The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Sam	MI	OFFICE USE ONLY
	NICKNAME	LAST Houston	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	6301 FM 94 Cleveland,	15 South	CITY; STATE; ZIP CODE	STVE 5 2024 TO COUN
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	PHONE NUMBER 450-9007	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR Mr. NICKNAME Ken	FIRST Elbert LAST Syphrett	MI K SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	50 River Cre Cleveland, T.		JITE#; CITY:	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 593-0664	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 24	THROUGH 7	Day Year / 15 / 24
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	San Jacinto		able San Jacinto Coun	
14 NOTICE FROM POLITICAL COMMITTEE(S)				ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO P	PAGE 2	

15 C/OH NAME Sam Houston		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,675.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 1,904.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information
(1) Affidavit	Signature of Can	ndidate or Officeholder
NOTARY STAMP/SEAL		day of
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	The state of the s	Title of officer administering oath
(2) Unsworn Declaratio	Sil	10-17-1954
My address is 630	and my date of birth is_	
Executed in	(city) (state of, on the, on the	ate) (zip code) (country) (year) te/Officeholder (Deciarant)
	Signature of Cultulati	ioi o inocholder (Deolalalit)

SUBTOTALS - C/OH

	FILER NAME am Houston	20 Filer ID (Ethics Comm	mission F	ilers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			TOTAL
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			,675.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	TRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			580.00
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIOH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS S	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

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 Sam Houst	on		3 Filer ID (Ethics Commission Filers)	
4 Date	Steven L Roberts		7 Amount of contribution (\$)	
07/01/2024	6 Contributor address; City; 515 S. 3rd St. Bellaire,	State; Zip Code	1,000.00	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)	
Date	Scott Carter	(ID#:)	Amount of contribution (\$)	
06/06/2024	Contributor address; City; 310 Marina Drive Coldsprin	State; Zip Code	675.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

	The Instruction Guide explains how to c	omplete this form	Other (enter a cat	egory not listed above)
1 Total pages Schedule F2:	2 FILER NAME Sam Houston		3 Filer ID (Ethio	es Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	S	\$ 5,58	0.00
5 Date	S Payee name John Raley & Associates	-		
7 Amount (\$)	8 Payee address;	City;	State	Zip Code
5,580.00	1717 St James Place suite 320 Houston, TX 77056			
9 TYPE OF EXPENDITURE	Political Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Legal Services	To defend law s	uit for accusati	on of illegal voters
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder liv	ing expense
11 Complete ONLY if direct				held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Pol	itical		
	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 Aus	stin, TX, officeholder liv	ring expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Of	fice sought	Office	held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEE	DED	

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Sam Houston NICKNAME LAST	MI	Date Received
4 ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	Date Hand-delivered Date Postmarked Receipt # Amount \$ Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year 01 / 01 / 2024 TH	Month Day Year 100 100 100 100 100 100 100 100 100 10	Date Imeged
6 EXPLANATION OF CO	DRRECTION		
Did not have th	ne invoice or receipt and o	ver looked the payment	
7 SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that this corrected repo	rt is true and correct.
Ched	ck ONLY if applicable:		
		the original report was made in goo	d faith and without an intent to
	o misrepre-sent the information o		
☐ date I learne		ing this corrected report not later th d is inaccurate or incomplete. I sw made in good faith.	
		Signature of Cand	date/Officeholder
	Diagram		
44. 44.	Please co	omplete either option belov	V:
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by	this the	day of
20, to certify	which, witness my hand and seal of off	ice.	
Signature of officer administe	ering oath Printed name	of officer administering oath	Title of officer administering oath
	out the state of	OR	The state of the s
(2) Unsworn Declarati	ion		
My name is	Houston	, and my date of birth is	10-17-1954
My address is 6301	FM9455	Oweland 7	x 77373 USA
Executed in	(street) County, State of	on the 17 day of (month)	state) (zip code) (country)
		Signature of Candid	date/Officeholder (Declarant)
Remember To Atta	ch Any Part Of The Campaign	Finance Report Form Needed To	Report And Explain Corrections

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr Sam NAME Date Received NICKNAME LAST SUFFIX Houston 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #, STATE: ZIP CODE **OFFICEHOLDER** 6301 FM 945 South MAILING Cleveland, TX 77328 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (281)450-9007 PHONE Receipt # Amount \$ MS / MRS / MR FIRST Mi CAMPAIGN TREASURER Elbert Mr. K Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Ken Syphrett STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, STATE; ZIP CODE CITY: 7 CAMPAIGN TREASURER 50 River Creek Rd. **ADDRESS** Cleveland, TX 77328 (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION TREASURER PHONE (281 593-0664 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Year Year COVERED 2 5 24 24 THROUGH ELECTION DATE FLECTION TYPE 11 ELECTION Primary Runoff Month Day Description General Special 5 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE San Jacinto County Pct. 3 Constable San Jacinto County Sheriff THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME Sam Houston		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) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLED THE PROPERTY OF	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,459.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the _	day of
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
1762	OR .	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
	(street) (city) (st	ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candida	ite/Officeholder (Declarant)

SUBTOTALS - C/OH

	9 FILER NAME 20 Filer ID (Ethics Cont Sam Houston			ion Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE			SUBTOTAL AMOUNT
12	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,440.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,160.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			3,059.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			2,400.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	ONS RETURNED	\$	

SCHEDULE A1

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

in the requested information to not applicable, be not instance the page in the report.					
The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1		
2 FILER NAME Sam Houst	on		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID) Steven L Roberts	#)	7 Amount of contribution (\$)		
12/31/2023	6 Contributor address; City; 515 S. 3rd St. Bellaire, T.	State; Zip Code X 77401	1,000.00		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (ID:	#	Amount of contribution (\$)		
01/11/2024	** **********************************	State; Zip Code	525.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (IDE	#	Amount of contribution (\$)		
01/13/2024	Deanne Marie Schweitzer Contributor address; City; State; Zip Code 7 Elm Cir. Coldspring, TX 77331		200.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#	<i>‡</i>)	Amount of contribution (\$)		
01/13/2024		State; Zip Code	100.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Grit/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 cateoory not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Outor Conto d datage	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1:	2 FILER NAME Sam Houston		3 Filer ID (Ethics	Commission Filers)
4 Date 01/08/2024	6 Payee name Lone Star Signs / Texas Specialties			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,516.81	PO Box 789 Montgomery, TX 77356			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	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			
01/10/2024	Montgomery County Printers			
Amount (\$)	Payee address;	City;	State;	Zip Code
543.00	310 N Danville, Ste D Willis, TX 77378			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Signs, postcar	rds, mailers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, afficeholder 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	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	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Dinations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rerital 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	2 FILER NAME Sam Houston		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2024	5 Payee name Sign Ad Outdoor Advertising		-
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,500.00	6301 945 S Cleveland, TX 77328	··	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising expense	Billboard	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 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 Austi	in, 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		
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 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Salanes/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 G:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
1	Sam Houston				
4 Date	5 Payee name				
01/13/2024	Sam Houston				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,900.00 Reimbursement from ✓ political contributions intended	6301 FM 945 South Cleveland, TX 77328				
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	2 - Rifles For Auction / Fundraise	ег		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living of	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
01/13/2024	Sam Houston				
Amount (\$)	Payee address;	City;	State;	Zip Code	
500.00 Reimbursement from	6301 FM 945 South				
✓ political contributions intended	Cleveland, TX 77328				
DUBBOSE	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	1 - Signature guitar For Auction / Fundraiser			
	Check if travel outside of Texas, Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
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,	tin, 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 S	CHEDULE AS NEEDI	ED		

The C/OH Instruction	Guide explains how to complete this form.	(Ethics Commission Filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Sam	MI	OFFICE USE ONLY
TOWN	NICKNAME LAST Houston	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY; S 6301 FM 945 South Cleveland, TX 77328	STATE; ZIP CODE	DCF 2 8
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER E (281) 450-9007	EXTENSION	Date Hand delivered or Date Pestmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr. Elbert NICKNAME LAST Ken Syphrett	MI K SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; 50 River Creek Rd. Cleveland, TX 77328	CITY:	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(281) 593-0664	XTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 5 / 24 THROUG	Month 10	Day Year / 28 / 24
# ELECTION	Month Day Year Primary Runoff 11 / 5 / 24 General Special	ELECTION TYPE Other Description	
12 OFFICE	OFFICE HELD (# any) San Jacinto County Pct. 3 Constable San	FRICE SOUGHT (# known) Jacinto Coun	ty Sheriff
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITIC CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN I CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE COMMITTEE TYPE COMMITTEE NAME	MADE WITHOUT THE CANDI	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRE	ss	
	GO IO I AGE 2		

16 C/OH NAME Sam Houston		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ 1,700.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 9,927.65					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	DF THE \$					
	vear, or affirm, under penalty of perjury, that the accompanying report is truuried to be reported by me under Title 15, Election Code. Signature of Co	and correct and includes all information					
Please complete either option below: (1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed to	pefore me by this the	day of					
20, to certify w	hich, witness my hand and seal of office.						
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath					
	A 15 THE REPORT OF THE PROPERTY OF						
(2) Unsworn Declaratio	n /						
My name is Szr	and my date of birth is	10-17-1959					
My address is 630		X ,77328, USA					
Executed in	County, State of, on theday of	state) (zip code) (country) 20					

SUBTOTALS - C/OH

19 S	FILER NAME am Houston 20 Filer ID (Ethics Co	ommiss	ion Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,700.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00			
4.	SCHEDULE E: LOANS	\$	0.00			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	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 OF CIOH	\$	0.00			
11_	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00			

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Sam Houst	on		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Henry Street Investments, Ltd	7 Amount of contribution (\$)	
10/04/2024	6 Contributor address; City; 1235 Old Salem Church Rd. W	500.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC George & Suzanne Russell	(ID#:)	Amount of contribution (\$)
10/06/2024	Contributor address; City; 1401 19th St. Huntsville	1,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC A. Wade & Pam Runnels	(ID#)	Amount of contribution (\$)
10/08/2024	Contributor address: City; 129 Heritage Dr. Point Blar		200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF STATE OF ST		

Forms provided by Texas Ethics Commission

www.ethics.state.bc.us

Revised 8/17/2020

The C/OH Instruction (Suide explains how	to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR	FIRST Sam	M	OFFICE	USE ONLY
NAME	NICKNAME	LAST Houston	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	6301 FM 945 Cleveland, T	5 South	CITY: STATE; ZIP COL	DE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 450-9007	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST Elber t	MI K	Receipt #	Amount \$
10002	NICKNAME Ken	Syphrett	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (50 River Cree Cleveland, TX		SUITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 593-0664	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e	Europeded Model	treasurer a (Officehold	fter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 16 / 24		fonth Day Yea 0 / 5 / 24	
11 ELECTION	Month Day	Year Primary	ELECTION Runoff Other Descri		
12 OFFICE	San Jacinto (County Pct. 3 Cons	stable San Jacinto C		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITE S MAY MAVE BEEN MADE WITHOUT TH RED TO REPORT THIS INFORMATION OF	IE CANDIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	SASTIRED NAME		
	SPECIFIC	COMMITTEE CAMPAIGN TRE		RECE	
		20.70	PAGE 2	SAN JACINTO) COUNTY

16 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Sam Houston	
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIB TOTALS PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALL	LOANS, OR \$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	\$ 18,800.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDIT	TURE. \$
4. TOTAL POLITICAL EXPENDITURES	\$ 22,963.26
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	rained as of the Last Day \$ 8,227.65
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTST	FANDING LOANS AS OF THE \$
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the according required to be reported by me under Title 15, Election Code	mpanying report is true and correct and includes all information.
	Signature of Candidate or Officeholder
Please complete eithe	er option below:
(1) Affidavit	
NOTARY STAMP/SEAL	
Sworn to and subscribed before me by	this the day of
20, to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administer	ing oath Title of officer administering oath
OR OR	The state of the s
(2) Unsworn Declaration	fige.
My name is	nd my date of birth is 10.17.1950
My address is	AZV ESTER XT horbers
Executed in, on the	(city) (state) (zip code) (country) day of) , 20 (year)
000 0 7 2024	Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

- 1-	9 FILER NAME 20 Filer ID (Ethics Contained Houston					
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT		
1,5	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	0.00			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0.00		



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; 3		
2 FILER NAME Sam Hous		3 Filer ID (Ethics Commission Filers)		
4 Date	6 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)		
08/29/2024	6 Contributor address; City; State; Zip Code	2,000.00		
	16427 Redcrest Dr. Houston, TX 77095	_,000.00		
8 Principal occu	spation / Job title (See Instructions) • Employer (See Instru	uctions)		
Date	Full name of contributor out-of-state PAC (ID#) Patsy & Morris Linder	Amount of contribution (\$)		
08/23/2024	Contributor address; City; State; Zip Code	1,000.00		
	1634 Lynnview Dr. Houston, TX 77055	1,000.00		
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)		
08/26/2024	Jack & Jashona Franklin	4 000 00		
00/20/2021	Contributor address; City; State; Zip Code	1,000.00		
	255 Evergreen Heights Rd Coldspring, TX 77331			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
08/23/2024	Skip Martin			
00/23/2024	Contributor address; City; State; Zip Code	1.000.00		
	1263 US Hwy 59 N Cleveland, TX 77327			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)		
)		
		Decemen		



001 8 / 2024

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 10 A DMIN If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 3			
2 FILER NAME Sam Hous	ton	3 Filer ID (Ethics Commission Filers)			
4 Date	Full name of contributor out-of-state PAC (ID#) R.C. & Norma Sweeten	7 Amount of contribution (\$)			
08/23/2024	6 Contributor address; City; State; Zip Code	2,500.00			
	8721 FM 1725 Rd. Cleveland, TX 77328	_,000.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
09/19/2024	Robert Dortch	1 000 00			
	PO Box 1141, New Caney TX 77357	1,000.00			
	1 O Box 1141, New Calley 1X 17331				
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
09/19/2024	William Suttle	4 000 00			
03/13/2024	Contributor address; City; State; Zip Code	1,000.00			
	1601 FM 945 S, Cleveland, TX 77328				
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
00/42/2024	Surplus Sales & Auction Co., Inc				
09/12/2024	Contributor address; City; State; Zip Code	1.000.00			
	PO Box 7976, Pasadena, TX 77508	.,			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					



del 0 7 2024

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	iis form.	1 Total pages Schedule A1: 3		
2 FILER NAME Sam Houst	on		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state F	7 Amount of contribution (\$)			
09/14/2024	6 Contributor address; City;	State; Zip Code	1,300.00		
	82302 Fannin, Ste 550 Hou	ston, TX 77002			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state P	AC (ID#)	Amount of contribution (\$)		
09/18/2024	Skip Martin	***********	0 000 00		
00/10/2021	Contributor address; City;	State; Zip Code	2,000.00		
	1263 US Hwy 59 N Clevel	and, TX 77327			
Principal occup	ation / Job title (See Instructions)	tions)			
Date	Full name of contributor out-of-state Po	AC (ID#)	Amount of contribution (\$)		
09/23/2024	lisa M Kamholtz	F 000 00			
0012012021	Contributor address; City;	5,000.00			
	1145 Country Rd 2283, Cleve	eland, TX 77327	·		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state P	VC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					



5 7 2029

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 3 Filer ID (Ethics Commission Filers) Sam Houston 4 Date 5 Payee name 07/24/2024 San Jacinto County Elections 6 Amount (\$) 7 Payee address; City: State: Zip Code 8.56 1 State Hwy. 150 Coldspring, TX 77331 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Fees Copies **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/16/2024 Media Choice, LLC Amount (\$) Payee address; City; State: Zip Code 2,584.73 3701 Bee Caves Road Ste 101, Austin, TX 78746 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Billboard sign EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 09/23/2024 Lone Star Signs / Texas Specialties Amount (\$) Payee address; City; State: Zip Code PO Box 789 Montgomery, TX 77356 337.74 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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

Soficitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Service	es	Salaries/	Wages/Contract Labor	Othe	(enter a cate	gory not listed a	above)
O'GUICORUT BYTTETH		The Instru	iction Guide exp	lains how to	complete this form	١.			
1 Total pages Schedule F1: 2	2 FILER N					3 Fil	er ID (Ethi	cs Commissio	on Filers)
4 Date	5 Payee na	ame							
09/23/2024	Lone St	ar Signs	/ Texas Sp	ecialties					
6 Amount (\$)	7 Payee a	ddress;			Clty;		State:	Zip Co	de
140.73	PO Box	789	Montgon	nery, TX	77356				
8	(a) Categor	y (See Categori	es listed at the top of	this schedule)	(b) Description	1			
PURPOSE OF EXPENDITURE	Adverti	sing Exp	ense		Signs				
	(c)	Check if travel or	tside of Texas. Comple	ete Schedule T.	Check i	f Austin, TX, of	fficeholder livir	ig expense	
9 Complete ONLY if direct expenditure to benefit C/OH		late / Officeho	olde r name		Office soug	ht		Office held	1
Date	Payee na	me							
09/30/2024	John Ra	ıley, Atty							
Amount (\$)	Payee ac	idress;			City;		State;	Zip Cod	de
7,891.50	1717 St.	James I	Place ste 3	20	Houston, T.	X 77506	3		
	Category	(See Categorie	s listed at the top of the	nis schedule)	Description				
PURPOSE OF EXPENDITURE	Legal S	Services			Defense fo	r lawsui	t filed by	Greg C	apers
		Check if travel ou	side of Texas. Comple	te Schedule T.	Check if	Austin, TX, of	ficeholder livin	g expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sough	nt		Office held	
Date	Payee na	ıme							
09/23/2024	John Ra	ley, Atty							
Amount (\$)	Payee ad	ldress;			City;		State;	Zip Cod	le
12,000.00	1717 St.	James F	Place ste 32	20	Houston, TX	77506			
C	Category	(See Categories	listed at the top of th	is schedule)	Description				
PURPOSE OF EXPENDITURE	Legal Se	ervices			Defense for	lawsuit	filed by	Greg Ca	apers
		Check if travel out	side of Texas. Complet	e Schedule T	Check if	Austin, TX of	cepolder living	oxpende 📝	ED
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sough	nt	20.0°	Office held	
	ΑΤ٦	ACH ADDI	TIONAL CODIS	S OE TUIS	SCHEDIII F AS	MEEDED			TXPE