14/21 Rpt: 20/27	Riley, Chai	lie (Commissioner)				,	
4	Date	5 Payee name						
	01/25/2025	Magnolia L	ion's Club					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code			
ı	\$1,000.00	27010 Con	cho Trail					
		Magnolia, ⁻	X 77355					
8	PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description		
	OF EXPENDITURE	Contributio	ns/Donations Made	Ву		 	outside of Texas, Complete Schedule T.	
		Candidate/	Officeholder/Politica	al Committee	ı	ليبسا	TX, officeholder living expense	
						Pancake Sup	per Sponsor	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office s	ought		Office held	
	Date	Payee name						
	02/04/2025	Magnolia V	/est Baseball					
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code			
	\$1,000.00	42202 FM	1774					
		Magnolia, 1	X 77355					
	PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description		· · · · · · · · · · · · · · · · · · ·
	OF EXPENDITURE		ns/Donations Made		1		outside of Texas. Complete Schedule T.	
	EXCENDITORE	Candidate/	Officeholder/Politica	d Committee			TX, officeholder living expense	
					- 1	Sign Sponsor	•	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office s	sought		Office held	
	expenditure to denent C/OI					and the state of t		
-	Date	Payee name						
	01/30/2025	Montgomei	y Co Fair Assoc					
	Amount (\$)	Payee addre	ss; City;	State; Zip	Code	Marine in the late of the late		
	\$2,000.00	9201 Airpo	t Rđ					
		-					•	
		Conroe, TX	77303					
	PURPOSE	(a) Category (s	ee Categories listed at the to	p of this schedule)	(b)	Description	. , , , , , , , , , , , , , , , , , , ,	
	OF EXPENDITURE	Contributio	ns/Donations Made	Ву			outside of Texas. Complete Schedule T.	
	EXPERIENTION	Candidate/	Officeholder/Politica	al Committee		himmed .	TX, officeholder living expense	
						Calf Scramble	e Sponsor	
,						·		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office s	sought		Office held	
	omponential to bottom OlOl	•				·		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donation

Event Expense Fees Food/Beverage Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 15/21 Rpt: 21/27	Ríley, Charlie (Commissioner)	
4	Date	5 Payee name	
	05/28/2025	Morris, Stacye	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	27085 Mock Rd	ļ
		Montgomery, TX 77356	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
-	Data		
	Date	Payee name Padron Melicea	
		Padron, Melissa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	29811-A Highland Blvd	
		Magnolia, TX 77354	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Mernorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		2025 Senior Scholarship	
			1
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	02/25/2025	Pecos Grilling Company	i
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,105.85	28900 Tomball Pkwy	
	Ψυ,1.00.00	2000 I GIRMII I IVIY	
		Tomball, TX 77375	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Appreciation Dinner	
] " " " " " " " " " " " " " " " " " " "	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	• • • • • • • • • • • • • • • • • • • •	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Lotter a cottogon and listed shows)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed The Instruction Guide explains how to complete this form.	l above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
i	Sch: 16/21 Rpt: 22/27	Riley, Charlie (Commissioner)	
4	Date 06/27/2025	5 Payee name Phillip Cash Campaign	
_			
°	Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code PO Box 2099	
		Willis, TX 77378	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas, Complete Schedule T.	
1	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Donation	
			· · · · · · · · · · · · · · · · · · ·
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	, , , , , , , , , , , , , , , , , , ,
	05/19/2025	Philip Cash Campaign	
┢	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 2099	
J			
<u></u>		Willis, TX 77378	
ĺ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Denations Made Ry Contributions/Denations Made Ry	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas, Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Donation	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	*****
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/04/2025	Restaurant Depot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$391.99	23815 Tomball Pkwy	
		Tomball, TX 77375	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee Commercial Coffee Pot Donated to Shel	riff Office
		Commercial Conce For Dunated to Siles	Unio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Candidate, Chitesianic India	
			· · · · · · · · · · · · · · · · · · ·
l			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	Ordan obra raymon	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 17/21 Rpt: 23/27	Riley, Charlie (Commissioner)
4	Date	5 Payee name
	03/10/2025	Riley, Kimberly
-		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.00	19196 Cedar Lennox Circle
		Magnolia , TX 77355
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	MAIN MANAGEMENT	Candidate/Officeholder/Political Committee
		NAYC Youth Donation to Bryton Riley
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	experiulture to beriefit C/Or	
	Date	Payee name
	05/08/2025	Ron's Chili and Hamburgers
-	Amount (\$)	Payee address; City; State; Zip Code
	\$54.64	8415 Farm to Market Rd 1488
	42 (12)	
		18-maks TV 77054
		Magnolia, TX 77354
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Meeting
		, ontotal motang
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/09/2025	Saltgrass Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.87	810 Interstate 45 N
		Conroe, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorial Legal Services The Instruction G			Nages	s/Contract Labor	Travel Out of Distr OTHER (enter a c	rict ategory not listed above)
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1	Total pages Schedule F1:	4							3 LIMET ID	
	Sch: 18/21 Rpt: 24/27	L		lie (Commissior	10r)					
4	Date	5	Payee name							
	04/02/2025		Sams Limou	usine						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode	and the second s		. 1/2
	\$1,327.47		9102 Westp			-				
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	!		Houseton Ti	マ ブブハミウ						
		با	Houston, TX				T,			
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	edule)	(b)	Description		· • • · · · · · · · · · · · · · · · · ·
	EXPENDITURE		Event Exper	nse				<u></u>	outside of Texas. Compl , TX, officeholder living (
	,					-	ĺ	اسب	n for Seniors to	
ĺ						ļ		Honeyo,	// // CO	County ,
	- 1 - C511 3 / K / K	بــــــــــــــــــــــــــــــــــــــ	- " (· · · · · · · · · · · · · · · · · · ·					Office hel	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	iceholder name	U	Office sou	igrit		Office hel	a
-	Albertana a mariant									
	Date		Payee name							
	02/11/2025		Sams Limou	usine						
	Amount (\$)	1	Payee addres	ss; City;	State;	Zip Co	ode			
	\$331.86		9102 Westp			-				
	*****		V,							
			Houston Th	V 77069						
		<u>_</u>	Houston, TX		·				<u></u>	
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	edule)	(b)	Description		· · · · · · · · · · · · · · · · · · ·
	EXPENDITURE		Event Exper	nse		ļ			outside of Texas. Compl , TX, officeholder living o	
						l		لبسيا	n for Seniors to	
								Hansporman	III IOI OCINOTO TO	Outry I an
		Ļ	~ 13	· -1-1-1				Marketine in the second	Office hel	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		;andidate/Onic	iceholder name	U	Office sou	lätt		Office rici	u
_	V/P-11-11-11-11-11-11-11-11-11-11-11-11-11						<u></u>			
	Date		Payee name							
	01/31/2025		Society of S	iamaritans						
	Amount (\$)	一	Payee addres	ss; City;	State;	Zip Co	ode			
	\$1,000.00		31355 Frien							
				•						
	!		Magnolia, T	·V 77255						
		<u> </u>					T		lug gilgag, magasagas at an an	
	PURPOSE OF	(a)		ee Categories listed at		edule)	(b)	Description	outside of Texas, Comp	lata Cakadula T
	EXPENDITURE			ns/Donations M Officeholder/Pol		ittoo		United States	outside of Texas, Comp. , TX, officeholder living (
	,		Сапишанел	Jilicerioluei/Fo	Mica Comm	litee		Purse Spons		unpurwu
									. .	
	On marieta ONII V if direct	Ļ	2-ndidata/Offi	halder name		Stico cou	-~ht		Office hel	A
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		;aholoate/Onic	iceholder name	Ų	Office sou	yııı		Office rici	ıu
										A

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment			nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpens Nages	se //Contract Labor	Travel	Out of District R (enter a calegory not listed	above)
1.	Total pages Schedule F1:	2	FILER NAME					······································	3 Filer	ID	
	Sch: 19/21 Rpt: 25/27		Riley, Charl	lie (Commissione	r)	····•					W-MP
4	Date	5	Payee name								
	01/20/2025		Society of S	Samaritans							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zìp Co	ode				
	\$2,000.00		31355 Frier	ndship Dr							
			Magnolia, T	X 77355							:
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	ns/Donations Mad	de By			<u></u>		exas. Complete Schedule T.	
			Candidate/	Officeholder/Politi	ical Commi	ittee	1			older living expense	
								Gala Sponso	1		
	Complete ONLY if divert	L	`andideta/C#	ceholder name		ffice sou	l iabt			Office held	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		anuluate/Offi	cenouce name	U	mu e 500	will			JING HOU	
	Date		Рауее пате								
	02/12/2025	l	Spring Cree	ek Barbeque							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode		·		
	\$84.43		19099 I-45								
	:		Shenandoa	h, TX 77385							
	PURPOSE	(a)	Category (Sc	ee Categories listed at the	top of this sche	edule)	(b)	Description			······································
	OF EXPENDITURE	١		age Expense		ŕ		اسيا		exas. Complete Schedule T.	
	EXCENDITORE							Political Meet		older living expense	
								rollical Nicci	ung		
	Complete ONLY if direct	<u>_</u>	Candidate/Offi	ceholder name	0	ffice sou	i ight		(Office held	·
	expenditure to benefit C/OI										
	Date		Payee name								
	01/23/2025	<u> </u>	Storage Sto						-		
	Amount (\$)		Payee addre		State;	Zip Co	ode				
	\$145.00		38201 FM 1	1774							
			Magnolia, T	X 77355							
	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		•	head/Rental Exp				L		exas. Complete Schedule T.	
	over 45 cms upper y will blick							Storage of Ca		older living expense Materials	
								Civilage of Ce	wiihaiAii	MATORING	
	Complete ONLY if direct		Pandidate/Offi	ceholder name		ffice sou	L	····		Office held	
	expenditure to benefit C/O		Januluale/OIII	CHOIGH HAILE	U	200	-gul		`	J. WO COM	
					· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , , 			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Salarles/Wages/Contract Labor Row to complete this form. Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID							
Sch: 20/21 Rpt: 26/27	Riley, Charlie (Commissioner)								
4 Date	5 Payee name	talian en en en en en en en en en en en en en							
02/20/2025	Storage Stop								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$450.00	38201 FM 1774 Magnolia, TX 77355								
		14.5							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense Storage of Campaign Materials								
 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł 		office sought Office held							
Date	Payee name								
05/27/2025	Swinburn, Sophia								
Amount (\$)	Payee address; City; State;	Zip Code							
\$500.00	710 Placid Lake								
	Magnolia , TX 77355								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 2025 Senior Scholarship							
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought Office held							
Date	Payee name								
05/23/2025	The Gingerbread House								
Amount (\$) \$480.00	Payee address; City; State; 20502 Forestview	Zip Code							
	Magnolia, TX 77355								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Food/Beverage Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Birthday Cakes for Seniors							
Complete ONLY if direct expenditure to benefit C/OF		office sought Office held							
ormo provided by Tayon E	thice Commission want othics s	tota tv.us Version VA 1.0 f10d0t							

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The instruction Guide		Polling Expense Printing Expense Sataries/Wages/Contract Labor ains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)		
		1-	1411 2212 BIRBAN		e explains i			ste and torns	<u> </u>	rile to	
1.	Total pages Schedule F1:	2							3	Filer ID	
	Sch: 21/21 Rpt: 27/27		Riley, Charl	ie (Commissioner))						
4	Date	5	Payee name								ļ
	02/24/2025		The UPS St	ore							ļ
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	Code				
	\$98.36		18640 FM 1			-					l

			Magnolia, T.	V ブブウE <i>A</i>							
		_		,							
8	PURPOSE OF	(a)		e Categories listed at the t	op of this sche	dule)	(b)	Description	1	late of Tourse Commission Coloradada T	
	EXPENDITURE	•	Printing Exp	ense			1	لسما		ide of Texas. Complete Schedule T. , officeholder living expense	
	,							Printing/Copie		3	ł
9	Complete ONLY if direct	Ļ	Candidata/Offic	ceholder name		ffice so	ucht.			Office held	
9	expenditure to benefit C/O	4	zanoluateronik	denoider name	U	nice sc	zugi it			Office field	
		-									_
	Date		Payee name								
	03/16/2025		Walgreens								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	Code				
	\$188.55		18850 FM 1	488							
			Magnolia, T.	X 77355							
	PURPOSE	(a)	Category (se	e Categories listed at the to	on of this echo	dula)	(b)	Description			
	OF	,		/Memorials Expen		Cities	1, (outsi	ide of Texas, Complete Schedule T.	
	EXPENDITURE			monto map on				Check if Austin,	, TX,	officeholder living expense	
							ļ	MC Senior Fa	air I	Day Gift Cards	- 1
	Complete ONLY if direct		Candidate/Offic	ceholder name	O	ffice so	ought			Office held	
	expenditure to benefit C/OI	4									
				· · · · · · · · · · · · · · · · · · ·					******		
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										Verelen VA de Ordon	