

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	1. 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 LAST DAY OF REPORTING PERIOD	\$ 104,275.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 45,000.00

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.

Michael Ritchey Wheeler

Signature of Candidate 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 which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Michael Ritchey Wheeler, and my date of birth is 04 April 1971.

My address is 2 Cluny Ct, The Woodlands, TX, 77382, USA.
(street) (city) (state) (zip code) (country)

Executed in Montgomery County, State of Texas, on the 16 day of January, 2024.
(month) (year)

Michael Ritchey Wheeler

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME

Ritch Wheeler

20 Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	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 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 C/OH	\$ 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

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:

5

2 FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)

4 Date

11/09/2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

Ritch Wheeler

6 Contributor address;

City;

State; Zip Code

2 Cluny Ct, The Woodlands, TX 77382

7 Amount of contribution (\$)

10,000.00

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Eagle Training Academy

Date

11/09/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Will Perry

Contributor address;

City;

State; Zip Code

30973 Vickie Ln, Magnolia, TX 77354

Amount of contribution (\$)

10,000.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Sales

Date

12/14/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Will Perry

Contributor address;

City;

State; Zip Code

30973 Vickie Ln, Magnolia, TX 77354

Amount of contribution (\$)

10,000.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Sales

Date

11/17/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Wheeler

Contributor address;

City;

State; Zip Code

1233 Marigold Ln Longview, TX 75604

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Diagnostic Clinic Of Longview

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** FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)**4** Date

11/20/2023

5 Full name of contributor

Robert Wheeler Jr

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

705 Noel Dr Longview, TX 75602

7 Amount of contribution (\$)

1,041.02

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Physician Advisory Group

Date

11/29/2023

Full name of contributor

Ritch Wheeler

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2 Cluny Ct The Woodlands, TX 77382

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Eagle Training Academy

Date

11/30/2023

Full name of contributor

Robert E Gonzalez Jr

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

7310 Durango Creek Dri Magnolia, TX 77354

Amount of contribution (\$)

31.23

Principal occupation / Job title (See Instructions)

CSA1

Employer (See Instructions)

JDPower

Date

11/30/2023

Full name of contributor

Dale Patten

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

5805 Lake Crest Dr. Columbiaville, MI 48421

Amount of contribution (\$)

52.05

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Laawg

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 FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)

4 Date

12/01/2023

5 Full name of contributor

Tony Dupaquier

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

52.02

6 Contributor address;

City;

State;

Zip Code

8522 Maine Dr Austin, TX 78758

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

IA American

Date

12/03/2023

Full name of contributor

Jacob Wheeler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

104.10

Contributor address;

City;

State;

Zip Code

3914 Rose Lane Annandale, VA 22003

Principal occupation / Job title (See Instructions)

Military

Employer (See Instructions)

United States Air Force

Date

12/04/2023

Full name of contributor

Craig Shepherd

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

52.05

Contributor address;

City;

State;

Zip Code

362 Bellevue Way NE, Apt N-513 Bellevue, WA 98004

Principal occupation / Job title (See Instructions)

Account Rep

Employer (See Instructions)

Vanguard Dealer Seervices

Date

12/04/2023

Full name of contributor

Jonathan Wheeler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

201 W 70th St Apr 3A New York, NY 10023

Principal occupation / Job title (See Instructions)

Software Engineer And Investor

Employer (See Instructions)

Self

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 FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)

4 Date

12/05/2023

5 Full name of contributor

Bob Galatas

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

P.O. Box 1816 Montgomery, TX 77356

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

Real Estate

9 Employer (See Instructions)

Self

Date

12/06/2023

Full name of contributor

Adam Dunn

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

11109 beinhorn rd Houston, TX 77024

Amount of contribution (\$)

1,800.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

12/06/2023

Full name of contributor

Aaron Hill

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

30706 Becky Lane Magnolia, TX 77354

Amount of contribution (\$)

2,602.54

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

12/07/2023

Full name of contributor

Trent M White

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1944 Green Wing Dr Johnstown, CO 80534

Amount of contribution (\$)

260.25

Principal occupation / Job title (See Instructions)

National Trainer

Employer (See Instructions)

Assurant

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 FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/2023

5 Full name of contributor

Shannon Robertson

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

3809 Fox Hollow Drive Bedford, TX 76021

7 Amount of contribution (\$)

52.05

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

AFIP

Date

12/12/2023

Full name of contributor

Brett Chamberlain

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

216 Duerr dr Bellville, TX 77418

Amount of contribution (\$)

2,100.00

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

GC

Date

12/12/2023

Full name of contributor

Brett Chamberlain

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

216 Duerr dr Bellville, TX 77418

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

GC

Date

12/20/2023

Full name of contributor

Brian Auge

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

682 Red Pine Lane Saint Paul, MN 55123

Amount of contribution (\$)

260.25

Principal occupation / Job title (See Instructions)

Regional VP Of Sales

Employer (See Instructions)

ADS

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 FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/2023

5 Full name of contributor

John Keating

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

1096 Limestone Ct Allen, TX 75013

7 Amount of contribution (\$)

104.10

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

12/14/2023

Full name of contributor

Ritch Wheeler

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2 Cluny Ct, The Woodlands, TX 77382

Amount of contribution (\$)

10,000.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Eagle Training Academy

Date

12/14/2023

Full name of contributor

Michelle Bunch

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

39 Legato Way, The Woodlands, TX 77382

Amount of contribution (\$)

5,007.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

11/09/2023

Full name of contributor

Doylene Perry

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

30973 Vickie Ln, Magnolia, TX 77354

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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: 1	
2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Mac Sanders 7 Contributor address; City; State; Zip Code 25511 Budde Rd, Baylor Bldg #302, The Woodlands, TX 77380	8 Amount of Contribution \$ 1,000.00	9 In-kind contribution description Office space Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Realtor		11 Employer (FOR NON-JUDICIAL)(See Instructions) Mustard Seed	
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 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Mac Sanders Contributor address; City; State; Zip Code 25511 Budde Rd, Baylor Bldg #302, The Woodlands, TX 77380	Amount of Contribution \$ 1,000.00	In-kind contribution description Office space Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Realtor		Employer (FOR NON-JUDICIAL)(See Instructions) Mustard Seed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 Ritch Wheeler		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/22/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Wheeler	9 Loan Amount (\$) 45,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 44 Pine Grove Court, Spring, TX 77381	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Eagle Training Academy
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> 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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/2023	5 Payee name Woodforest National Bank	
6 Amount (\$) 12.00	7 Payee address; City; State; Zip Code P.O. Box 7889, The Woodlands, TX 77387	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank service charge
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/19/2023	Payee name WinRed	
Amount (\$) 39.40	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/21/2023	Payee name WinRed	
Amount (\$) 41.02	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2023	5 Payee name WinRed	
6 Amount (\$) 5.25	7 Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Winred service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/03/2023	Payee name WinRed	
Amount (\$) 2.05	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/04/2023	Payee name WinRed	
Amount (\$) 7.14	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Payee name WinRed	
6 Amount (\$) 0.99	7 Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Winred service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/06/2023	Payee name WinRed	
Amount (\$) 173.46	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/10/2023	Payee name WinRed	
Amount (\$) 10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2023	5 Payee name WinRed	
6 Amount (\$) 2.05	7 Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Winred service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/13/2023	Payee name WinRed	
Amount (\$) 84.71	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/20/2023	Payee name WinRed	
Amount (\$) 10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
4 Date 12/25/2023	5 Payee name WinRed	
6 Amount (\$) 4.10	7 Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description WinRed service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED