

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:

33 *ymg*

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Bobby	MI T	OFFICE USE ONLY
	NICKNAME Todd	LAST Yancey	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Conroe TX 77305			Date Received 4.4.2024 <i>City Secretary</i> <i>Joel M. Gouyon</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 723-9956	EXTENSION	Date Hand-delivered or Date Postmarked 4.4.2024
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Andrew	MI C	Receipt # _____ Amount \$ _____
	NICKNAME	LAST Hylton	SUFFIX	Date Processed 4.4.2024 Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Austin TX 78746			
8 CAMPAIGN TREASURER PHONE	AREA CODE (276)	PHONE NUMBER 870-8722	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 09 / 2023 THROUGH 03 / 25 / 2024			
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) City of Conroe Councilman - Place 1		13 OFFICE SOUGHT (if known) City of Conroe Mayor	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		
		COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

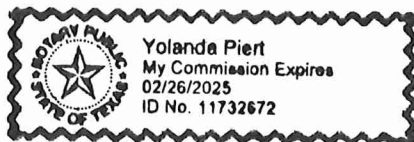
15 C/OH NAME Bobby Todd Yancey		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 86,099.51
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 80.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,969.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 45,130.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

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.

Bobby Todd Yancey
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Yolanda Pierr this the 3rd day of April, 2024, to certify which, witness my hand and seal of office.

Yolanda Pierr Yolanda Pierr Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Bobby Todd Yancey		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 86,099.51
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 50,888.36
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark McCollum 6 Contributor address: City; State; Zip Code Austin, TX 78735	7 Amount of contribution (\$) 520.51
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Adams Contributor address; City; State; Zip Code Austin TX 78733	Amount of contribution (\$) 2,582.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Biggers Contributor address; City; State; Zip Code Montgomery TX 77316	Amount of contribution (\$) 2,582.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Moon Contributor address; City; State; Zip Code Montgomery TX 77316	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Medellin 6 Contributor address; City; State; Zip Code Pasadena TX 77504	7 Amount of contribution (\$) 520.51
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nins Gentry Contributor address; City; State; Zip Code Conroe TX 77305	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Walker Campaign Contributor address; City; State; Zip Code Magnolia TX 77355	Amount of contribution (\$) 516.53
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Williams Contributor address; City; State; Zip Code Conroe TX 77301	Amount of contribution (\$) 26.03
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Engel 6 Contributor address; City; State; Zip Code Conroe TX 77304	7 Amount of contribution (\$) 104.10
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Watson Contributor address; City; State; Zip Code Conroe TX 77302	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudi Williams Contributor address; City; State; Zip Code Montgomery Tx 77316	Amount of contribution (\$) 26.03
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Thornberry Contributor address; City; State; Zip Code New Waverly Tx 77358	Amount of contribution (\$) 52.05
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristal Garcia 6 Contributor address; City; State; Zip Code Conroe TX 77301	7 Amount of contribution (\$) 20.82
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Wiesner Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 520.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristin Calfee Bybee Contributor address; City; State; Zip Code . Conroe TX 77304	Amount of contribution (\$) 281.07
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darla Weaver Contributor address; City; State; Zip Code Montgomery TX 77356	Amount of contribution (\$) 20.82
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Eaton 6 Contributor address; City; State; Zip Code Montgomery TX 77356	7 Amount of contribution (\$) 26.03
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Heath Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Callison Contributor address; City; State; Zip Code Spring TX 77386	Amount of contribution (\$) 83.28
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Chretien Contributor address; City; State; Zip Code Montgomery TX 77316	Amount of contribution (\$) 41.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Johnson 6 Contributor address; City; State; Zip Code Conroe TX 77301	7 Amount of contribution (\$) 41.64
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Todd Contributor address; City; State; Zip Code Houston TX 77042	Amount of contribution (\$) 41.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Biggers Contributor address; City; State; Zip Code Montgomery TX 77316	Amount of contribution (\$) 83.28
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Stephens Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 41.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Cantrell 6 Contributor address; City; State; Zip Code Conroe TX 77304	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Roan Contributor address; City; State; Zip Code Montgomery TX 77356	Amount of contribution (\$) 5,205.08
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bubba Elmore Contributor address; City; State; Zip Code Willis TX 77378	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Adams Contributor address; City; State; Zip Code Austin TX 78733	Amount of contribution (\$) 1,172.52
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Whitehead 6 Contributor address; City; State; Zip Code Huntsville TX 77340	7 Amount of contribution (\$) 104.10
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Brown Contributor address; City; State; Zip Code Huntsville TX 77340	Amount of contribution (\$) 774.79
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Biggers Contributor address; City; State; Zip Code Montgomery TX 77316	Amount of contribution (\$) 2,602.54
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa Papasideris Contributor address; City; State; Zip Code . The Woodlands TX 77380	Amount of contribution (\$) 520.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/24	5 Full name of contributor Jay Adams <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: City; State; Zip Code Willis TX 77318	7 Amount of contribution (\$) 516.53
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/24	Full name of contributor James Kemmer <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Austin TX 78731	Amount of contribution (\$) 312.30
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/24	Full name of contributor Greg McKellar <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Conroe TX 77384	Amount of contribution (\$) 1,041.02
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/24	Full name of contributor Bill Harrison <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Willis TX 77378	Amount of contribution (\$) 104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison Moon 6 Contributor address; City; State; Zip Code Montgomery TX 77316	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker McCollum Contributor address; City; State; Zip Code New Braunfels TX 78132	Amount of contribution (\$) 2,582.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan D'Agostino Contributor address; City; State; Zip Code Houston TX 77304	Amount of contribution (\$) 2,750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starla Long Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 3/15/24	5 Full name of contributor Lisa Shaver <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code Conroe TX 77303	7 Amount of contribution (\$) 26.03
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/24	Full name of contributor Curt Maddux Campaign <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/24	Full name of contributor Robert Page <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/24	Full name of contributor Rigby Owen Jr. <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Conroe TX 77305	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Craig Doyal Campaign 6 Contributor address; City; State; Zip Code Conroe TX, 77305	7 Amount of contribution (\$) 1,250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milstead P.C. Investments LLC Contributor address; City; State; Zip Code Montgomery TX 77316	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray Preston Clopton Contributor address; City; State; Zip Code i. Montgomery TX 77316	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Holley Contributor address; City; State; Zip Code Sulphur LA 70663	Amount of contribution (\$) 260.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Adams 6 Contributor address: City; State; Zip Code Willis TX 77318	7 Amount of contribution (\$) 1,033.06
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Peeler Contributor address; City; State; Zip Code San Antonio TX 78209	Amount of contribution (\$) 516.53
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Matthews Contributor address; City; State; Zip Code Montgomery TX 77356	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest Yancey Contributor address; City; State; Zip Code Conroe TX 77305	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 19

2 FILER NAME Bobby Todd Yancey

3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Mary Wisenbaker

7 Amount of contribution (\$)

2/27/24

6 Contributor address; City; State; Zip Code

Montgomery TX 77316

5,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Robert Marling

2/27/24

Contributor address; City; State; Zip Code

Montgomery TX 77316

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Blaze Benson

2/27/24

Contributor address; City; State; Zip Code

Montgomery TX 77356

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Bill Ellison

2/27/24

Contributor address; City; State; Zip Code

Conroe TX 77301

5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Hollingshead 6 Contributor address; City; State; Zip Code Murfreesboro TN 37129	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Caywood Contributor address; City; State; Zip Code Conroe TX 77305	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Manners Contributor address; City; State; Zip Code Conroe TX 77303	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galen Kahlenberg Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Baughman 6 Contributor address; City; State; Zip Code Conroe TX 77304	7 Amount of contribution (\$) 1,250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Buckalew Jr. Contributor address; City; State; Zip Code Conroe TX 77306	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Moore Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Brown Contributor address; City; State; Zip Code Huntsville TX 77340	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin Jackson 6 Contributor address; City; State; Zip Code Conroe TX 77304	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jody Czajkoski Contributor address; City; State; Zip Code Conroe TX 77301	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helen Schroff Contributor address; City; State; Zip Code Conroe TX 77301	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darla Weaver Contributor address; City; State; Zip Code Montgomery TX 77356	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Sebastian 6 Contributor address; City; State; Zip Code Conroe TX 77305	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Vaughn Contributor address; City; State; Zip Code Montgomery TX 77356	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Lanier Contributor address; City; State; Zip Code The Woodlands TX 77381	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Tyler Contributor address; City; State; Zip Code Conroe TX 77303	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clyde Vogel 6 Contributor address; City; State; Zip Code Conroe TX 77304	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Bergfeld Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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: 1
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ \$0.00
5 Date of loan 1/31/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#:) Bobby Todd Yancey	9 Loan Amount (\$) 10,000.00
6 Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code Montgomery TX 77356	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> 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? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 2/6/24	5 Payee name WinRed	
6 Amount (\$) 103.15	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/7/24	Payee name WinRed	
Amount (\$) 82.64	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/12/24	Payee name WinRed	
Amount (\$) 16.00	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/24	5 Payee name WinRed	
6 Amount (\$) 52.51	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/19/24	Payee name WinRed	
Amount (\$) 16.53	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/20/24	Payee name WinRed	
Amount (\$) 48.14	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 2/21/24	5 Payee name WinRed	
6 Amount (\$) 13.12	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/26/24	Payee name WinRed	
Amount (\$) 160.00	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/27/24	Payee name WinRed	
Amount (\$) 262.30	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 2/28/24	5 Payee name WinRed	
6 Amount (\$) 4.10	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/29/24	Payee name WinRed	
Amount (\$) 24.79	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/1/24	Payee name WinRed	
Amount (\$) 123.05	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)	
4 Date 3/2/24		5 Payee name WinRed			
6 Amount (\$) 28.83		7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense		(b) Description Processing Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 3/3/24		Payee name WinRed			
Amount (\$) 41.02		Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Processing Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 3/4/24		Payee name WinRed			
Amount (\$) 68.10		Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Processing Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 3/13/24	5 Payee name WinRed	
6 Amount (\$) 82.64	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/14/24	Payee name WinRed	
Amount (\$) 88.00	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/15/24	Payee name WinRed	
Amount (\$) 21.13	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 3/18/24	5 Payee name WinRed	
6 Amount (\$) 33.06	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/21/24	Payee name WinRed	
Amount (\$) 16.53	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3/24/24	Payee name WinRed	
Amount (\$) 16.00	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/24	5 Payee name East Texas Signs	
6 Amount (\$) 1,800.00	7 Payee address; City; State; Zip Code 410 Cherokee Street Longview TX 75604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/29/24	Payee name TAG, LLC	
Amount (\$) 500.00	Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting	Description Campaign Accounting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/29/24	Payee name TAG, LLC	
Amount (\$) 16,589.69	Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 2/29/24	5 Payee name TAG, LLC	
6 Amount (\$) 17,000.00	7 Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Campaign Services
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/29/24	Payee name TAG, LLC	
Amount (\$) 12,035.15	Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Events with Constituents
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 2/29/24	Payee name TAG, LLC	
Amount (\$) 552.84	Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Meetings to discuss campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 2/29/24	5 Payee name TAG, LLC	
6 Amount (\$) 258.99	7 Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Website	(b) Description Campaign website
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2/29/24	Candidate / Officeholder name TAG, LLC	
Amount (\$) 850.05	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description Travel for campaign events
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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