CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Gulde explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 22
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ritch	MI	OFFICE USE ONLY
IN/AIVIE	NICKNAME	LAST Wheeler	SUFFIX	Date Received ELECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	2 Cluny Ct,	; APT / SUITE #; (The Woodlands, T)	city; state; zip code X 77382	Date Received ELECTIONS PORTER SECURITY ELECTIONS PROPERTY OF THE PROPERTY OF
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 695-2567	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Kristen	MI	Receipt # Amount \$ Date Processed
14/JIVIL	NICKNAME	_{LAST} Machicek	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI Vay 290 STE F09 #	urre #; crry; #375, Cypress, TX 7743;	STATE; ZIP CODE 3
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 536-1920	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 24	THROUGH 12	Day Year / 31 / 24
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
		General	Special	
12 OFFICE	OFFICE HELD (if any) Montgomery Co	ounty Commissioner P	13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·		
15 C/OH NAME Ritch Wheeler			16 Filer ID (E	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		\$	0.00
	2. TOTAL POLITICAL CONTI	RIBUTIONS DANS, OR GUARANTEES OF LOANS)	\$	71,053.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPEN	IDITURES	\$	6,226.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LAST	T DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF ING PERIOD	THE \$	45,000.00
	wear, or affirm, under penalty of perjury		and correct a	and includes all information
rec	quired to be reported by me under Title 15,	, Election Code.		
		######################################		
		Signature of Can	ididate or Off	iceholder
	Please com	plete either option below:		
	1 10000 00111	piete citilei option solow.	•	
(1) Affidavit				
NOTARY STAMP/SEAL	-			
Swom to and subscribed	before me by	this the	day	, of,
20, to certify	which, witness my hand and seal of office.			
Signature of officer administer	ring oath Printed name of c	officer administering oath	Title	of officer administering oath
		OR		
(2) Unsworn Declaration	on			
My name is Michael Ri	tchey Wheeler	and my date of birth is	04/08/197	1
My address is 2 Cluny (Court	, The Woodlands_, TX		2, <u>USA</u> .
Executed in Montgome	(street) ryCounty, State of _Texas	, _{on the} 15 day of Januar	ate) (zip co ry , 20	25
		(month)	tchey (Vheeler_
		Signature of Candida	ate/Officeholde	er (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	riler NAME 20 tch Wheeler	Filer ID (Ethics Commis	ssion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	63,352.54
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	7,700.48
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	4. SCHEDULE E: LOANS		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIL	BUTIONS \$	6,226.80
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	TRIBUTIONS \$	0.00
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	INESS OF C/OH \$	0.00
11.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$	0.00

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	nclude this page in the	report.
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 9
2 FILER NAME Ritch Whe			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Quiddity PAC	C (ID#:)	7 Amount of contribution (\$)
08/06/2024 6 Contributor address; City; State; Zip Code 6330 West Lopp Ste 150, Bellaire, TX 77401			5,000.00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
08/12/2024	Megan Siercks Contributor address; City; 9702 Willowbridge Park Blvd., Hous	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date .		C (ID#:)	Amount of contribution (\$)
08/12/2024	Rodney and Denise Heisch Contributor address; City; 931 Euclid Street, Houston, TX	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/12/2024	John Bleyl Contributor address; City;	State; Zip Code	1,500.00
Principal occup	5 Tomber Wood Ln., Conroe, T	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

		•	•
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Who	eeler		3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) TNP Political Action Committee		7 Amount of contribution (\$)
08/12/2024	6 Contributor address; City; 5237 Riverside Dr., STE 100, Fort W		2,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Elizabeth and Matthew Branner	(ID#:)	Amount of contribution (\$)
08/13/2024	***************************************	State; Zip Code	500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor • out-of-state PAC HNTB Holdings Ltd. PAC	Amount of contribution State; Zip Code MO 64105	
08/13/2024	Contributor address; City; 715 Kirk Drive, Kansas City MO		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/13/2024	Schwartz, Page & Harding Contributor address; City; 1300 Post Oak Blvd., Suite 2400, Ho	State; Zip Code	2,500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Whe	eler		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) DAB Group		7 Amount of contribution (\$)
08/14/2024	6 Contributor address; City; 820 Gessner Rd. Ste 950, Hous	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)
Date	Full name of contributor out-of-state PAC Cobb Fendley PAC	(ID#:)	Amount of contribution (\$)
08/14/2024	•1	State; Zip Code	2,500.00
	4424 W. Saili Houston Pkwy N., Suite 600, r	1005ton, 17 77041	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
08/14/2024	Contributor address; City;	State; Zip Code	2,500.00
	1 Greenway Plaza Ste 225, Houston,	, TX 77046	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
08/14/2024	RS&H PAC Texas Contributor address; City;	State; Zip Code	1,500.00
	8240 Horth MOPAC Expressway, Suite 300,	, Austin, TX 78759	,
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

SCHEDULE A1

ii the reques	sted information is not applicable, DO NO I	Include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Whe			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Raviraj Yanamandala	PAC (ID#:)	7 Amount of contribution (\$)
08/14/2024	6 Contributor address; City; 2504 Bayfront Dr., Pearland,	State; Zip Code	1,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		: PAC (ID#:)	Amount of contribution (\$)
08/15/2024	Walter and Joyce Sass Contributor address; City;	State; Zip Code	2,500.00
	2707 Autumn Lake Dr., Katy,	TX 77450	,
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		PAC (ID#:)	Amount of contribution (\$)
08/15/2024	Paul and Stephanie Virgadan Contributor address; City;	State; Zip Code	500.00
	10242 Paradise Vly, Conroe,	TX 77304	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	íons)
Date	Full name of contributor out-of-state David Hutto	PAC (ID#:)	Amount of contribution (\$)
08/15/2024	Contributor address; City;	State; Zip Code	500.00
	2809 Ashton Way, Houston,	TX 75071	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

if the reque	sted information is not applicable, DO NOT Inc	clude this page in the i	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Who	eler		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Abdul Barazi	(ID#:)	7 Amount of contribution (\$)
08/15/2024	6 Contributor address; City; 590 Magnolia Cir., Houston, TX	State; Zip Code	2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC Marshall Laguarta	(ID#:)	Amount of contribution (\$)
08/15/2024		State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC Matthew Zeve	(ID#:)	Amount of contribution (\$)
08/15/2024	Contributor address; City; 907 Nicholson St., Houston, TX	State; Zip Code	2,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC Vesta REA & Associates	(ID#:)	Amount of contribution (\$)
08/15/2024	Contributor address; City; P.O. Box 73643, Houston, TX 7	State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL CORIES O	E TUIS SCUENIII E AS NE	enen

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Whe	eeler	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) K&T Lag Holdings	7 Amount of contribution (\$)
08/15/2024	6 Contributor address; City; State; Zip Code 26224 Laurens Ct., Montgomery, TX 77316	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:) Charles Smoak	Amount of contribution (\$)
08/15/2024	Contributor address; City; State; Zip Code	500.00
Principal occur	Planchard Ct., Spring, TX 77382 Pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/19/2024	Halff Associates - State PAC Contributor address; City; State; Zip Code 1201 N Browser Road, Richardson, TX 75081	2,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/19/2024	Raba-Kistner PAC, Inc. Contributor address; City; State; Zip Code	1,000.00
	P.O. Box 690287, San Antonio, TX 78269	1,000.00
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Who		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Anthea and William Kotlan	7 Amount of contribution (\$)
08/19/2024	6 Contributor address; City; State; Zip Code 8 Lake Forest Dr., Conroe, TX 77384	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Jack Burgher	Amount of contribution (\$)
08/20/2024	Contributor address; City; State; Zip Code 6213 Terwilliger Way, Houston, TX 77057	7,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Daniel Signorelli	Amount of contribution (\$)
08/21/2024	Contributor address; City; State; Zip Code 1401 Woodlands Pkwy, The Woodlands, TX 77380	1,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Pape-Dawson Engineers PAC	Amount of contribution (\$)
08/22/2024	Contributor address; City; State; Zip Code 2000 NW Loop 410, San Antonio, TX 78213	1,500.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)

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SCHEDULE A1

If the reque	sted information is not applicable, DO NOT inc	lude this page in the I	report.
The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A1:
2 FILER NAME Ritch Whe	eeler		3 Filer ID (Ethics Commission Filers)
4 Date	Terracon PAC	(JD#:)	7 Amount of contribution (\$)
08/23/2024 6 Contributor address; City; State; Zip Code 10841 S. RIDGEVIEW ROADOLATHE, KS 66061			500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
09/13/2024	Imelda R. Diaz Contributor address; City; 6510 Hawthorne Falls Ln., Hous	State; Zip Code	1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
09/25/2024	Contributor address; City; 4315 Whickman Dr., Fulshear, T	State; Zip Code	5,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (·	Amount of contribution (\$)
09/30/2024	John and Linda Hagerman Contributor address; City; 24800 IH 45 N, Suite 100, Sprin	State; ZIp Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Wh			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Telfryn John		7 Amount of contribution (\$)
09/18/2024	6 Contributor address; City; 15430 Woodland Orchard Lane, Cy	State; Zip Code	2,602.54
	pation / Job title (See Instructions) nnical Engineer	9 Employer (See Instruct Geoscience Engine	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
08/15/2024	Contributor address; City; 2102 Bella Amanecer Ln., Hou		500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA	\C (ID#;)	Amount of contribution (\$)
09/23/2024	Contributor address; City; P.O. Box 2246, Austin,	State; Zip Code	5,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

SCHEDULE A2

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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)	
Ritch Wh	eeler				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	Ge Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
07/04/0004	- day wao Canacis		1,000.00	Office Space	
07/01/2024	7 Contributor address; City; State;	Zip Code		İ	
	25511 Budde Rd, Baylor Bldg #302, The Woodlands, T	X 77380	Check if travel outs	 de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Realtor		Mustard	Seed		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	ı of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of	In-kind contribution description Office Sapce	
	Jay Mac Sanders		Contribution \$		
08/01/2024	Contributor address; City; State;	Zip Code	1,000.00		
	25511 Budde Rd, Baylor Bldg #302, The Woodlands, TX	K 77380	Check if travel outsi	l de of Texas, Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICI	AL)(See Instructions)	
Realtor		Mustard Seed			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		****		
<u></u>					

SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this form	m.	1 Total pages Sched	tule A2:	
2 FILER NAM	ΙE		3 Filer ID (Ethics Co	ommission Filers)	
Ritch Wh	ieeler				
4 TOTAL O	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$		
5 Date	5 Date 6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
09/01/2024	_		1,000.00	Office Space	
U5/U1/2U24	7 Contributor address; City; State;	Zip Code			
	25511 Budde Rd, Baylor Bldg #302, The Woodlands, T	X 77380	Check if travel outsi	I ide of Texas. Complete Schedule T.	
10 Principal occ Realtor	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	1	Employer (FOR NON-JUDICIAL)(See Instructions) stard Seed		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of	In-kind contribution	
	Jay Mac Sanders		Contribution \$	description	
10/01/2024	Contributor address; City; State; Zip C		1,000.00	¦ Office Sapce	
	25511 Budde Rd, Baylor Bldg #302, The Woodlands, T	X 77380	Check if travel outside of Texas. Complete Schedul		
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIA	AL)(See Instructions)	
Realtor	principal occupation (FOR JUDICIAL)	Mustard Seed Contributor's job title (FOR JUDICIAL) (See Instructions)			
Continuo	principal decupation (1 ON DODIOIAL)	Continua	itors for the (LOLL TO	DICIAL/(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
If contributor	ls a chìld, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE A2

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

TI	ne Instruction Guide explains how to complete this form	m,	1 Total pages Sched	ule A2:		
² FILER NAM Ritch Wh			3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	Jav Mac Sanders		Contribution \$	9 In-kind contribution description		
11/01/2024	7 Contributor address; City; State; 25511 Budde Rd, Baylor Bldg #302, The Woodlands, T	Zip Code X 77380	1,000.00 Check if travel outsi	Office Space I I I I I I I I I I I I I I I I I I		
Realtor	Lupation / Job title (FOR NON-JUDICIAL)(See Instructions)	Mustard				
	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	1 of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
Date 12/01/2024	Jay Mac Sanders		Amount of Contribution \$	In-kind contribution description Office Sapce		
	25511 Budde Rd, Baylor Bldg #302, The Woodlands, TX	X 77380	Check if travel outside of Texas. Complete Schedule T.			
Realtor	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions) Mustard Seed				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	end of the control of				
				·		

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethlos Co	ommission Filers)	
Ritch Wheeler					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
	Austin Simmons		1,421.69	Food for	
08/15/2024	7 Contributor address; City; State;	Zip Code	,,	fundraiser event	
	28057 IRVING DRMAGNOLIA, TX	77355	Check if travel outsi	l de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Cor		13 Contribu	butor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (If any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description	
08/15/2024	O8/15/2024 Tia Baker Contributor address; City; State; Zip Code		278.79	Drinks for fundraiser event	
	11510 Scottsdale Dr,Meadows Place, TX	77477	Check if travel outside	l de of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
	ss Developement	**************************************			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lecal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)
4 Date 08/23/2024	5 Payee name Montgomery County Republican Wor	men	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
30.00	17039 Shy Leaf Ct., Conroe, TX 7738	85	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contributions	Dues	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/30/2024	Woodforest Bank		
Amount (\$)	Payee address;	Cíty;	State; Zip Code
15.00	19221 I-45 S Suite 100, Conroe, TX 7	77385	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description Debit card set	up fee
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/30/2024	Montgomery County Republican Part	у	
Amount (\$)	Payee address;	City;	State; Zip Code
1,000.00	18001 Hwy 105 W, Suite 101, Montgo	mery, TX 7735	56
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions	Donation to org	janization
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		1		
09/06/2024	The Woodlands Republican Women				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
82.00	P.O. Box 7294, The Woodlands, TX				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Contributions	Dues			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name				
09/18/2024	WinRed				
Amount (\$)	Payee address;	City;	State; Zip Code		
102.54	1776 Wilson Blvd., Suite 530, Arlingto	on, VA 22219			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	WinRed service	e fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
09/18/2024	Montgomery County Republican Won	nen			
Amount (\$)	Payee address;	City;	State; Zip Code		
50.00	17039 Shy Leaf Ct., Conroe, TX 7738	5			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contributions	Dues			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	:DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, -		
1 Total pages Schedule F1	2 FILER NAME Ritch Wheeler		3 Filer ID (Ethic	s Commission Filers)	
4 Date 09/23/2024	5 Payee name Grow the Majority				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
250.00	228 S WASHINGTON ST STE 115, A	ALEXANDRIA, \	/A 22314		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Donations made by Candidate	Donation to PA	/C		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	iving expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
09/27/2024	Parent Empowerment PAC				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2,000.00	28610 Hwy 290, Ste. F09 #375, Cypr	ess, TX 77433			
	Category (See Categories listed at the top of this schedule)	Description		-	
PURPOSE OF EXPENDITURE	Contributions made by Candidate	Donation to PA	/C		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/04/2024	CAZ Consulting				
Amount (\$)	Payee address;	City;	State;	Zip Code	
878.00	Clearfork, 5049 Edwards Ranch Rd.,	Fort Worth, 1X 7	76109		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	MMS - Texting			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,	,
1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	1	3 Filer ID (Ethics	s Commission Filers)
4 Date 11/04/2024	5 Payee name CAZ Consutling			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
966.00	Clearfork, 5049 Edwards Ranch Rd.,	Fort Worth, TX	76109	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	MMS - Texting	J	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			AN MINERAL PROPERTY OF THE PRO
11/05/2024	C3 Management			
Amount (\$)	Payee address;	City;	State;	Zip Code
219.00	1616 S Voss Rd., Houston, TX 77057	7		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Bookkeeping 8	Accounting	service
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	:	Office held
Date	Payee name			
11/09/2024	Perry's Steakhouse			
Amount (\$)	Payee address;	City;	State;	Zip Code
145.24	6700 Woodlands Pkwy, The Woodlan	ids, TX 77382		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/beverage Expense	Food for campa	aign	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Qut of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name			***************************************		
11/13/2024	Toasted Yolk Café					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
42.03	207 East Shore Dr #100, The Woodl	ands, TX 77380				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food/beverage Expense	Food for Camp	aign			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	er living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought	C	Office held		
Date	Payee name					
11/21/2024	Toasted Yolk Café					
Amount (\$)	Payee address;	City;	['] State;	Zip Code		
39.73	207 East Shore Dr #100, The Woodl	ands, TX 77380				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food/beverage expense	Food for campa	aign			
	Check if travel outside of Texas. Complete Schedule T.	ale T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	ffice held		
Date	Payee name					
11/22/2024	Killen's BBQ					
Amount (\$) 63.89	Payee address; 8800 Six Pines Dr, Shenandoah, TX	City; 77380-	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food/beverage Expense	Food for campa	ign			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED)ED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (apture selectory not listed above)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Ornal (antal a catagory not issed above)	
1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)	
4 Date 11/22/2024	5 Payee name The Woodlands Waterway Marriott H	lotel & Conventi	on Center	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
291.11	1601 Lake Robbins Dr, The Woodlan	ds, TX 77380		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	The state of the s	
PURPOSE OF EXPENDITURE	Event Expense	Hotel for Event	<u> </u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
12/06/2024	Perry's Steakhouse			
Amount (\$)	Payee address;	City;	State; Zip Code	
42.26	6700 Woodlands Pkwy, The Woodlar	nds, TX 77382		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/beverage Expense	Food for campa	aign	
	Check if trayel outside of Texas. Complete Schedule T.	Check if Austin,	n, TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name 1	Office sought	Office held	***************************************
Date	Payee name			
12/26/2024	Toasted Yolk Café			
Amount (\$)	Payee address;	City;	State; Zip Code	_
10.00	207 East Shore Dr #100, The Woodla	nds, TX 77380		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/beverage Expense	Food for campa	ıign	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
# +	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEL	DED	