

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Amount \$	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input checked="" type="checkbox"/> 8th day before election			Date Imaged	

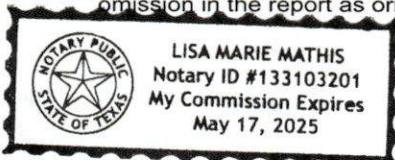
## 6 EXPLANATION OF CORRECTION

Notary forgot to sign.

## 7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Bobby Todd Yancey*  
Signature of Candidate/Officeholder

Please complete either option below:

### (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bobby Todd Yancey this the 30th day of April, 2024, to certify which, witness my hand and seal of office.

*Lisa Mathis* Lisa Mathis Retail Banker III  
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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 26										
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR Mr.</td> <td style="width:33%;">FIRST Bobby</td> <td style="width:33%;">MI T</td> </tr> <tr> <td>NICKNAME Todd</td> <td>LAST Yancey</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Bobby	MI T	NICKNAME Todd	LAST Yancey	SUFFIX	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 1.2em; color: blue;">4-26-24</div> <div style="font-size: 1.2em; color: blue;">Gami Quinlan</div> <div style="font-size: 1.2em; color: blue;">Asst. City Secretary</div> Date Hand-delivered or Date Postmarked <div style="font-size: 1.2em; color: blue;">4-26-24</div> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> Date Processed <div style="font-size: 1.2em; color: blue;">4-26-24</div> Date Imaged <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div>	Receipt #	Amount \$		
MS / MRS / MR Mr.	FIRST Bobby	MI T											
NICKNAME Todd	LAST Yancey	SUFFIX											
Receipt #	Amount \$												
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE  <div style="text-align: center;">Conroe TX 77305</div>												
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%;"> <tr> <td style="width:33%;">AREA CODE ( 281 )</td> <td style="width:33%;">PHONE NUMBER 723-9956</td> <td style="width:33%;">EXTENSION</td> </tr> </table>		AREA CODE ( 281 )	PHONE NUMBER 723-9956	EXTENSION								
AREA CODE ( 281 )	PHONE NUMBER 723-9956	EXTENSION											
<b>6</b> CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:33%;">MS / MRS / MR Mr.</td> <td style="width:33%;">FIRST Andrew</td> <td style="width:33%;">MI C</td> </tr> <tr> <td>NICKNAME</td> <td>LAST Hylton</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Andrew	MI C	NICKNAME	LAST Hylton	SUFFIX					
MS / MRS / MR Mr.	FIRST Andrew	MI C											
NICKNAME	LAST Hylton	SUFFIX											
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE  <div style="text-align: center;">Austin TX 78746</div>												
<b>8</b> CAMPAIGN TREASURER PHONE	<table style="width:100%;"> <tr> <td style="width:33%;">AREA CODE ( 276 )</td> <td style="width:33%;">PHONE NUMBER 870-8722</td> <td style="width:33%;">EXTENSION</td> </tr> </table>			AREA CODE ( 276 )	PHONE NUMBER 870-8722	EXTENSION							
AREA CODE ( 276 )	PHONE NUMBER 870-8722	EXTENSION											
<b>9</b> REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
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<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
<b>10</b> PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:25%;">Month 03</td> <td style="width:25%;">Day 26</td> <td style="width:25%;">Year 2024</td> <td style="width:25%; text-align: center;">THROUGH</td> <td style="width:25%;">Month 04</td> <td style="width:25%;">Day 24</td> <td style="width:25%;">Year 2024</td> </tr> </table>			Month 03	Day 26	Year 2024	THROUGH	Month 04	Day 24	Year 2024			
Month 03	Day 26	Year 2024	THROUGH	Month 04	Day 24	Year 2024							
<b>11</b> ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;">                     ELECTION DATE                      Month      Day      Year                      05      04      2024                 </td> <td style="width:60%;">                     ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month      Day      Year 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								
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<b>12</b> OFFICE	OFFICE HELD (if any) City of Conroe Councilman - Place 1	<b>13</b> OFFICE SOUGHT (if known) City of Conroe Mayor											
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-top: 1px solid black;"> <tr> <td style="width:20%; border-right: 1px solid black; vertical-align: top;">                     COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC                 </td> <td style="border-right: 1px solid black; vertical-align: top;">                     COMMITTEE NAME                       COMMITTEE ADDRESS                       COMMITTEE CAMPAIGN TREASURER NAME                       COMMITTEE CAMPAIGN TREASURER ADDRESS                 </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS								
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2



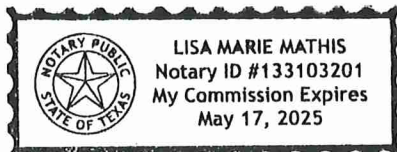
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Bobby Todd Yancey		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150,976.94
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 63,214.05
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 107,890.09
<b>OUTSTANDING LOAN TOTALS</b>	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.

  
Signature of Candidate or Officeholder



Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bobby Todd Yancey this the 26 day of April, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is \_\_\_\_\_, 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**

<b>19 FILER NAME</b> Bobby Todd Yancey		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 125,973.94
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 25,003.00
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	\$ 63,209.05
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13
<b>2</b> FILER NAME Bobby Todd Yancey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/29/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Beasley <hr/> <b>6</b> Contributor address; City; State; Zip Code Conroe TX 77304	<b>7</b> Amount of contribution (\$) \$26.03
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 3/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricky Morton <hr/> Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Gordon <hr/> Contributor address; City; State; Zip Code Houston TX 77057	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Gordon <hr/> Contributor address; City; State; Zip Code Houston TX 77056	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME Bobby Todd Yancey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/1/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Gordon <hr/> <b>6</b> Contributor address; City; State; Zip Code Houston TX 77056	<b>7</b> Amount of contribution (\$) \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 4/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Crews <hr/> Contributor address; City; State; Zip Code Montgomery TX 77356	Amount of contribution (\$) \$520.51
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santa Cruz <hr/> Contributor address; City; State; Zip Code Conroe TX 77301	Amount of contribution (\$) \$26.03
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Vaughan <hr/> Contributor address; City; State; Zip Code Montgomery TX 77356	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Nelson 6 Contributor address: _____ City; _____ State; _____ Zip Code Montgomery TX 77316	7 Amount of contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Fick Contributor address: _____ City; _____ State; _____ Zip Code Huntsville TX 77340	Amount of contribution (\$) \$2,582.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dane Gates Contributor address: _____ City; _____ State; _____ Zip Code Montgomery TX 77356	Amount of contribution (\$) \$516.53
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/24	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 (\$) \$2,582.64
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Knigge 6 Contributor address; City; State; Zip Code Conroe TX 77302	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily James Contributor address; City; State; Zip Code Austin TX 78731	Amount of contribution (\$) \$41.64
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily James Contributor address; City; State; Zip Code Austin TX 78731	Amount of contribution (\$) \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estelle McLaughlin Contributor address; City; State; Zip Code Spring TX 77381	Amount of contribution (\$) \$78.08
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: 13
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron Shepherd 6 Contributor address; City; State; Zip Code Macogdoches TX 75965	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard Rohde Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JoAnn Yancey Contributor address; City; State; Zip Code Conroe TX 77305	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janice Green Contributor address; City; State; Zip Code Conroe TX 77301	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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<b>2</b> FILER NAME Bobby Todd Yancey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/27/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Malouf <b>6</b> Contributor address; City; State; Zip Code Conroe TX 77305	<b>7</b> Amount of contribution (\$) \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 3/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Middleton Contributor address; City; State; Zip Code Montgomery TX 77356	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Mendiola Contributor address; City; State; Zip Code Conroe TX 77308	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim 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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 4/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOME PAC 6 Contributor address; City; State; Zip Code Houston TX 77064	7 Amount of contribution (\$) \$22,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Caldwell Contributor address; City; State; Zip Code . Cypress TX 77429	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn Plowman Contributor address; City; State; Zip Code Simonton TX 77476	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Alvis Contributor address; City; State; Zip Code Houston TX 77040	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13
<b>2</b> FILER NAME Bobby Todd Yancey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/12/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigby Owen <hr/> <b>6</b> Contributor address; City; State; Zip Code Conroe TX 77305	<b>7</b> Amount of contribution (\$) \$1,250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EHRA Engineering PAC <hr/> Contributor address; City; State; Zip Code Houston TX 77042	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Flores <hr/> Contributor address; City; State; Zip Code Houston TX 77007	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Waggoner <hr/> Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13
<b>2</b> FILER NAME Bobby Todd Yancey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/12/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Kasprzak <hr/> <b>6</b> Contributor address; City; State; Zip Code Pasadena CA 91101	<b>7</b> Amount of contribution (\$) \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Arterburn <hr/> Contributor address; City; State; Zip Code Tonball TX 77377	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Miller <hr/> Contributor address; City; State; Zip Code TX 77318	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda McLaughlin <hr/> Contributor address; City; State; Zip Code Cypress TX 77433	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13
<b>2</b> FILER NAME Bobby Todd Yancey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/12/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AAAA Discount Bail Bonds <b>6</b> Contributor address; City; State; Zip Code Conroe TX 77301	<b>7</b> Amount of contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annette Spikes Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandeep Farla Contributor address; City; State; Zip Code Sacramento CA 95834	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curt Maddux Campaign Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13
<b>2</b> FILER NAME Bobby Todd Yancey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/19/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Buckalew <b>6</b> Contributor address; City; State; Zip Code Conroe TX 77305	<b>7</b> Amount of contribution (\$) \$2,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Childers Contributor address; City; State; Zip Code Conroe, TX 77304	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Lybrand Contributor address; City; State; Zip Code Houston, TX 77055	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curt Maddux Campaign Contributor address; City; State; Zip Code Conroe TX 77304	Amount of contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 13
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal Thomson 6 Contributor address: City; State; Zip Code Houston, TX 77063	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Craig Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of Susan Johnson Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of contribution (\$) \$924.47
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JL McClanahan Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of contribution (\$) \$30,000.00
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13
<b>2</b> FILER NAME Bobby Todd Yancey		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  4/23/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blaze Benson ..... <b>6</b> Contributor address; City; State; Zip Code Montgomery, TX 77356	<b>7</b> Amount of contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date  4/23/24	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 (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC ..... Contributor address; City; State; Zip Code Austin, TX 78768	Amount of contribution (\$)  \$1,500.00
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

<b>1</b>	Total pages Schedule A2:	<b>3</b>
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### 3 Filer ID (Ethics Commission Filers)

\$	\$0
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☐ Check if travel outside of Texas. Complete Schedule T.

**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Revised 1/1/2024

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.						1 Total pages Schedule A2:		3	
2 FILER NAME Bobby Todd Yancey						3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						\$ \$0			
5 Date 4/1/2024		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Rockey Butler				8 Amount of Contribution \$  \$9,900.00		9 In-kind contribution description  Billboard	
						<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)						11 Employer (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)						13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)						15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 4/1/2024		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Danny Signorelli				Amount of Contribution \$  \$8,000.00		In-kind contribution description  Billboard	
		Contributor address; City; State; Zip Code  The Woodlands TX 77380				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)						Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)						Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)						Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.									

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Bobby Todd Yancey		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ \$0	
5 Date 4/15/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Jackson 7 Contributor address: _____ City; _____ State; _____ Zip Code Conroe TX 77304	8 Amount of Contribution \$ \$800.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Food & Beverage
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Signorelli Contributor address; _____ City; _____ State; _____ Zip Code The Woodlands TX 77380	Amount of Contribution \$ \$2,683.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Food & Beverage
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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: 7	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 3/29/24	5 Payee name WinRed	
6 Amount (\$) \$42.05	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 4/1/24	Payee name WinRed	
Amount (\$) \$240.00	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
<b>PURPOSE OF EXPENDITURE</b>	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 4/2/24	Payee name WinRed	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Bobby Todd Yancey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/6/24	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) \$1.03	<b>7</b> Payee address; 1776 Wilson Blvd Suite 530 Arlington, VA 22209 City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising Expense	<b>(b)</b> Description Processing Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/9/24	Payee name WinRed	
Amount (\$) \$26.25	Payee address; 1776 Wilson Blvd Suite 530 Arlington, VA 22209 City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 4/10/24	Payee name WinRed	
Amount (\$) \$181.81	Payee address; 1776 Wilson Blvd Suite 530 Arlington, VA 22209 City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Bobby Todd Yancey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/12/24	<b>5</b> Payee name WinRed	
<b>6</b> Amount (\$) \$5.58	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising Expense	<b>(b)</b> Description Processing Fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/19/24	Payee name WinRed	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
<b>PURPOSE OF EXPENDITURE</b>	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 4/22/24	Payee name WinRed	
Amount (\$) \$3.08	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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: 7	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/24	5 Payee name WinRed	
6 Amount (\$) \$0.79	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 4/24/24	Payee name WinRed	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 1776 Wilson Blvd Suite 530 Arlington, VA 22209	
<b>PURPOSE OF EXPENDITURE</b>	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 3/31/24	Payee name TAG, LLC	
Amount (\$) \$29,908.94	Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
<b>PURPOSE OF EXPENDITURE</b>	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		
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: 7	2 FILER NAME Bobby Todd Yancey	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/24	5 Payee name TAG, LLC	
6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
8 <b>PURPOSE OF EXPENDITURE</b>	(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 3/31/24	Payee name TAG, LLC	
Amount (\$) \$4,922.39	Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
<b>PURPOSE OF EXPENDITURE</b>	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 3/31/24	Payee name TAG, LLC	
Amount (\$) \$85.34	Payee address; City; State; Zip Code 317 Grace Lane Austin TX 78746	
<b>PURPOSE OF EXPENDITURE</b>	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
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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Bobby Todd Yancey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/31/24	<b>5</b> Payee name TAG, LLC	
<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; 317 Grace Lane Austin TX 78746 City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description Legal Services for Campaign
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 3/31/24	Payee name TAG, LLC	
Amount (\$) \$205.15	Payee address; 317 Grace Lane Austin TX 78746 City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 Candidate / Officeholder name Office sought Office held		
Date 4/18/24	Payee name Speed Printing & Office Supplies	
Amount (\$) \$460.06	Payee address; 1105 W Dallas St. Conroe TX 77301 City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Bobby Todd Yancey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/19/24	<b>5</b> Payee name East Texas Signs	
<b>6</b> Amount (\$) \$900.00	<b>7</b> Payee address; City; State; Zip Code 410 Cherokee Street Longview TX 75604	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Political Advertising
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 4/21/24	Payee name Gerald Haynes	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code Spring TX 77388	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Campaign Event 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	Candidate / Officeholder name Office sought Office held	

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