

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:

15

✓ms

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr.

FIRST

Curtis

MI

L

NICKNAME

LAST

Maddux

SUFFIX

OFFICE USE ONLY

Date Received

4/2/24
By City Secretary
Seco M. Grayson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Conroe TX 77304

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(936)

PHONE NUMBER

203-0581

EXTENSION

Date Hand-delivered or Date Postmarked

4/2/24

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr.

FIRST

John

MI

D

NICKNAME

LAST

Sebastian

SUFFIX

Receipt #

Amount \$

Date Processed

4/2/24

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

Conroe TX 77304

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

(936)

PHONE NUMBER

203-0867

EXTENSION

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01 / 01 / 2024

THROUGH

Month

Day

Year

03 / 25 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 2024

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

City Council Pos 2

13 OFFICE SOUGHT (if known)

City Council Pos 2

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

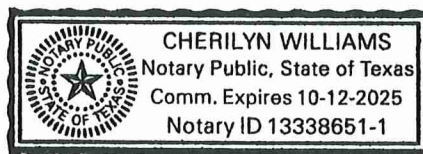
15 C/OH NAME <u>Curtis L. Maddux</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>\$27,723.44</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>\$7,488.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>\$35,211.64</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>\$24,154.30</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>\$11,057.34</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Curt Maddux this the 2nd day of April, 2024, to certify which, witness my hand and seal of office.

Cherylyn Williams Cherylyn Williams 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

Curtis L. Maddux

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,488 ²⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 424,154 ³⁰
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:
2 FILER NAME <i>Curtis L. Maddux</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/9/24</i>	5 Full name of contributor <i>Billy & Kay Biggers</i> <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address; <i>Montgomery TX</i> City; State; Zip Code	7 Amount of contribution (\$) <i>\$970.70</i>
8 Principal occupation / Job title (See Instructions) <i>concrete</i>		9 Employer (See Instructions) <i>Retired</i>
Date <i>2/13/24</i>	Full name of contributor <i>Jack Bergen</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>Conroe TX 77304</i> City; State; Zip Code	Amount of contribution (\$) <i>\$9680</i>
Principal occupation / Job title (See Instructions) <i>professional</i>		Employer (See Instructions) <i>Retired</i>
Date <i>2/16/24</i>	Full name of contributor <i>Shane Heise</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>Woodlands TX</i> City; State; Zip Code	Amount of contribution (\$) <i>\$970.70</i>
Principal occupation / Job title (See Instructions) <i>owner</i>		Employer (See Instructions) <i>simplifly</i>
Date <i>2/26/24</i>	Full name of contributor <i>JoAnn Yancey</i> <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; <i>Conroe TX 77304</i> City; State; Zip Code	Amount of contribution (\$) <i>\$1,000-</i>
Principal occupation / Job title (See Instructions) <i>Yancey Concrete</i>		Employer (See Instructions) <i>Retired</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Curtis L. Maddy</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/26/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carol Heintz</i>	7 Amount of contribution (\$) <i>\$500</i>
6 Contributor address; City; State; Zip Code <i>Conroe TX</i>		
8 Principal occupation / Job title (See Instructions) <i>Professional exec</i>		9 Employer (See Instructions) <i>Retired</i>
Date <i>2/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rigby Owen</i>	Amount of contribution (\$) <i>\$1,000</i>
Contributor address; City; State; Zip Code <i>Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Owner</i>		Employer (See Instructions) <i>Retired</i>
Date <i>2/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Frank : Bel Jackson</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Machly owner</i>		Employer (See Instructions) <i>Self</i>
Date <i>2/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard Luikens</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>Conroe TX</i>		
Principal occupation / Job title (See Instructions) <i>Agronomist</i>		Employer (See Instructions) <i>Retired</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Curtis L. Mudd</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tanner Chunder</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>Plantersville TX</i>		
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>Retired</i>
Date <i>3/11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Responsible Gov. PAC</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>Houston 77052</i>		
Principal occupation / Job title (See Instructions) <i>PAC</i>		Employer (See Instructions) <i>PAC</i>
Date <i>3/11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Bleyl</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Conroe TX</i>		
Principal occupation / Job title (See Instructions) <i>Engineering</i>		Employer (See Instructions) <i>Owner</i>
Date <i>3/11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Doduncan</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>Conroe TX</i>		
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Bleyl</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Curtis L. Maddox</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Haily</i>	7 Amount of contribution (\$) <i>\$150⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>Conroe TX</i>		
8 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		9 Employer (See Instructions) <i>owner Haily Prop</i>
Date <i>3/11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teresa Morton</i>	Amount of contribution (\$) <i>\$300⁰⁰</i>
Contributor address; City; State; Zip Code <i>Conroe TX</i>		
Principal occupation / Job title (See Instructions) <i>Surveyor</i>		Employer (See Instructions) <i>Retired</i>
Date <i>3/11/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wade Davis Family Trust</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
Contributor address; City; State; Zip Code <i>Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>Moore Supply</i>
Date <i>3/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Helen Schrott</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>
Contributor address; City; State; Zip Code <i>Conroe TX 77304</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <div style="font-size: 1.2em; color: blue;">Curtis L. Maddox</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; color: blue;">3/22/24</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; color: blue;">Chris & Kim Caywood</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; color: blue;">\$500.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em; color: blue;">Conroe TX</div>		
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; color: blue;">Owner</div>		9 Employer (See Instructions) <div style="font-size: 1.2em; color: blue;">LP Gas</div>

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)

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

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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:		2 FILER NAME <i>Curtis L. Maddux</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/2/24</i>		5 Payee name <i>FFEN</i>			
6 Amount (\$) <i>500</i>		7 Payee address; City; State; Zip Code <i>Conroe TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Bank</i>		(b) Description <i>Statement Fee</i>		
	(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 <i>Curtis L. Maddux</i> Office sought <i>CC Pos 2</i> Office held <i>CC Pos 2</i>			
Date <i>1/16/24</i>		Payee name <i>Liberty Belles</i>			
Amount (\$) <i>\$312.00</i>		Payee address; City; State; Zip Code <i>Conroe TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Charity</i>		Description <i>Donation</i>		
	<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 <i>Curtis L. Maddux</i> Office sought <i>Pos 2</i> Office held <i>Pos 2</i>			
Date <i>1/17/24</i>		Payee name <i>Connie McNabb</i>			
Amount (\$) <i>\$146.22</i>		Payee address; City; State; Zip Code <i>Montgomery TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Pics Campaign</i>		Description <i>Gift Omaha Steak</i>		
	<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 <i>Curtis L. Maddux</i> Office sought <i>Pos 2</i> Office held <i>Pos 2</i>			

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:		2 FILER NAME <i>Curtez L. Maddux</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/17/24</i>		5 Payee name <i>Moxie Innovative</i>			
6 Amount (\$) <i>\$3000</i>		7 Payee address; City; State; Zip Code <i>Huntsville TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Campaign</i>		(b) Description <i>Consulting</i>		
	(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 <i>Curtez L. Maddux Pos</i>			
Date <i>2/1/24</i>		Payee name <i>FEin</i>			
Amount (\$) <i>500</i>		Payee address; City; State; Zip Code <i>Conroe TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Stationery</i>		Description <i>Bank fee</i>		
	<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 <i>Curtez L. Maddux Pos</i>			
Date <i>2/6/24</i>		Payee name <i>VFW Post 4709</i>			
Amount (\$) <i>\$300</i>		Payee address; City; State; Zip Code <i>Conroe TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>17 charitable</i>		Description <i>Donation</i>		
	<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 <i>Curtez L. Maddux Pos</i>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Curtis L. Maddux</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/7/24</i>	5 Payee name <i>Lauren Robertson</i>	
6 Amount (\$) <i>\$125</i>	7 Payee address; City; State; Zip Code <i>Conroe TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Party</i>	(b) Description <i>Bartender</i>
	(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 <i>Curtis L. Maddux</i> Office sought <i>Pos 2</i> Office held	
Date <i>2/9/24</i>	Payee name <i>Conroe Pub</i>	
Amount (\$) <i>\$321.95</i>	Payee address; City; State; Zip Code <i>Conroe TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Pub</i>	Description <i>Event Location</i>
	<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 <i>Curtis L. Maddux</i> Office sought <i>Pos 2</i> Office held	
Date <i>2/9/24</i>	Payee name <i>Moxie Innovative</i>	
Amount (\$) <i>\$3000</i>	Payee address; City; State; Zip Code <i>Huntsville TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign</i>	Description <i>consulting</i>
	<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 <i>Curtis L. Maddux</i> Office sought <i>Pos</i> Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Curtis L. Maddux	3 Filer ID (Ethics Commission Filers)
4 Date 7/24/24	5 Payee name Famile Promise	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code Conroe TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Charitable	(b) Description Donation
	(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 Curtis L. Maddux	
	Office sought Pos 2	Office held
Date 7/20/24	Payee name Robert Walker	
Amount (\$) \$200.00	Payee address; City; State; Zip Code Conroe TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Charitable	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Curtis L. Maddux	
	Office sought Pos 2	Office held
Date 7/23/24	Payee name Todd Yancey Campaign Manager	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code Conroe TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Curtis L. Maddux	
	Office sought Pos 2	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:		2 FILER NAME <i>Curly L. Maddux</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/20/24</i>		5 Payee name <i>London Ewing</i>			
6 Amount (\$) <i>\$300</i>		7 Payee address; City; State; Zip Code <i>Montgomery TX</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Drone</i>		(b) Description <i>Camera man</i>		
	(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 <i>2/29/24</i>		Candidate / Officeholder name <i>Curly L. Maddux</i> Office sought <i>Pos 2</i> Office held			
Payee name <i>Texas Gap Store</i>					
Amount (\$) <i>\$4,627.69</i>		Payee address; City; State; Zip Code <i>Huntsville TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>campaign</i>		Description <i>Signs</i>		
	<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 <i>3/1/24</i>		Candidate / Officeholder name <i>Curly L. Maddux</i> Office sought <i>Pos 2</i> Office held			
Payee name <i>FRIN</i>					
Amount (\$) <i>\$500</i>		Payee address; City; State; Zip Code <i>Conroe TX</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Statement</i>		Description <i>Bank Fee</i>		
	<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 <i>3/1/24</i>		Candidate / Officeholder name <i>Curly L. Maddux</i> Office sought <i>Pos 2</i> Office held			

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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:		2 FILER NAME <i>Curtis L. Maddux</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/1/24</i>		5 Payee name <i>I-45 Signs</i>			
6 Amount (\$) <i>\$42865</i>		7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Campaign</i>		(b) Description <i>Signage</i>	
		(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 <i>Curtis L. Maddux</i>		Office sought <i>Pos 2</i>	Office held
Date <i>3/4/24</i>		Payee name <i>WJS Properties</i>			
Amount (\$) <i>\$4,800.00</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Campaign Sign</i>		Description <i>Billboard</i>	
		<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 <i>Curtis L. Maddux</i>		Office sought <i>Pos 2</i>	Office held
Date <i>3/8/24</i>		Payee name <i>HUSK</i>			
Amount (\$) <i>\$100.00</i>		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>go texan Parade</i>		Description <i>Parade Chamber</i>	
		<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 <i>Curtis L. Maddux</i>		Office sought <i>Pos 2</i>	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: 2		FILER NAME Curtis L. Maddux		3 Filer ID (Ethics Commission Filers)	
4 Date 3/11/24		5 Payee name Home Depot			
6 Amount (\$) \$1,467.80		7 Payee address;		City;	State; Zip Code
				Conroe TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) T-Post		(b) Description Signs		
	(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 Curtis L. Maddux		Office sought Pos 2	Office held
Date 3/15/24		Payee name Moxie Innovative			
Amount (\$) \$3,000		Payee address;		City;	State; Zip Code
				Huntsville TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign		Description Consulting		
	<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 Curtis L. Maddux		Office sought Pos 2	Office held
Date 3/25/24		Payee name Cameron Holzkyz			
Amount (\$) \$700.00		Payee address;		City;	State; Zip Code
				Conroe TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign signs		Description Sign Installation		
	<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 Curtis L. Maddux		Office sought Pos 2	Office held

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