

# 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: <span style="font-size: 1.5em; font-weight: bold;">21</span>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align: center;">Ritch</p> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center;">Wheeler</p>	<div style="text-align: center; border: 2px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0; font-size: 1.2em;">FEB 26 2024</p> <p style="margin: 0;">SH 21 pages</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">Date Received</p> <hr/> <p style="font-size: 0.8em; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; font-size: 0.8em; margin-top: 5px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2"> </td> </tr> </table> <hr/> <p style="font-size: 0.8em; margin-top: 5px;">Date Processed</p> <hr/> <p style="font-size: 0.8em; margin-top: 5px;">Date Imaged</p>		Receipt #	Amount \$						
Receipt #	Amount \$										
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p style="font-size: 1.1em;">2 Cluny Ct, The Woodlands, TX 77382</p>										
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="font-size: 1.1em;">( 214 )                      695-2567</p>										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <p style="text-align: center;">Kristen</p> <hr style="border-top: 1px dotted black;"/> NICKNAME                      LAST                      SUFFIX <p style="text-align: center;">Machicek</p>										
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <p style="font-size: 1.1em;">25402 Gambrel Barn Pl., Katy, TX 77493</p>										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <p style="font-size: 1.1em;">( 281 )                      536-1920</p>										
<b>9</b> REPORT TYPE	<table style="width:100%; font-size: 0.9em;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
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<b>10</b> PERIOD COVERED	<table style="width:100%; font-size: 0.9em;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">1      /      26      /      24</td> <td></td> <td style="text-align: center; font-size: 1.2em;">2      /      24      /      24</td> </tr> </table>			Month      Day      Year	THROUGH	Month      Day      Year	1      /      26      /      24		2      /      24      /      24		
Month      Day      Year	THROUGH	Month      Day      Year									
1      /      26      /      24		2      /      24      /      24									
<b>11</b> ELECTION	<table style="width:100%; font-size: 0.9em;"> <tr> <td style="width:30%;">                     ELECTION DATE                      Month      Day      Year  <p style="font-size: 1.2em;">3      /      5      /      24</p> </td> <td style="width:70%;">                     ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month      Day      Year <p style="font-size: 1.2em;">3      /      5      /      24</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month      Day      Year <p style="font-size: 1.2em;">3      /      5      /      24</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <span style="font-size: 1.1em;">Montgomery County Commissioner Pct 3</span>									
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Ritch Wheeler		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 13,148.45
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 70,506.28
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 39,847.52
<b>OUTSTANDING LOAN TOTALS</b>	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/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 APR 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 26 day of February, 2024.

(month) (year)

*Michael Ritchey Wheeler*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Ritch Wheeler</b>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,548.45
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,600.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 45,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 70,023.84
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	\$ 482.44
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: 4
2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2024	5 Full name of contributor out-of-state PAC (ID#: _____) David Black 6 Contributor address; City; State; Zip Code 30 Grogans Point Rd., The Woodlands, TX 77380	7 Amount of contribution (\$) <b>104.10</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/28/2024	Full name of contributor out-of-state PAC (ID#: _____) Janell Volke Contributor address; City; State; Zip Code 10 Sunset circle, Spring, TX 77381	Amount of contribution (\$) <b>265.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: _____) Brenda Key Contributor address; City; State; Zip Code 135 Bitterwood Circle, The Woodlands, TX 77381	Amount of contribution (\$) <b>52.05</b>
Principal occupation / Job title (See Instructions) Flight Attendent		Employer (See Instructions) United Airlines
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: _____) Glenda Key Contributor address; City; State; Zip Code 135 Bitterwood Circle, The Woodlands, TX 77381	Amount of contribution (\$) <b>52.05</b>
Principal occupation / Job title (See Instructions) Flight Attendent		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.

# 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 02/05/2024	5 Full name of contributor William Nath out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code PO Box 9958, Spring, TX 77387	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/07/2024	Full name of contributor JayMac Sanders out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 19 amber leaf ct., Spring, TX 77381	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Self
Date 02/07/2024	Full name of contributor John Thaeler out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 12 Water Mark Way, Spring, TX 77381	Amount of contribution (\$) <b>208.20</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/09/2024	Full name of contributor Sheri Hummer out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 26 Midday Sun PL, The Woodlands, TX 77382	Amount of contribution (\$) <b>500.00</b>
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.

# 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 <b>Ritch Wheeler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/14/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Stephen R Bolt</b> 6 Contributor address; City; State; Zip Code <b>7 Winslow Way, Spring, TX 77382</b>	7 Amount of contribution (\$) <b>1,041.02</b>
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>Houk AC</b>
Date <b>02/19/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jeannie Colvin</b> Contributor address; City; State; Zip Code <b>31 N Havenridge D.,r Spring, TX 77381</b>	Amount of contribution (\$) <b>26.03</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/07/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Hugh Connett</b> Contributor address; City; State; Zip Code <b>9 Golden Sunset Cr., The Woodlands, TX 77381</b>	Amount of contribution (\$) <b>350.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>02/01/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Arden Hetland</b> Contributor address; City; State; Zip Code <b>1 Waterway Ct., APT 3B, The Woodlands, TX 77380</b>	Amount of contribution (\$) <b>7,500.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

**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 <b>Ritch Wheeler</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/05/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Matthew Pistner</b> ..... 6 Contributor address; City; State; Zip Code <b>25 Waterford Lake, The Woodlands, TX 77381</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>02/07/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Charlton Phillips</b> ..... Contributor address; City; State; Zip Code <b>5114 Ranch Hill Dr., Magnolia, TX 77354</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 (\$)
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.

# 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: <b>1</b>
2 FILER NAME <b>Ritch Wheeler</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>12/22/2023</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Michael R. Wheeler</b>	9 Loan Amount (\$) <b>45,000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>2 Cluny Ct, The Woodlands, TX 77382</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Consultant</b>		13 Employer (See Instructions) <b>Eagle Training Academy</b>
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> 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 <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  ..... 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.



# 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:	2
2 FILER NAME <b>Ritch Wheeler</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  01/28/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Janell Volke</b> ..... 7 Contributor address; City; State; Zip Code <b>10 Golden Sunset Circle, The Woodlands, TX 77381</b>	8 Amount of Contribution \$  200.00	9 In-kind contribution description  <b>Food for Meet &amp; Greet</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>	
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  02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sarah Howard</b> ..... Contributor address; City; State; Zip Code <b>21 Waterford Lake, The Woodlands TX 77381</b>	Amount of Contribution \$  100.00	In-kind contribution description  <b>Food for Meet &amp; Greet</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>	
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:	
2 FILER NAME <b>Ritch Wheeler</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  02/21/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sandy Halbrit</b> 7 Contributor address; City; State; Zip Code <b>14 W Eden Elm Circle, The Woodlands TX 77381</b>	8 Amount of Contribution \$  300.00	9 In-kind contribution description  <b>Food for Meet &amp; Greet</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Retired</b>	
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  02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jay Mac Sanders</b> Contributor address; City; State; Zip Code <b>25511 Budde Rd, Baylor Bldg #302, The Woodlands, TX 77380</b>	Amount of Contribution \$  1,000.00	In-kind contribution description  <b>Office Space</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Realtor</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Mustard Seed</b>	
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.

# 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.

<b>1</b> Total pages Schedule F1: 10	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/29/2024	<b>5</b> Payee name CAZ Consulting	
<b>6</b> Amount (\$) 1,385.60	<b>7</b> Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Consulting Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/29/2024	Payee name CAZ Consulting	
Amount (\$) 7,000.00	Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/29/2024	Payee name CAZ Consulting	
Amount (\$) 9,973.00	Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/29/2024	<b>5</b> Payee name CAZ Consulting	
<b>6</b> Amount (\$) 9,973.00	<b>7</b> Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Consulting Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 01/29/2024	Payee name CAZ Consulting	
Amount (\$) 450.00	Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/01/2024	Payee name CAZ Consulting	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/08/2024	<b>5</b> Payee name CAZ Consulting, LLC	
<b>6</b> Amount (\$) 600.00	<b>7</b> Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Consulting Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/09/2024	Payee name C3 Management	
Amount (\$) 288.00	Payee address; City; State; Zip Code 1616 S Voss Rd., Houston, TX 77057	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bookkeeping & Accounting service
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/09/2024	Payee name C3 Management	
Amount (\$) 612.00	Payee address; City; State; Zip Code 1616 S Voss Rd., Houston, TX 77057	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bookkeeping & Accounting service
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/14/2024	<b>5</b> Payee name CAZ Consulting, LLC
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<b>6</b> Amount (\$) <b>8,152.00</b>	<b>7</b> Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Consulting Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/13/2024	Payee name CAZ Consulting, LLC
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Amount (\$) <b>8,152.00</b>	Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/13/2024	Payee name CAZ Consulting, LLC
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Amount (\$) <b>9,973.00</b>	Payee address; City; State; Zip Code 7720 Laura Lake Ln., Fort Worth, TX 76126
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Fees
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/19/2024	<b>5</b> Payee name Tripple Threat Strategies, LLC	
<b>6</b> Amount (\$) 1,545.48	<b>7</b> Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description MMS - Texting
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/19/2024	Payee name Tripple Threat Strategies, LLC	
Amount (\$) 1,545.48	Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description MMS - Texting
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/19/2024	Payee name Tripple Threat Strategies, LLC	
Amount (\$) 1,545.48	Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description MMS - Texting
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/19/2024	<b>5</b> Payee name Tripple Threat Strategies, LLC	
<b>6</b> Amount (\$) <b>1,545.48</b>	<b>7</b> Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description MMS - Texting
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/19/2024	Payee name Tripple Threat Strategies, LLC	
Amount (\$) <b>1,545.48</b>	Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description MMS - Texting
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/20/2024	Payee name Hilda Garcia	
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code 1543 Rayford Rd., Spring, TX 77386	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Placement
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/27/2024	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) 4.10	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, Arlington, VA 22219	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description WinRed service fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/28/2024	Payee name WinRed	
Amount (\$) 10.44	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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/29/2024	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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/29/2024	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) 2.05	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, Arlington, VA 22219	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description WinRed service fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/05/2024	Payee name WinRed	
Amount (\$) 39.40	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, Arlington, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	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. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>
Date 02/07/2024	Payee name WinRed	
Amount (\$) 18.05	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, Arlington, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	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. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right;">Office held</span>

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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/09/2024	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) 19.70	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, Arlington, VA 22219	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description WinRed service fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 02/14/2024	Payee name WinRed	
Amount (\$) 41.02	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, Arlington, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 02/19/2024	Payee name WinRed	
Amount (\$) 1.03	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530, Arlington, VA 22219	
<b>PURPOSE OF EXPENDITURE</b>	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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Ritch Wheeler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/21/2024	<b>5</b> Payee name Community Impact	
<b>6</b> Amount (\$) 3,950.00	<b>7</b> Payee address; City; State; Zip Code 3600 E. Palm Valley Blvd. Box #3, Round Rock, TX 78665	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Newspaper Ad
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
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. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# 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	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.

<b>1</b> Total pages Schedule G: <b>1</b>	<b>2</b> FILER NAME <b>Ritch Wheeler</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/14/2024</b>	<b>5</b> Payee name <b>VistaPrint</b>	
<b>6</b> Amount (\$) <b>482.44</b> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code <b>275 Wyman St, Waltham, MA, 02451</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>T-shirts</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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