CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ritch	MI	OFFICE USE ONLY		
NAME	NICKNAME	Wheeler	SUFFIX	PECEIVED OF		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2 Cluny Ct, T	he Woodlands, T	CITY; STATE; ZIP CODE ₹ 77382	JAN 1 6 2024		
Change of Address				the 16 bages		
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	695-2567	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$		
TREASURER NAME		Kristen	****************************	Date Processed		
	NICKNAME	LAST	SUFFIX	Date Intend		
		Machicek		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		orel Barn Pl., Katy,		STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 536-1920	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 11	Day Year / 8 / 23	THROUGH 12	Day Year / 31 / 23		
11 ELECTION	Month Day	Year Primary 24 General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	nty Commissioner Pct 3		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	1	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 (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	61,668.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	392.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	104,275.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	45,000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct	and includes all information
	Michael Rite	chey U	heeler
	Signature of Ca	ndidate or O	fficeholder
	Please complete either option below	r:	
(1) Affidavit			
NOTARY STAMP/SEA	-		
Sworn to and subscribed	before me by this the	da	ay of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administering oath	Title	e of officer administering oath
	OR		
(2) Unsworn Declarati	on		
_{My name is} Michael R	itchey Wheeler, and my date of birth is	04 April 1	971
My address is 2 Cluny	Ct The Woodlands _, T	X , 7738	32 , USA
Executed in Montgome	. ,	ary , 2 Chey U	code) (country) 0 <mark>24</mark> (year) Nactor
	Signature of Candid		der (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Ritch Wheeler	Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 59,668.66
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 45,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 392.67
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$ 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 BUSINESS O	0.00 pf C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s \$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR TO FILER	\$ 0.00

SCHEDULE A1

ii the reques	ted 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	eler		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state Ritch Wheeler	e PAC (ID#:)	7 Amount of contribution (\$)	
11/09/2023	6 Contributor address; City; 2 Cluny Ct, The Woodlands	State; Zip Code	10,000.00	
8 Principal occup Consulta	oation / Job title (See Instructions)	9 Employer (See Instruc Eagle Training A		
Date	Full name of contributor out-of-state Will Perry	e PAC (ID#:)	Amount of contribution (\$)	
11/09/2023 Contributor address; City; State; Zip Code 30973 Vickie Ln, Magnolia, TX 77354				
Principal occup Sales	ation / Job title (See Instructions)	Employer (See Instruction Sales	tions)	
Date	Full name of contributor out-of-state Will Perry	e PAC (ID#:)	Amount of contribution (\$)	
12/14/2023	Contributor address; City; 30973 Vickie Ln, Magnolia	State; Zip Code	10,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state Robert Wheeler	e PAC (ID#:)	Amount of contribution (\$)	
11/17/2023	Contributor address; City; 1233 Marigold Ln Longview,	State; Zip Code	1,000.00	
Principal occup Physician	ation / Job title (See Instructions)	Employer (See Instruc Diagnostic Clinic O	,	

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.**

'	11		1 0	•
The	Instruction Guide explains how to compl	lete 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#:)	7 Amount of contribution (\$)
11/20/2023	6 Contributor address; City; 705 Noel Dr Longvie	ngview, TX 75602		1,041.02
8 Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instruct Physician Advisory	,
Date Full name of contributor out-of-state PAC (ID#:) Ritch Wheeler		Amount of contribution (\$)		
11/29/2023	Contributor address; City; 2 Cluny Ct The Woodlands		State; Zip Code 77382	50.00
Principal occup Consultant	pation / Job title (See Instructions)		Employer (See Instruct Eagle Training Acad	
Date 11/30/2023	Full name of contributor out-of-		(ID#:)	Amount of contribution (\$)
. 1, 00, 2020	Contributor address; City; 7310 Durango Creek Dri M		State; Zip Code Olia, TX 77354	31.23
Principal occup	pation / Job title (See Instructions)	,	Employer (See Instruct	tions)
Date		-state PAC	(ID#:)	Amount of contribution (\$)
11/30/2023	Dale Patten Contributor address; City; 5805 Lake Crest Dr. Colur		State; Zip Code	52.05
Principal occup	oation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how to co	mplete 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 ou	ut-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
12/01/2023	6 Contributor address; City; 8522 Maine Dr Austin, T		State; Zip Code	52.02
8 Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instruct IA American	iions)
Date	Full name of contributor	ut-of-state PAC	; (ID#:)	Amount of contribution (\$)
12/03/2023		 City;	State; Zip Code	104.10
	3914 Rose Lane Annand	dale, V	A 22003	
Principal occup Military	pation / Job title (See Instructions)		Employer (See Instruct United States Air Fo	
Date	Full name of contributor ou	ut-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/04/2023	Craig Shepherd			FO OF
12,01,2020		City;	State; Zip Code	52.05
	362 Bellevue Way NE, Apt N-513	Bellevue,	WA 98004	
Principal occup Account Rep	pation / Job title (See Instructions)		Employer (See Instruct Vanguard Dealer Se	-
Date	Full name of contributor ou	ut-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Jonathan Wheeler			
12/04/2023	Contributor address; C	City;	State; Zip Code	25.00
	201 W 70th St Apr 3A N	lew Yor	k, NY 10023	_0.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Software Eng	gineer And Investor		Self	

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SCHEDULE A1

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

'				•
The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Whe	eeler			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Bob Galatas		C (ID#:)	7 Amount of contribution (\$)
12/05/2023 6 Contributor address; City; State; Zip Code P.O. Box 1816 Montgomery, TX 77356				25.00
8 Principal occu Real Estate	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date Full name of contributor out-of-state PAC (ID#:) Adam Dunn			Amount of contribution (\$)	
12/06/2023	Contributor address; 11109 beinhorn rd Hou	City;	State; Zip Code	1,800.00
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruct Retired	iions)
Date 12/06/2023	Full name of contributor Aaron Hill	out-of-state PA	C (ID#:)	Amount of contribution (\$)
12/00/2023	Contributor address; 30706 Becky Lane Ma	city; gnolia, T	State; Zip Code	2,602.54
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
12/07/2023	Trent M White Contributor address; 1944 Green Wing Dr J	City;	State; Zip Code	260.25
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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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	Shannon Robertson	e PAC (ID#:)	7 Amount of contribution (\$)
12/12/2023	6 Contributor address; City; 3809 Fox Hollow Drive Bedf	State; Zip Code	52.05
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	stions)
Date	Full name of contributor out-of-state Brett Chamberlain	e PAC (ID#:)	Amount of contribution (\$)
12/12/2023	Contributor address; City; 216 Duerr dr Bellvill	e, TX 77418	2,100.00
Principal occup Self	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)
12/12/2023	Brett Chamberlain		50 00
	Contributor address; City; 216 Duerr dr Bellvill	e, TX 77418	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)
12/20/2023	Brian Auge		000 05
12/20/2020	Contributor address; City;	State; Zip Code	260.25
	682 Red Pine Lane Saint Pa	aul, MN 55123	
Principal occup Regional VP	oation / Job title (See Instructions) Of Sales	Employer (See Instruc	tions)
		·	

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SCHEDULE A1

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

·	,		•
The	Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAME Ritch Whe	eeler		3 Filer ID (Ethics Commission Filers)
4 Date	John Keating	PAC (ID#:)	7 Amount of contribution (\$)
12/22/2023	6 Contributor address; City; 1096 Limestone Ct Alle	State; Zip Code	104.10
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruction Retired	tions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
40/44/0000	Ritch Wheeler		
12/14/2023	Contributor address; City; 2 Cluny Ct, The Woodlands, T.	State; Zip Code X 77382	10,000.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction Eagle Training A	
Date 12/14/2023	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
12/14/2023	Contributor address; City; 39 Legato Way, The Woodland	State; Zip Code ds, TX 77382	5,007.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
11/09/2023	Doylene Perry Contributor address; City;	State; Zip Code	5 000 00
	30973 Vickie Ln, Magnolia, 1	· '	5,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc Retired	tions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2: 1
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)
Ritch Wh	eeler			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution
	Jay Mac Sanders		Contribution \$	description
11/01/2023	-		1,000.00	Office space
1 1/0 1/2020		Zip Code		
	25511 Budde Rd, Baylor Bldg #302, The Woodlands, T.	X 77380	Check if travel outs	ide of Texas. Complete Schedule T.
	eupation / Job title (FOR NON-JUDICIAL)(See Instructions)			AL)(See Instructions)
Realtor		Mustard	Seed	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib		13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm		rm 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
12/01/2023	Contributor address; City; State;	Zip Code	1,000.00	Office space
	25511 Budde Rd, Baylor Bldg #302, The Woodlands, TX	X 77380	Check if travel outs	I de of Texas. Complete Schedule T.
Principal occ Realtor	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe Mustaro		AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	า of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E

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

ii the requested	i information is not applicable,	DO NOT Include	e this page in the i	report.
The	Instruction Guide explains how t	to complete this fo	orm.	1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Ritch Wheele	er			
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender		9 Loan Amount (\$)	
12/22/2023	Michael R. Wheeler			45,000.00
6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code 44 Pine Grove Court, Spring, TX 77381		10 Interest rate		
Y ■ N			•	11 Maturity date
12 Principal occupation Consultant	on / Job title (See Instructions)		oyer (See Instructions) e Training Aca	
14 Description of Coll	ateral	15		unds were deposited into political
■ none			account (See Instru	uctions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
■ not applicable	18 Guarantor address; C	ity;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Empl	oyer (See Instructions)	
Date of loan	Name of lender	ut-of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; C	City;	State; Zip Code	Interest rate
Institution?				Maturity date
Principal occupation	on / Job title (See Instructions)	Empl	oyer (See Instructions)	
Description of Coll	ateral		Check if personal for	unds were deposited into political
none			account (See Instru	uctions)
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
	Guarantor address; (City;	State; Zip Code	
not applicable		1 _		
Principal Occupati	on (See Instructions)	Empl	oyer (See Instructions)	
	ATTACH ADDITION	AL CODIES OF TI	IIS SCHEDIII E AS N	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	s Commission Filers)	
4 Date	5 Payee name				
11/30/2023	Woodforest National Bank				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
12.00	P.O. Box 7889, The Woodlands, TX	77387			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	Bank service	charge		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/19/2023	WinRed				
Amount (\$)	Payee address;	City;	State;	Zip Code	
39.40	1776 Wilson Blvd., Suite 530, Arlingt	on, VA 22219			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking WinRed service fee				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/21/2023	WinRed				
Amount (\$)	Payee address;	City;	State;	Zip Code	
41.02	1776 Wilson Blvd., Suite 530, Arlingto	on, VA 22219			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking	WinRed servic	e fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ny not listed above)
Total pages Schedule F1:	2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics	Commission Filers)
12/02/2023	5 Payee name WinRed			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
5.25	1776 Wilson Blvd., Suite 530, Arlingt	on, VA 22219		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Winred service	fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
• Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/03/2023	WinRed			
Amount (\$)	Payee address;	City;	State;	Zip Code
2.05	1776 Wilson Blvd., Suite 530, Arlingt	on, VA 22219		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	WinRed servic	e fee	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/04/2023	WinRed			
Amount (\$)	Payee address;	City;	State;	Zip Code
7.14	1776 Wilson Blvd., Suite 530, Arlingto	on, VA 22219		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	WinRed service	e fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	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

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)
12/05/2023	5 Payee name WinRed			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
0.99	1776 Wilson Blvd., Suite 530, Arlingt	on, VA 22219		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Winred service	e fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/06/2023	WinRed			
Amount (\$)	Payee address;	City;	State;	Zip Code
173.46	1776 Wilson Blvd., Suite 530, Arlingt	on, VA 22219		
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Accounting/Banking	WinRed service	ce fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/10/2023	WinRed			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.25	1776 Wilson Blvd., Suite 530, Arlingto	on, VA 22219		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	WinRed service	e fee	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	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

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 12/12/2023	5 Payee name WinRed			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2.05	1776 Wilson Blvd., Suite 530, Arlingt	on, VA 22219		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Winred service	e fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/13/2023	WinRed			
Amount (\$)	Payee address;	City;	State;	Zip Code
84.71	1776 Wilson Blvd., Suite 530, Arlingt	on, VA 22219		
	Category (See Categories listed at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Accounting/Banking	WinRed service	ce fee	
	Check if travel outside of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/20/2023	WinRed			
Amount (\$)	Payee address;	City;	State;	Zip Code
10.25	1776 Wilson Blvd., Suite 530, Arlingto	on, VA 22219		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	WinRed service	e fee	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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	EDED	

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/Opensitions/Opensitions/Donations/Do

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

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 File	rs)
4 Date 12/25/2023	5 Payee name WinRed			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
4.10	1776 Wilson Blvd., Suite 530, Arlingt	on, VA 22219		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	WinRed service	ce fee	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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 NEI	EDED	