CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1
The C/OH Instruction (3uide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Ramon	MI (x)	OFFICE USE ONLY
NAME	NICKNAME Wade	LAST	SUFFIX EEN	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 994 S	X; APT / SUITE #; CI	OTY; STATE; ZIP CODE O TX 7880	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (513)	PHONE NUMBER 917-03	EXTENSION 76	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS MR	FIRST	, B' -	Receipt # Amount \$
NAME	NICKNAME	LAST	surfix	Date Processed
	Felle	r Hugh	5	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); AFT / SUI	-	STATE: ZIP CODE
(Residence or Business)	6444	County	Kd 380 Z	Barksdale, TX 7882
8 CAMPAIGN TREASURER PHONE	(\$30)	234-34	extension 56	
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elect	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 9	Day Year / 29 / 23	THROUGH /	Day Year / 15/24
11 ELECTION	Month Day	Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If known) CONSta	ble
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, <i>THESE EXPENDITURES I</i>	MAY HAVE BEEN MADE WITHOUT THE CANDI	ADE BY POLITICAL COMMITTEES TO SUPPORT NOATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO P	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	n W McDue	.e u	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAF CONTRIBUTIONS MADE ELE		IAN \$
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	IBUTIONS ANS, OR GUARANTEES OF LOAN	(s) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPEN	DITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS IG PERIOD	OF THE \$
	wear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,		true and correct and includes all informati
		Signaturia of a	Candidate or Officeholder
		Signature of	Candidate of Officeriologi
	Places com	data aithar antian bala	****
	Please Comp	elete either option belo	Jw.
(1) Affidavit	JO BETH MOFFETT Notary ID #132164049 My Commission Expires September 9, 2027	0. 20	
NOTARY STAMP/SEAL			
MODAL OF ALL			16 th -
Sworn to and subscribed	before me by Ramon W	. The Busen this th	e 16 day of January
20 24 to certify:	which, witness my hand and seal of office.		4
20, to octary	willon, with 633 my fland and 36ar of office.		
			Tible of effices administration and
Signature of officer administer	ring oath Printed name of of	icer administering oath	Title of officer administering oat
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth	is
	(street)	(city)	(state) (zip code) (country)
Executed in	, ,	•	
EXECUTED III	County, State of	, on the day of	nth) (year)
		Signature of Can	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME ROMON W Mc Queen 20 Filer ID (Ethics Commission Filers)						
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT					
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 0					
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 0					
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s 0					
4. SCHEDULE E: LOANS	s 0					
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 0					
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s 0					
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0					
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0					
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0					
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0					
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0					
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0					



JAN 1 6 2024

OFR

COUNTY CLERK

EDWARDS COUNTY TEXAS

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.

3 CANDIDATE/ OFFICEHOLDER	MS / MRS (MR)	FIRST	, NI	OFFICE USE ONLY
NAME	NICKNAME	Kamon	SUFFIX	Date Received
	Wade	McQue	en	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	D 54500	Y; STATE; ZIP CODE	
Change of Address	Koch	50Cin95,	1X 78880	_]
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	917-037	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS /MR	Olen	\mathcal{R}^{M} ,	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
	Feller	Hugh	5	Date maged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); ART / SUIT	E#; CITY;	STATE: ZIP CODE
(Residence or Business)	6444	County	R 1380 F	Borksdale, IX 78
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(830)	234-3456		
9 REPORT TYPE	January 15	30th day before elec	tion Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before election	en Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
OOVERED	1,	16/24	THROUGH 2	15124
11 ELECTION	ELECTION DA		ELECTION TYP	PE
	Month Day	Year	Runoff Other Description	
	3/5/	24 General	Special	
12 OFFICE	OFFICE HELD (if any)	,	13 OFFICE SOUGHT (if kno	wn)
			('onsta	ble
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES M	AY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	on Wide McQueen	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (PLEDGES, LOANS, OR GUARANTEES OF LOANS, O CONTRIBUTIONS MADE ELECTRONICALLY)					
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES)	\$ OF LOANS) \$ 1000.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 874.61				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	\$ of the Last day \$ 125,39				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$				
	wear, or affirm, under penalty of perjury, that the accompanying quired to be reported by me under Title 15, Election Code.	report is true and correct and includes all information				
	Sig	nature of Candidate or Officeholder				
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by	this the,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarati		, /				
My name is Rano	n Wade Mc Queen, and my di 1054500 Rokspri	ate of birth is 10/01/1990				
My address is 494 S	(street) , <u>Rakspri</u>					
Executed in <u>EDWAY</u>	County, State of TEXAS, on the 4th d					
	Signal	ture of Candidate/Officeholder (Declarant)				

SUBTOTALS - C/OH

19	19 FILER NAME 20 Filer ID (Ethics Con				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	3	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 100000		
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 CO	NTRIBUTIONS	\$ 874.61		
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 FUR	NDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$		

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 FILER NAME Ramon W Mc Queen	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation. Job title (See Instructions) 9 Employer (See Instructions)	uctions)
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State: Zip Code Rocksprings TX8880	200.00
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/25/24 Ramon Wade M.C. Overn Contributor address; City: State: Zip Code Rockspring 5 TX	300.00
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
19924 Contributor address; City; State; Zip Code RodeSpringS1-78	400.00
Principal occupation / Job title (See Instructions) / Employer (See Instru	uctions)

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 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 c		
1 Total pages Schedule F1:	2 FILER NAME ROWON 11) AD MC)() PPN 3 Filer II	D (Ethics Commission Filers)
4 Date 2/2/24	5 Payge name I-Stop Advertisi	na & Print	ing
6 Amount (\$)	7 Payee address;	City; s	State; // Zip Code
874.61	404 Junction Highwa	4 Kerrville, T	X 78028
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Cards, Mailer	s, Signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Ramon Wade McQu	Office sought 10PN Constab	Office held /E N/A
Date	Payee name		
Amount (\$)	Payee address;	City; S	State; Zip Code
Allouit (4)	rayee audiess,		
	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, officeho	older living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Ü	
Date	Payee name		
Amount (\$)	Payee address;	City; S	State; Zip Code
	FILED FOR RECO	•	
Mxix	15°O1A		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	MACHE TE TEST		
OF EXPENDITURE			
		D Out to the TV office	
	Check I travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	
Complete ONLY if direct a expenditure to benefit G/O	xsr y Candidate A Officeholder name	Office sought	Office held
Companient to burning of the	The state of the s		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	



FEB 5 2024



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

				·
The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS MR	First	1 MI)	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #; \(\)	STATE; ZIP CODE	
Change of Address	KOCK	Springs	1 X 78880	
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/3)	9/7-03	EXTENSION 76	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS (MR	FIRST O/P M	MI D	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	1
	Feller	- Hugh	5	Date imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE)	ÚITE#; CITY;	STATE: ZIP CODE 7 8828
(Residence or Business)	6444	COUNTY R	oad 380 Bo	ovesdale TX
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(830) 2	34-3456		
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
OOVENED	2	06/24	THROUGH 2	126/24
11 ELECTION	ELECTION DA	TE Year Primary	ELECTION TYP Runoff Other	E
			Special Description	
	3/5/	29		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES	MADE BY POLITICAL COMMITTEES TO SUPPORT NOBATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(\$)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
25674	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
	}			
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	WM	Ovee	0	16 File	r ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UN	NITEMIZED POLITICAL CO I, LOANS, OR GUARANTE UTIONS MADE ELECTRO	ONTRIBUTIONS (OTHER	THAN	\$	
		DLITICAL CONTRIBUTI HAN PLEDGES, LOANS, O		DANS)	\$ /(00,00
EXPENDITURE TOTALS	3. TOTAL UN	ITEMIZED POLITICAL EX	(PENDITURE.		\$	
	4. TOTAL PO	DLITICAL EXPENDITUR	RES		\$ 2	02.39
CONTRIBUTION BALANCE		LITICAL CONTRIBUTIONS	S MAINTAINED AS OF TH	IE LAST DAY	\$	02.39
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF ALL OF THE REPORTING PE		AS OF THE	\$	
18 SIGNATURE Is	wear, or affirm, under	penalty of perjury, that the	he accompanying report	is true and co	prrect and inclu	ides all information
		me under Title 15, Election				
		_				
			Signature	of Candidate	or Officeholde	er
		Please complete	e either option b	elow:		
MAN ARELIA AND A						
(1) Affidavit						
			V			
NOTARY STAMP/SEAL	L					
Sworn to and subscribed	before me by		thi	s the	day of	
20, to certify						
	•					
Signature of officer administe	ering oath	Printed name of officer a	dministering oath		Title of officer	administering oath
		OR				
(2) Unsworn Declaration	on					
My name is <u>RAMUA</u>	y GODDE M	2 Jupan	and my date of h	oirth is 101	01/1970	
My address is 994	5050100		Rochsprings	1×	78880 .	ESA.
_	(street)	١	(city)	(state)	(zip code)	(country)
Executed in ENLARCE	Executed in <u>Enunnos</u> County, State of <u>TEXAS</u> , on the <u>26th</u> day of <u>Feb</u> , 20 <u>24</u> . (month) (year)					
	County, Stat	e of TEXAS .c	on the 26th day of 1	Eeb	, 20 <u>24</u> _	
	County, Stat	e of TEXAS,	on the 26th day of 1	(month)	, 20 <u>スソ</u> (yeár)	
	2 S County, Stat	e of <u>Tæx as</u> , o		2	year)	

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID	(Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10000
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	\$ 202,39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$
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 O	PF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR	NED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ī	he Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:				
2 FILER NAI	amon W) McQue	en	3 Filer ID (Ethlcs Commission Filers)				
4 Date 2/11/21	5 Full name of contributor out-of-state PA MOSSA MCPUEE 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 880 00,00				
8 Principal or	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruc	tions)				
Date	Full name of contributor		Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)				
		<u> </u>					
			:				
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED						

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 Git/Awards/Memorials Expense Legal Services 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 Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co		Other (enter a category not issued above)
1 Total pages Schedule F1:	Kampo Wado	Mc Quen	Filer ID (Ethics Commission Filers)
4 Date 2/11/	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3,8,77	255945.14w55 Z	Barksdale	e Tx 78828
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising/Postage fee	EDDM	Postage foe
	(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 Ramon Wade Mc	Office sought	18table WIM
Date	Payee name (
2/13/24	US Postal Se	price	,
Amount (\$) /	Payee address;	City;	State; Zip Code
163,62	102 W. Bandera St.	Rockspi	11 ngs TX 78880
BUBBOSE	Category (See Categories fisted at the top of this schedule)	Description /	<i>V</i> /
PURPOSE OF EXPENDITURE	advertising	EDDM.	Postage Fee
	Check if travel outside of fexas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Ramon Wade McD	Office sought VEEN O	Office held 18/ab/e D/A
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
CRO	FILED FOR REC		
ciock_M_	O1A ()		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ie i i i oaș		
and the same of th	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit CO	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



FEB 2 6 2024

