# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 13

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mrs
FIRST: Rebecca
MI:
NICKNAME:
LAST: Fox
SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2302 Blue Jay Lane, Katy, TX 77450

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE PHONE NUMBER EXTENSION
( )

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR:
FIRST: Dean
MI:
NICKNAME:
LAST: Fox
SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2302 Blue Jay Lane, Katy, TX 77450

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION
( )

**OFFICE USE ONLY**

Date Received
RECEIVED
APR 25 2024
By 1:09pm

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ■ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year: 4 / 3 / 24 THROUGH Month Day Year: 4 / 24 / 24

**11 ELECTION**

ELECTION DATE
Month Day Year: 5 / 4 / 24

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any): Katy ISD Trustee, Position 6

**13 OFFICE SOUGHT (if known):** Katy ISD Trustee, Position 6

**14 NOTICE FROM POLITICAL COMMITTEE(S)**
Additional Pages

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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME | 16 Filer ID (Ethics Commission Filers) |
|---|---|
| Rebecca Fox | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 487.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 5,027.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 1,821.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 5,660.18 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 2,000.00 |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rebecca Fox

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

NOTARY PUBLIC STATE OF TEXAS
ELLEN P. HEBERT
Notary Public, State of Texas
Comm. Expires 05-15-2025
Notary ID 3660871

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rebecca Fox this the 25th day of April, 20 24, to certify which, witness my hand and seal of office.

Ellen P. Hebert | Ellen D. Hebert | Notary

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Rebecca Fox | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ■ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 5,027.00 |
| 2. | ■ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 1,605.85 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ■ | SCHEDULE E: LOANS | $ 2,000.00 |
| 5. | ■ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 1,821.00 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 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 C/OH | $ |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# MONETARY POLITICAL CONTRIBUTIONS

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
Rebecca Fox

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 04/06/2024 | Gary Goolsby | 1602 Kings Castle, Katy TX, 77450 | 1,000.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 04/09/2024 | Tana Weiss | 22218 Baron Cove Ln 77450 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 04/04/2024 | Bryan Everett | 22218 Baron Cove Ln 77450 | 100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 04/11/2024 | Jeanne King | 22410 Pavero Pl,Katy TX 77450 | 25.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

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

2 FILER NAME
Rebecca Fox

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|
| 04/05/2024 | Robert Willeby<br>2310 Trotter Drive, Katy TX 77493 | 25.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 04/15/2024 | Dana May<br>22918 Chaus Court, Katy Tx 77494 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 04/16/2024 | Andi Craig<br>27502 Banks Brook Ln Fulshear TX 77441 | 200.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|
| 04/16/2024 | Fort Bend Business Coalition<br>P.O.Box 19336 Sugar Land TX 77496 | 1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

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
Rebecca Fox

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 04/18/2024 | Mary Tawney<br>6 Contributor address; City; State; Zip Code<br>2019 Shadow Forest Houston 77094 | 40.00 |
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 04/18/2024 | Cassandra & Wade Parks<br>Contributor address; City; State; Zip Code<br>145 Magnolia Lane, Westworth Village TX 76114 | 350.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 04/18/2024 | Cassandra & Wade Parks<br>Contributor address; City; State; Zip Code<br>145 Magnolia Lane, Westworth Village TX 7611 | 650.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 04/19/2024 | Carlson Sharpless<br>Contributor address; City; State; Zip Code<br>8965 Vantage Point Dr. Dallas TX 75243 | 50.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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: 3 |
|---|---|
| 2 FILER NAME<br>Rebecca Fox | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | $ |

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 04/02/2024 | Katy Educational Excellence Partners (KEEP)<br>7 Contributor address; City; State; Zip Code<br>5554 South Peek Rd PMB42, Katy TX 77450 | 69.10 | Post Cards<br>Check if travel outside of Texas. Complete Schedule T. |

| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
|---|---|
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor'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 |
|---|---|---|---|
| 04/08/2024 | Katy Education Excellence Partners (KEEP)<br>Contributor address; City; State; Zip Code<br>5554 South Peek Rd PMB42, Katy TX 77450 | 72.35 | Post Cards<br>Check if travel outside of Texas. Complete Schedule T. |

| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
|---|---|
| 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) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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: 3

2 FILER NAME
Rebecca Fox

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 04/11/2024 | Katy Educational Excellence Partners (KEEP)<br>5554 South Peek Rd PMB 42, Katy TX 77450 | 1,114.18 | Postage for post cards<br>Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor'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#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 04/15/2024 | Katy Educational Excellence Partners (KEEP)<br>5554 South Peek Rd PMB 42, Katy TX 77450 | 167.22 | Road Signs<br>Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
| 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) | |

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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: 3

2 FILER NAME
Rebecca Fox

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $

| 5 Date | 6 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution $ | 9 In-kind contribution description |
|---|---|---|---|
| 04/18/2024 | Katy Education Excellence Partners (KEEP)<br>5554 South Peek, PMB 42, Katy, TX 77450 | 83.00 | Push Cards<br>Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor'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#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| 04/21/2024 | Leah Wilson<br>5411 Briarcliff Lane, Fulshear, TX 77442 | 100.00 | AV services<br>Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
| 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) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
**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.**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule E: 1

2 FILER NAME
Rebecca Fox

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

5 Date of loan
03/15/2024

7 Name of lender ☐ out-of-state PAC (ID#:_____)
Rebecca Fox

9 Loan Amount ($)
2,000.00

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
2302 Blue Jay Lane Katy TX 77450

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
Motivational Speaker

13 Employer (See Instructions)
Self employed

14 Description of Collateral
none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

---

Date of loan

Name of lender ☐ out-of-state PAC (ID#:_____)

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If lender 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
Credit Card Payment
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)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 3 | Rebecca Fox | |

| 4 Date | 5 Payee name |
|---|---|
| 04/08/2024 | NBD Graphics |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 404.86 | 917 S. Mason Rd. Katy Tx 77450 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Marketing/Advertising | Signs |
| | (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/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 04/11/2024 | Necas Mexican Restaurant |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 16.34 | 1420 S. Mason Rd, Katy, TX 77450 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food/Beverage | 1/2 cost Meet & Greet with Dawn Champagne |
| | 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 |
|---|---|
| 04/15/2024 | NBD Graphics |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 809.71 | 917 S. Mason Rd, Katy, TX 77450 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Marketing/Advertising | Signs |
| | 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 NEEDED**

# 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
Credit Card Payment
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)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 3 | Rebecca Fox | |

| 4 Date | 5 Payee name |
|---|---|
| 04/18/2024 | Kroger |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 34.00 | 22150 Westheimer Pkwy, Katy,Tx 77450 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food/Beverage | 1/2 cost for Meet & Greet with Dawn Champagne |
| | (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/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 04/18/2024 | Party City |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 15.40 | 435 S. Fry Road, Katy, TX 77450 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Event | 1/2 cost of games for chili cook off event with Dawn Champagne |
| | 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 |
|---|---|
| 04/18/2024 | Local Bar |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 10.83 | 24033 Cinco Ranch Blvd, Katy, Tx 77494 | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Food/Beverage | 1/2 Meet & Greet cost with Dawn Champagne |
| | 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 NEEDED**

# 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
Credit Card Payment
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)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: 3 | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

| 4 Date | 5 Payee name |
|---|---|
| 04/22/2024 | NBD Graphics |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 404.86 | 917 S. Mason Rd, Katy, TX 77450 | | | |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Marketing/Advertising | Signs |
| | (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/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 04/22/2024 | Facebook |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 50.00 | | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Facebook Ad/boost |
| | 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 |
|---|---|
| 04/23/2024 | Facebook |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 75.00 | | | | |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Facebook Ad/Boost |
| | 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 |
|---|---|---|---|
| | | | |

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