CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	to complete this form.	1 Filer ID (Ethin	ics Commission Filers)	2 Total pages filed: 33
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr Mr.	FIRST Bobby		мі T	OFFICE USE ONLY
NAME	NICKNAME Todd	LAST Yancey		SUFFIX	City Secretary
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; Conroe TX 7	city; stat 7 7305	'E; ZIP CODE	Stads W. Gorph
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER	EXTE	ENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Andrew LAST		MI C SUFFIX	Date Processed 4.2024
a.	N 487 A 704 A 704 A 70 100 3 700	Hylton			Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (SUITE #; C	ситу; 2 46	STATE; ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 870-8722	EXTE	ENSION	
9 REPORT TYPE	January 15	X 30th day before	election	Runoff Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 10	Day Year / 09 / 2023	THROUGH	Reporting Limit Month 03	Day Year 25 2024
11 ELECTION	ELECTION DA Month Day 05 04	TE Year Primary 12024 X Genera		ELECTION TYPE	:
12 OFFICE	OFFICE HELD (if any) City of Conro	e Councilman - Plac		ICE SOUGHT (if know City of Co	ⁿ⁾ onroe Mayor
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITUR	RES MAY HAVE BEEN MA	ADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages		COMMITTEE ADDRESS	REASURER NAME	·	
		COMMITTEE CAMPAIGN T		S	
		GO TC	D PAGE 2		

CANDIDATE / OFFICEHOLDER NI EINIANCE DEDODT

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

CAMPAGE						
15 C/OH NAME	Bobby Todd Yancey	5 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)	\$ O				
	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 I OF REPORTING PERIOD	^{DAY} \$ 45,130.20				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	^{HE} \$ 10,000.00				
18 SIGNATURE	swear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information				
re	quired to be reported by me under Title 15, Election Code.					
	Doby soll pan	lly				
	Signature of Cand	lidate or Officeholder				
	Please complete either option below:					
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by forder fiert this the	3rd day of April,				
20 <u>24</u> , to certify						
- Yalanda Pierr notary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
(2) Unsworn Declarat	or					
My name is	and my date of birth is					
My name is, and my date of birth is My address is,,,,,						

(street)

_____ County, State of ______, on the ____

My address is ____

Executed in _

(city)

_ day of _____ (month)

(state)

Signature of Candidate/Officeholder (Declarant)

(zip code)

_, 20____. (year)

(country)

SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

19	FILER NAME	Bobby Todd Yancey	20 Filer ID (Ethics Con	nmissi	ion Filers)
21		SUBTOTAL AMOUNT			
1.	x sc	HEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	86,099.51
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				\$	0
3.	sc	HEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	X SC	HEDULE E: LOANS		\$	10,000.00
5.	x so	HEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	50,888.36
6.	s	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	s	HEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$	0
8.	s	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	s	HEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$	0
10.	sc	HEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0
11.	s	HEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
12.	S	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$	0

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				
FILER NA		3 Filer ID (Ethics Commission Filers)				
	Bobby Todd Yancey					
Date	5 Full name of contributorout-of-state PAC (ID#:) Mark McCollum	7 Amount of contribution (\$)				
2/6/24	6 Contributor address: City; State; Zip Code Austin, TX 78735	520.51				
B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	Full name of contributor	Amount of contribution (\$)				
2/6/24	Contributor address; City; State; Zip Code Austin TX 78733	2,582.64				
Principal o	ccupation / Job title (See Instructions) Employer (See Instructions)	L ctions)				
Date	Full name of contributor out-of-state PAC (ID#:) William Biggers	Amount of contribution (\$)				
2/7/24	Contributor address; City; State; Zip Code Montgomery TX 77316	2,582.64				
Principal c	Employer (See Instructions)	ctions)				
Date	Full name of contributor	Amount of contribution (\$)				
2/12/24	Contributor address; City; State; Zip Code , Montgomery TX 77316	500.00				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						

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	MONET	ARY 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	5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)				
	2/15/24	Francisco Medellin 6 Contributor address; City; State; Zip Code Pasadena TX 77504	 520.51				
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	tructions)				
	Date	Full name of contributor	—) Amount of contribution (\$)				
	2/15/24	Contributor address; City; State; Zip Code Conroe TX 77305	1,000.00				
	Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)				
	Date	Full name of contributor 🛛 out-of-state PAC (ID#: Robert Walker Campaign) Amount of contribution (\$)				
	2/19/24	Contributor address; City; State; Zip Code Magnolia TX 77355	516.53				
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)				
	Date	Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)				
	2/20/24	Contributor address; City; State; Zip Code ; Conroe TX 77301	26.03				
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	structions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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	MONET	ARY POLITICAL CONTRIBUT	LIONS	SCHEDULE A1		
		ted information is not applicable, DO NOT inc				
	The	Instruction Guide explains how to complete this t	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 contributorout-of-state PAC (7 Amount of contribution (\$)			
	2/20/24	Robert Engel 6 Contributor address; City; Conroe TX 77304	State; Zip Code	104.10		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
	Date	Full name of contributor aut-of-state PAC	(ID#:)	Amount of contribution (\$)		
	2/20/24	Contributor address; City; Conroe TX 77	State; Zip Code	40.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	2/20/24	Contributor address; City;	State; Zip Code	26.03		
	Principal occu	, Montgomery Tx 77 pation / Job title (See Instructions)	Z316 Employer (See Instruc	tions)		
	Date	Full name of contributor Amanda Thornberry	(ID#:)	Amount of contribution (\$)		
	2/20/24	Contributor address; City; New Waverly Tx 77358	State; Zip Code	52.05		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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	MONET	ARY 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	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)				
	2/20/24	6 Contributor address; City; State; Zip Code Conroe TX 77301	20.82				
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See In	structions)				
	Date	Full name of contributor) Amount of contribution (\$)				
	2/20/24	Contributor address; City; State; Zip Code Conroe TX 77304	520.51				
	Principal occup	Dation / Job title (See Instructions) Employer (See In	structions)				
	Date	Full name of contributor) Amount of contribution (\$)				
	2/20/24	Contributor address; City; State; Zip Code . Conroe TX 77304	281.07				
	Principal occu	pation / Job title (See Instructions) Employer (See I	Instructions)				
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
	2/20/24	Contributor address; City; State; Zip Code Montgomery TX 77356	20.82				
	Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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	MONET	ARY 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	5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)				
	2/20/24	6 Contributor address; City; State; Zip Cod Montgomery TX 77356					
0	Dringing, acou	upation / Job title (See Instructions) 9 Employer (See	Instructions)				
8	Philopai occu						
	Date	Full name of contributor	Amount of contribution (\$)				
	2/20/24	Contributor address; City; State; Zip Con Conroe TX 77304	e 104.10				
	Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)				
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:) Amount of contribution (\$)				
	2/21/24	Contributor address; City; State; Zip Coo Spring TX 77386	e 83.28				
	Principal occu	pation / Job title (See Instructions) Employer (See	I Instructions)				
	Date	Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)				
	2/21/24	Contributor address; City; State; Zip Coc	41.64				
		Montgomery TX 77316					
	Principal occu	upation / Job title (See Instructions) Employer (Se	a Instructions)				
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		ATTACH ADDITIONAL COPIES OF THIS SCHEDU					

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	MONET	ARY POLITICAL CONTRIBUT	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 fo	orm.	1 Total pages Schedule A1: 19		
	FILER NAME	Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)		
	Date	5 Full name of contributor out-of-state PAC (IE)#:)	7 Amount of contribution (\$)		
	2/21/24	Susan Johnson 6 Contributor address; City; Conroe TX 77301	State; Zip Code	41.64		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
	Date	Full name of contributor	D#:)	Amount of contribution (\$)		
	2/21/24	James Todd Contributor address; City; Houston TX 77042	State; Zip Code	41.64		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				lions)		
	Date		D#:)	Amount of contribution (\$)		
	2/21/24	Contributor address; City;	State; Zip Code	83.28		
	Principal occu	pation / Job title (See Instructions)	b Employer (See Instruc	tions)		
	Date	Full name of contributor Randall Stephens	ID#:)	Amount of contribution (\$)		
	2/21/24	Contributor address; City; Conroe TX 77304	State; Zip Code	41.64		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		

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	Instruction Guide explains how to complete this for	·m.	3 Filer ID (Ethics Commission Filers)	
ER NAME	Bobby Todd Yancey		3 File ID (Eulies Commission Files)	
e	Tim Cantrell		7 Amount of contribution (\$)	
6/24			5,000.00	
ncipal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)	
e	Lisa Boan		Amount of contribution (\$)	
27/24	Contributor address; City;	State; Zip Code	5,205.08	
Principal occupation / Job title (See Instructions) Emp		Employer (See Instruct	∍ Instructions)	
te		#:)	Amount of contribution (\$)	
27/24			500.00	
ncipal occu	pation / Job title (See Instructions)	Employer (See Instruct	lions)	
te	Full name of contributor Michael Adams)#:)	Amount of contribution (\$)	
27/24		State; Zip Code	1,172.52	
Principal occupation / Job title (See Instructions) Employ			tions)	
	ER NAME e 16/24 heipal occur e 27/24 heipal occur te 27/24 heipal occur te 27/24	ER NAME Bobby Todd Yancey e 5 Full name of contributor address; out-of-state PAC (ID/ Tim Cantrell 6/24 6 Contributor address; City; S 6/24 6 Contributor address; City; S 1 Conroe TX 77304 P Conroe TX 77304 1 Dob title (See Instructions) 9 P e Full name of contributor out-of-state PAC (ID Lisa Roan 27/24 Contributor address; City; Montgomery TX 773; acipal occupation / Job title (See Instructions) PAC (ID Bubba Elmore 27/24 Contributor address; City; City; 4 Full name of contributor out-of-state PAC (ID Bubba Elmore Willis TX 77378 PAC (ID Acipal occupation / Job title (See Instructions) Image: City; City; 4 Full name of contributor out-of-state PAC (ID 9 Michael Adams City; City; 27/24 Contributor address; City; City; 4 Full name of contributor out-of-state PAC (ID	ER NAME Bobby Todd Yancey e 5 Full name of contributor out-of-state PAC (ID#:) Tim Cantrell 6 Contributor address; City; State; Zip Code 66/24 6 Contributor address; City; State; Zip Code 66/24 6 Contributor address; City; State; Zip Code 1 Contributor address; City; State; Zip Code 1 Lisa Roan	

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The LER NAME ate	ted information is not applicable, DO NOT include thi Instruction Guide explains how to complete this form. Bobby Todd Yancey 5 Full name of contributor	1 Total pages Schedule A1: 19 3 Filer ID (Ethics Commission Filers)) 7 Amount of contribution (\$)) 7 Amount of contribution (\$)) 104.10
LER NAME	Bobby Todd Yancey 5 Full name of contributor Craig Whitehead 6 Contributor address; City; State; Huntsville TX 77340 pation / Job title (See Instructions) 9 Full name of contributor out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Zip Code 104.10 over (See Instructions)
ate '28/24 rincipal occu	5 Full name of contributor □ out-of-state PAC (ID#: Craig Whitehead	Zip Code 104.10
'28/24 rincipal occu	Craig Whitehead 6 Contributor address; City; State; Huntsville TX 77340 pation / Job title (See Instructions) 9 Emplo Full name of contributor out-of-state PAC (ID#:	Zip Code 104.10
rincipal occu ate	6 Contributor address; City; State; Huntsville TX 77340 pation / Job title (See Instructions) 9 Emplo Full name of contributor 🗌 out-of-state PAC (ID#:	Zip Code 104.10
ate	Full name of contributor out-of-state PAC (ID#:	
	Detricio Prown) Amount of contribution (\$)
129/24	Patricia Brown	
20124	Contributor address; City; State; Huntsville TX 77340	
incipal occu	Dation / Job title (See Instructions) Emplo	oyer (See Instructions)
ate	Full name of contributor) Amount of contribution (\$)
3/1/24	Contributor address; City; State;	0 600 54
rincipal occu		oyer (See Instructions)
ate	Full name of contributor out-of-state PAC (ID#: Costa Papasideris	
3/1/24		Zip Code 520.51
rincipal occu	pation / Job title (See Instructions) Emp	loyer (See Instructions)
	incipal occu ate 3/1/24	Image: Mark and the set of the set

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	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
	If the reques	ted 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	5 Full name of contributor Jay Adams) 7 Amount of contribution (\$)			
	3/2/24	6 Contributor address: City; State; Zip Code Willis TX 77318	516.53			
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See In	I structions)			
	Date	Full name of contributor) Amount of contribution (\$)			
	3/2/24	James Kemmer Contributor address; City; State; Zip Code Austin TX 78731				
	Principal occu	pation / Job title (See Instructions) Employer (See In	structions)			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:) Amount of contribution (\$)			
	3/3/24	Contributor address; City; State; Zip Code Conroe TX 77384	1,041.02			
	Principal occu	pation / Job title (See Instructions) Employer (See In	structions)			
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)			
	3/4/24	Contributor address; City; State; Zip Code Willis TX 77378	104.10			
	Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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I	f the reques	ted information is not applical	ble, DO NOT in	clude this page in the	report.
_	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 19
F	ILER NAME	Bobby Todd Yancey			3 Filer ID (Ethics Commission Filers)
l	Date	5 Full name of contributor Allison Moon		; (ID#:)	7 Amount of contribution (\$)
	3/4/24	6 Contributor address;		State; Zip Code • TX 77316	2,000.00
(Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions) .
[Date	Full name of contributor Parker McCollum	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
;	3/13/24	Contributor address;	City; v Braunfels TX ⁻	State; Zip Code 78132	2,582.64
Principal occupation / Job title (See Instructions) Employer (See Instructions)		tions)			
	Date	Full name of contributor Bryan D'Agostino	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	3/14/24	Contributor address;	City;	State; Zip Code n TX 77304	2,750.00
)	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	 ctions)
	Date	Full name of contributor Starla Long	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	3/15/24	Contributor address;	City; Conroe TX 773	State; Zip Code	250.00
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instru	l ctions)

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	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
	If the reques	ted information is not applicable, DO NOT incl	ide this page in the r	eport.		
	The	Instruction Guide explains how to complete this fo	orm.	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)#:)	7 Amount of contribution (\$)		
	3/15/24	Lisa Shaver 6 Contributor address; City; Conroe TX 773	State; Zip Code	26.03		
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)		
	Date		D#:)	Amount of contribution (\$)		
	2/23/24	Curt Maddux Campaign Contributor address; City; Conroe TX 7730	State; Zip Code 4	1,000.00		
	Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Date	Full name of contributor Robert Page	D#:)	Amount of contribution (\$)		
	2/23/24	Contributor address; City;	State; Zip Code	500.00		
		Conroe TX	77304			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Rigby Owen Jr.	D#:)	Amount of contribution (\$)		
	2/23/24	Contributor address; City;	State; Zip Code	1,000.00		
		Conroe TX 77305				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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	MONET	ARY POLITICAL CONTRIBUTI	ONS	
				SCHEDULE A1
	If the reques	ted information is not applicable, DO NOT inclu	de this page in the r	eport.
	The	Instruction Guide explains how to complete this for	m.	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#	:)	7 Amount of contribution (\$)
		J. Craig Doyal Campaign		
	3/19/24		State; Zip Code	1,250.00
		Conroe TX, 77305		
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
	Date	Full name of contributor	#:)	Amount of contribution (\$)
		Milstead P.C. Investments LLC		
	3/19/24		State; Zip Code	500.00
		Montgomery	TX 77316	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor	#:)	Amount of contribution (\$)
	0/10/04	Ray Preston Clopton	Olution Zie Oode	100.00
	3/19/24	Contributor address; City;	State; Zip Code	100100
			Employer (See Instruc	tions)
	Principal occu	pation / Job title (See Instructions)	Employer (See mande	
	Date	Full name of contributor Cody Holley	#:)	Amount of contribution (\$)
	3/15/24	Contributor address; City;	State; Zip Code	260.25
		Sulphur LA 70663		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

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	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1							
	If the reques	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	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)					
	3/18/24	Jay Adams 6 Contributor address: City; State; Zip Code • Willis TX 77318	1,033.06					
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)					
	Date	Full name of contributor	Amount of contribution (\$)					
	3/21/24	Julie Peeler Contributor address; City; State; Zip Code San Antonio TX 78209	516.53					
	Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	xtions)					
	Date	Full name of contributor	Amount of contribution (\$)					
	3/24/24	Contributor address; City; State; Zip Code Montgomery TX 77356	500.00					
	Principal occu	pation / Job title (See Instructions) Employer (See Instru	l ctions)					
	Date	Full name of contributor	Amount of contribution (\$)					
	2/27/24	Contributor address; City; State; Zip Code Conroe TX 77305	5,000.00					
	Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)					
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS						

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	the time of the complete the form	1 Total pages Schedule A1: 19
The	e Instruction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)
FILER NAME	Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor) 7 Amount of contribution (\$)
2/27/24	6 Contributor address; City; State; Zip Code Montgomery TX 77316	5,000.00
Principal occ	upation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor	
2/27/24	Contributor address; City; State; Zip Cod Montgomery TX 77316	
Principal occu	upation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
2/27/24	Contributor address; City; State; Zip Cod	 e 5,000.00
Principal occ	upation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor) Amount of contribution (\$)
2/27/24	Contributor address; City; State; Zip Cod Conroe TX 77301	e 5,000.00
Principal occ	upation / Job title (See Instructions) Employer (See	e Instructions)

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N	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
ŀ	f the reques	ted information is not applicable, DO NOT include	this page in the r	eport.
	The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 F	FILER NAME	Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 (Date	5 Full name of contributorout-of-state PAC (ID#: Jeffrey Hollingshead		7 Amount of contribution (\$)
2	2/27/24	6 Contributor address; City; Stat Murfreesboro TN 37129		5,000.00
8 1	Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructi	ions)
[Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	2/27/24	Chris Caywood Contributor address; City; Sta Conroe TX 77305	te; Zip Code	2,500.00
F	Principal occup	eation / Job title (See Instructions)	nployer (See Instruct	ions)
1	Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)
:	2/27/24	Contributor address; City; Sta Conroe TX 77303	e; Zip Code	2,500.00
I	Principal occu	pation / Job title (See Instructions) E	mployer (See Instruct	iions)
	Date	Full name of contributor Galen Kahlenberg)	Amount of contribution (\$)
	2/27/24	Contributor address; City; Sta Conroe TX 773	te; Zip Code 04	2,000.00
1	Principal occu	pation / Job title (See Instructions) E	mployer (See Instruct	tions)
				9
		ATTACH ADDITIONAL COPIES OF TH If contributor is out-of-state PAC, please see Instructior		

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	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1				
	If the reques	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	5 Full name of contributor Chris Baughman) 7 Amount of contribution (\$)				
	2/27/24	6 Contributor address; City; State; Zip Code Conroe TX 77304	1,250.00				
8	Principal occu	upation / Job title (See Instructions) 9 Employer (See	nstructions)				
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
	2/27/24	Don Buckalew Jr. Contributor address; City; State; Zip Code Conroe TX 77306	1,000.00				
	Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)				
	Date	Full name of contributor) Amount of contribution (\$)				
	2/27/24	Contributor address; City; State; Zip Code Conroe TX 77304	1,000.00				
	Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)				
	Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
	2/27/24	Contributor address; City; State; Zip Code Huntsville TX 77340	500.00				
	Principal occu	Ipation / 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.						

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	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
	If the reques	ted information is not applicable, DO NOT incluc	le this page in the i	report.		
	The	Instruction Guide explains how to complete this for	m.	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 Franklin Jackson	:)	7 Amount of contribution (\$)		
	2/27/24	6 Contributor address; City; S		500.00		
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)		
	Date		:)	Amount of contribution (\$)		
	2/27/24	Jody Czajkoski Contributor address; City; S Conroe TX 77301	State; Zip Code	500.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Date	Full name of contributor	:)	Amount of contribution (\$)		
	2/27/24	Contributor address; City; S Conroe TX 77301	State; Zip Code	500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor out-of-state PAC (ID/ Darla Weaver	t:)	Amount of contribution (\$)		
	2/27/24	Contributor address; City; S	State; Zip Code	500.00		
		Montgomery TX 77356				
	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.					

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	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
		ted information is not applicable, DO NOT inc				
	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 John Sebastian	ID#:)	7 Amount of contribution (\$)		
	2/27/24	6 Contributor address; City; Conroe TX 77305	State; Zip Code	250.00		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
	Date	A THE HARD DET YES IN A SECTOR WESP #	(ID#:)	Amount of contribution (\$)		
	2/27/24	Jill Vaughn Contributor address; City; Montgomery TX	State; Zip Code	250.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Date	Full name of contributor 🗌 out-of-state PAC Bob Lanier	(ID#:)	Amount of contribution (\$)		
	2/27/24	Contributor address; City; The Woodlands TX 773	State; Zip Code	250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor Mary Tyler	(ID#:)	Amount of contribution (\$)		
	2/27/24	Contributor address; City; Conroe TX 77303	State; Zip Code	250.00		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
	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 To	otal pages Schedule A1: 19			
2	FILER NAME	Bobby Todd Yancey	3 Fi	ler ID (Ethics Commission Filers)			
4	Date	5 Full name of contributor out-of-state PAC (ID#:) 7 A	mount of contribution (\$)			
	2/27/24	Clyde Vogel 6 Contributor address; City; Sta Conroe TX 77304	e; Zip Code	250.00			
8	Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instructions)				
	Date	Full name of contributor	م (mount of contribution (\$)			
	2/27/24	Charles Bergfeld Contributor address; City; Sta Conroe TX 7730	te; Zip Code	200.00			
	Principal occup	Dation / Job title (See Instructions)	mployer (See Instructions)				
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of contribution (\$)			
		Contributor address; City; Sta	te; Zip Code				
	Principal occu	pation / Job title (See Instructions)	mployer (See Instructions)				
	Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)			
		Contributor address; City; Sta	ite; Zip Code				
	Principal occu	pation / 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.						

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LOANS			SCHEDULE E
If the requested	l information is not applicable, DO NO	DT include this page in the rep	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 1
FILER NAME	Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
TOTAL OF UN	NITEMIZED LOANS		\$ \$0.00
Date of loan 1/31/24	7 Name of lender □ out-of-state Bobby Todd Yancey	9 PAC (ID#:)	9 Loan Amount (\$) 10,000.00
ls lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate N/A
Institution?	Mont	tgomery TX 77356	11 Maturity date N/A
2 Principal occupati Reti	on / Job title (See Instructions) red	13 Employer (See Instructions)	
4 Description of Col	lateral	15 X Check if personal fun account (See Instruct	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender Out-of-stat	e PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral		Check if personal fur account (See Instruct	nds were deposited into political ctions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
Principal Occupa	e tion (See Instructions)	Employer (See Instructions)	
		PIES OF THIS SCHEDULE AS NE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a calegory not listed above)		
1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yance	y	3 Filer ID (Ethics Commission Filers)		
4 Date 2/6/24	5 Payee name WinRed				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
103.15	1776 Wilson Blvd Suite 530	Arlington, VA 22209			
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense	Р	rocessing Fee		
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	tin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
2/7/24	WinRed				
Amount (\$)	Payee address;	City;	State; Zip Code		
82.64	1776 Wilson Blvd Suite 530	Arlington, VA 22209			
	Category (See Categories listed at the top of this so	hedule) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense	P	Processing Fee		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
2/12/24	WinRed				
Amount (\$)	Payee address;	City;	State; Zip Code		
16.00	1776 Wilson Blvd Suite 530	Arlington, VA 22209			
	Category (See Categories listed at the top of this so	bedule) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense		Processing Fee		
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	slin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE schedule F				
If the requested info	ormation is not applicable, DO NOT include this page in the	report.		
4	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
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 (\$)	7 Payee address; City;	State; Zip Code		
52.51	1776 Wilson Blvd Suite 530 Arlington, VA 22209			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if	Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sough	t Office held		
Date	Payee name			
2/19/24	WinRed			
Amount (\$)	Payee address; City;	State; Zip Code		
16.53	1776 Wilson Blvd Suite 530 Arlington, VA 22209			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if	Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sough	t Office held		
Date	Payee name			
2/20/24	WinRed			
Amount (\$)	Payee address; City;	State; Zip Code		
48.14	1776 Wilson Blvd Suite 530 Arlington, VA 22209			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if	Auslin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sough H	nt Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED		

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	POLITICAL EXPENDITURES MADE schedule F1			
If the requested info	ormation is not applicable, DO NOT inclu	ude this page in the report.		
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol V Gift/Awards/Memorials Expense Print	an Repayment/Reimbursement Solicitation/Fundraising Expense ice Overhead/Rental Expense Transportation Equipment & Related Expense ling Expense Travel In District aries/Wages/Contract Labor Other (enter a category not listed above) w to complete this form. Solicitation/Fundraising Expense		
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 (\$)	7 Payee address;	City; State; Zip Code		
13.12	1776 Wilson Blvd Suite 530 Ar	lington, VA 22209		
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	(c) Check if travel outside of Texas. Complete Schedu	Ile T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
2/26/24	WinRed			
Amount (\$)	Payee address;	City; State; Zip Code		
160.00	1776 Wilson Blvd Suite 530 Ar	rlington, VA 22209		
	Category (See Categories listed at the top of this sched	ule) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
2/27/24	WinRed			
Amount (\$)	Payee address;	City; State; Zip Code		
262.30	1776 Wilson Blvd Suite 530 A	rlington, VA 22209		
	Category (See Categories listed at the top of this sched	ule) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli y Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	2	3 Filer ID (Ethics Commission Filers)	
⁴ Date 2/28/24	5 Payee name WinRed			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
4.10	1776 Wilson Blvd Suite 530 Arl	ington, VA 22209		
8	(a) Category (See Categories listed at the top of this sched	ule) (b) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Pi	rocessing Fee	
	(c) Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
2/29/24	WinRed			
Amount (\$)	Payee address;	City;	State; Zip Code	
24.79	1776 Wilson Blvd Suite 530 Ar	lington, VA 22209		
	Category (See Categories listed at the top of this schedu	lle) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	P	rocessing Fee	
	Check if travel outside of Texas. Complete Schedul	le T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
3/1/24	WinRed			
Amount (\$)	Payee address;	City;	State; Zip Code	
123.05	1776 Wilson Blvd Suite 530 Ar	lington, VA 22209		
	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense		Processing Fee	
	Check if travel outside of Texas. Complete Schedu	le T. Check if Aus	lin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

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

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EVDENIDITURE	CATEGORIES FOR	BOX 8(a)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yancey	1	3 Filer ID (Ethics Commission Filers)		
4 Date 3/2/24	5 Payee name WinRed				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
28.83	1776 Wilson Blvd Suite 530	Arlington, VA 22209			
8	(a) Category (See Categories listed at the top of this so	thedule) (b) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense	F	Processing Fee		
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	stin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
3/3/24	WinRed				
Amount (\$)	Payee address;	City;	State; Zip Code		
41.02	1776 Wilson Blvd Suite 530	Arlington, VA 22209			
	Category (See Categories listed at the top of this scl	nedule) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense	F	Processing Fee		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Au	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
3/4/24	WinRed				
Amount (\$)	Payee address;	City;	State; Zip Code		
68.10	1776 Wilson Blvd Suite 530	Arlington, VA 22209			
	Category (See Categories listed at the top of this sc	hedule) Description			
PURPOSE OF EXPENDITURE	Fundraising Expense		Processing Fee		
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Au	slin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITIC	CAL EXPEN	IDITURES	MADE
FROM	POLITICAL	CONTRIB	UTIONS

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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Fees Office Overhead Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 10	2 FILER NAME Bobby Todd Yance	у	3 Filer ID (Ethics Commission Filers)	
⁴ Date 3/13/24	5 Payee name WinRed			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
82.64	1776 Wilson Blvd Suite 530	Arlington, VA 22209		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	P	Processing Fee	
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	stin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/14/24	WinRed			
Amount (\$)	Payee address;	City;	State; Zip Code	
88.00	1776 Wilson Blvd Suite 530	Arlington, VA 22209		
	Category (See Categories listed at the top of this so	chedule) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	F	Processing Fee	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Au	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/15/24	WinRed			
Amount (\$)	Payee address;	City;	State; Zip Code	
21.13	1776 Wilson Blvd Suite 530) Arlington, VA 22209		
	Category (See Categories listed at the top of this so	chedule) Description	~ ^*	
PURPOSE OF EXPENDITURE	Fundraising Expense		Processing Fee	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Au	slin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED	

POLITICAL E	SCHEDULE F1			
If the requested info	prmation is not applicable, DO NOT include th	his page in the report.		
	EXPENDITURE CATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	Ages/Contract Labor Travel Out Of District Olher (enter a category not listed above)	9	
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 (\$)	7 Payee address;	City; State; Zip Code		
33.06	1776 Wilson Blvd Suite 530 Arlingto	on, VA 22209		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
3/21/24	WinRed			
Amount (\$)	Payee address;	City; State; Zip Code		
16.53	1776 Wilson Blvd Suite 530 Arlingto	on, VA 22209		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
3/24/24	WinRed			
Amount (\$)	Payee address;	City; State; Zip Code		
16.00	1776 Wilson Blvd Suite 530 Arlingto	on, VA 22209		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Expense	Processing Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	EXPENDITURES MADE TICAL CONTRIBUTIONS	SCHEDULE F1		
If the requested inf	ormation is not applicable, DO NOT includ	e this page in the report.		
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense J Expense Travel In District g Expense Travel Out Of District ss/Wages/Contract Labor Other (enter a category not listed above)		
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 (\$)	7 Payee address;	City; State; Zip Code		
1,800.00	410 Cherokee Street Longvie	w TX 75604		
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising	Political Advertising		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
2/29/24	TAG, LLC			
Amount (\$)	Payee address;	City; State; Zip Code		
500.00	317 Grace Lane Austin T	X 78746		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting	Campaign Accounting		
	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/OI	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
2/29/24	TAG, LLC			
Amount (\$)	Payee address;	City; State; Zip Code		
16,589.69	317 Grace Lane Austin T	X 78746		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Political Advertising		
	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/OI	Candidate / Officeholder name H	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested inf	ormation is not applicable, DO NOT inclu	de this page in the re	eport.
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ing Expense ries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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 (\$)	7 Payee address;	City;	State; Zip Code
17,000.00	317 Grace Lane Austin	FX 78746	
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
PURPOSE OF EXPENDITURE	Consulting	Car	npaign Services
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/29/24	TAG, LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
12,035.15	317 Grace Lane Austin	TX 78746	
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Event Expense	Campaign I	Events with Constituents
	Check if travel outside of Texas, Complete Schedule	T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/29/24	TAG, LLC		
Amount (\$)	Payee address;	City;	State; Zip Code
552.84	317 Grace Lane Austin	TX 78746	
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Food/Beverage	Meetir	ngs to discuss campaign
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	lin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1						
If the requested inf	ormation is	s not applicable, DO NOT i	nclude t	his page in the re	port.	
		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expen Transportation Equipment & Re Travel In District Travel Out Of District Other (enter a category not liste	elated Expense
1 Total pages Schedule F1: 10	2 FILER N	IAME Bobby Todd Yanco	эу		3 Filer ID (Ethics Commis	ssion Filers)
⁴ Date 2/29/24	5 Payee n	ame TAG, LLC				
6 Amount (\$)	7 Payee a	ddress;		City;	State; Zip (Code
258.99		317 Grace Lane Au	stin TX 7	8746		
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE		Other - Website		Car	npaign website	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				eld		
Date	Payee n	ame				
2/29/24		TAG, LLC				
Amount (\$)	Payee a	ddress;		City;	State; Zip (Code
850.05		317 Grace Lane Au	stin TX 7	8746		
	Categor	y (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE		Travel in District		Travel fo	or campaign events	
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date / Officeholder name		Office sought	Office h	eld
Date	Payee r	name				
Amount (\$)	Payee a	ddress;		City;	State; Zip (Code
PURPOSE OF EXPENDITURE	Categor	y (See Calegories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	Office	held
	ΓA	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

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