	·· · •	CEHOLDER E 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: 45
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mr.	^{FIRST} Ryan	м: М	OFFICE USE ONLY
	NICKNAME	LAST Gable	SUFFIX	Dato RADA MARIE NED ROLL
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Box 130	,	CITY; STATE; ZIP CODE 1 7393	Date POSS OF ALCENED SOME ALCENED SOME REPOST ALCENED SOME ALCENED SOM
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 478-9485	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR Mr.	FIRST Ralph	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged
		Furches		3
7 CAMPAIGN TREASURER ADDRESS	33026 Sawo	(NO PO BOX PLEASE); APT / S Grass Ct Magno	ыте #, сіту; olia, ТХ 77354	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(832)	PHONE NUMBER 948-3197	EXTENSION	
9 REPORT TYPE	X January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before els	action Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year 15 2023	THROUGH 01	Day Year 15 / 2024
11 ELECTION	ELECTION DA	Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	Montgomer	y Co. Constable I	PCt 3	n)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. <i>THESE EXPENDITURE</i> :	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	170.00	
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
	[COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAME AIGI	TIMANUE REPURI	
15 C/OH NAME Ryan M. Gable		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER 1 PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN \$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$89,135.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 14,142.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 102,105.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$ 450,053.56
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	S OF THE \$
		Candidate or Officeholder
	Please complete either option be	low:
Nota 6 Com	FELICITY DAVIS ry Public, State of Texas m. Expires 03-11-2025 gary ID 1076407-8 before me by TYAN JABLE this	the <u>/</u> 0 day of <u>JANUARY</u> ,
20 24 to certify	which, witness my hand and seal of office.	Notan Public
ignature of officer administe	uring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
2) Unsworn Declarati	on	
ly name is	, and my date of bir	h is
	(street) (city)	(state) (zip code) (country)
executed in	County, State of, on theday of	
	Signature of Co	andidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Ryan M. Gable 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 89,135.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 102,105.30
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

Principal occupation / Job title (See Instructions) Employer (See Instructions)	Tł	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Kyle & Tricia Brown \$1700.00 \$1700.00 \$1700.00			3 Filer ID (Ethics Commission Filers)
38 Thornblade Circle The Woodlands, TX 77389 Principal occupation / Job title (See Instructions) Date Full name of contributor	Date 08/21/23	Kyle & Tricia Brown	, ,
Date			
Amy J. Milstead Contributor address; City; State; Zip Code 1415 Spring Hills Dr Spring, TX 77386 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
State Stat	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date)8/21/23	Contributor address; City; State; Zip Code	\$1700.00
Date Full name of contributor			
Michael & Vicki Richmond Contributor address; City; State; Zip Code 59 North Royal Fern Dr The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Don A. Buckalew D8/21/23 Contributor address; City; State; Zip Code \$500.00 PO Box 500 Conroe, TX 77305	Principal occ	upation / Job title (See Instructions) Employer (See Instruc	tions)
Contributor address; City; State; Zip Code 59 North Royal Fern Dr The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Don A. Buckalew Contributor address; City; State; Zip Code \$500.00 PO Box 500 Conroe, TX 77305	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Don A. Buckalew Don A. Buckalew Contributor address; City; State; Zip Code \$500.00	08/21/23		\$1700.00
Date Full name of contributor		59 North Royal Fern Dr The Woodlands, TX 77380	
Don A. Buckalew Contributor address; City; State; Zip Code \$500.00 PO Box 500 Conroe, TX 77305	Principal occ	upation / Job title (See Instructions) Employer (See Instruc	tions)
PO Box 500 Conroe, TX 77305	Date		Amount of contribution (\$)
	08/21/23	Contributor address; City; State; Zip Code	\$500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		PO Box 500 Conroe, TX 77305	
	Principal occ	upation / Job title (See Instructions) Employer (See Instruc	tions)

SCHEDULE A1

	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Ryan M.		3 Filer ID (Ethics Commission Filers)
4 Date 08/25/23	5 Full name of contributor out-of-state PAC (ID#:) Ronnie & Cathy Matthews 6 Contributor address; City; State; Zip Code 101 Saddle Brook Ln Tomball, TX 77375	7 Amount of contribution (\$) \$250.00
Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date 08/28/23	Full name of contributor	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employer (See Instruction	ons)
Date 08/29/23	Full name of contributor out-of-state PAC (ID#:) Bobby & Lindsey Kasprzak Contributor address; City; State; Zip Code 27 Grand Regency Circle Spring, TX 77382	Amount of contribution (\$) \$1700.00
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor out-of-state PAC (ID#:) Leonard & Hailun Buzz	Amount of contribution (\$)
08/31/23	Contributor address; City; State; Zip Code 6115 E Balsam Fir Circle Spring, TX 77386	1700.00
Principal occ	upation / Job title (See Instructions) Employer (See Instruction	ons)

SCHEDULE A1

lyan M. G	able	3 Filer IO (Ethics Commission Filers)
Date 09/05/23	5 Full name of contributor	7 Amount of contribution (\$) \$10.00
	6711 River Lodge Dr Spring, TX 77379	
Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Fuil name of contributor	Amount of contribution (\$)
09/11/23	Contributor address; City; State; Zip Code	\$100.00
	714 Hurlock St Spring, TX 77373	
Principal occup	ation / Job title (See Instructions) Employer (See Instructi	ons)
Date	Full name of contributor	Amount of contribution (\$)
09/19/23	Contributor address; City; State; Zip Code 8527 Majestic Lake Ct Montgomery, TX 77316	\$3400.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
09/19/23	Contributor address; City; State; Zip Code 38 Leeward Cove Dr The Woodlands, TX 77381	1700.00
Principal occurs	ation / Job title (See Instructions) Employer (See Instruct	ions)

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SCHEDULE A1

Tfr	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
z filer nam Ryan M. (3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Barry & Cindy Donoho 6 Contributor address; City; State; Zip Code 175 Vue Point Place The Woodlands, TX 77380	7 Amount of contribution (\$) \$1700.00
3 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date 09/25/23	Full name of contributor	Amount of contribution (\$) \$1700.00
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 09/25/23	Full name of contributor out-of-state PAC (ID#:) Paul & Kristin Mason Contributor address; City; State; Zip Code 31 Mason Pond PI The Woodlands, TX 77381	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 09/28/23	Full name of contributor	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	ons)

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SCHEDULE A1

FILER NAM		3 Filer ID (Ethics Commission Filers)
4 Date 09/28/23	5 Full name of contributor	\$2000.00 Zip Code
Principal oc	cupation / Job title (See Instructions) 9 Employ	yer (See Instructions)
Date 09/28/23	Full name of contributor	\$850.00 Xip Code
Principal occ	upation / Job title (See Instructions) Employ	yer (See Instructions)
Date 09/29/23	15431 I-45 Conroe, TX 77385	Amount of contribution (\$) 2ip Code Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employ	yer (See Instructions)
Date 0/02/23	Full name of contributor	Amount of contribution (\$) Zip Code \$1700.00
	1714 Johnson St Houston, TX 7700	7
Principal occ	upation / Job title (See Instructions) Employ	yer (See Instructions)

SCHEDULE A1

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
z filer nam Ryan M.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$) \$1700.00
Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date 10/05/23	Full name of contributor out-of-state PAC (ID#:) Aven McBride Contributor address; City; State; Zip Code 31102 Spring Lake Blvd Tomball, TX 77375	Amount of contribution (\$) \$1700.00
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 10/09/23	Full name of contributor out-of-state PAC (ID#:) Michael W. Kossow Contributor address; City; State; Zip Code 11322 Neeshaw Dr Houston, TX 77065	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 10/09/23	Full name of contributor out-of-state PAC (ID#:) Michael Atkins Contributor address; City; State; Zip Code 31119 Blue Ridge Park Ln Spring, TX 77386	Amount of contribution (\$)
Principal occ	pupation / Job title (See Instructions) Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional re	

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SCHEDULE A1

Tŧ	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM Ryan M.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Omar & Alesha Maalouf 6 Contributor address; City; State; Zip Code 25825 Aldine Westfield Rd Spring, TX 77373	7 Amount of contribution (\$) \$1700.00
Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date 10/10/23	Fuil name of contributor	Amount of contribution (\$) \$1700.00
	3939 N Rondelet Dr Spring, TX 77386	
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
10/12/23	Contributor address; City; State; Zip Code 142 Remington Rd Huntsville, TX 77340	\$1700.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date	Full name of contributor	Amount of contribution (\$)
10/12/23	Contributor address; City: State; Zip Code 40 Waterway Ct Spring, TX 77380	\$1700.00
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	ons)

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SCHEDULE A1

Ti	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
riler nam Ryan M.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Bret Strong 6 Contributor address; City; State; Zip Code 3 Birchbrook Ct The Woodlands, TX 77380	7 Amount of contribution (\$) \$1700.00
Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date 10/13/23	Full name of contributor	Amount of contribution (\$) \$1700.00
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 10/16/23	Full name of contributor	Amount of contribution (\$)
Principal occ	eupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 0/16/23	Full name of contributor	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	ons)
rhamara Wilann again hace galar é again	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI	EEDED

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SCHEDULE A1

Tł	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM Ryan M.	_	3 Filer ID (Ethics Commission Filers)
4 Date 10/18/23	5 Full name of contributor	7 Amount of contribution (\$) \$425.00
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date 10/23/23	Full name of contributor	Amount of contribution (\$) \$6800.00
Principal occ	upation / Job title (See Instructions) Employer (See instructi	ona)
_{Date}	Full name of contributor	Amount of contribution (\$) \$1700.00
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
10/23/23	Contributor address; City; State; Zip Code 1014 Forestburg Dr Spring, TX 77386	\$800.00
Principal occ	upation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional n	

SCHEDULE A1

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Scott Furches 6 Contributor address; City; State; Zip Code 33026 Sawgrass Ct Magnolia, TX 77354	7 Amount of contribution (\$) \$1700.00
B Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date 10/23/23	Full name of contributor out-of-state PAC (ID#:) Ryan & Christie Miller Contributor address; City; State; Zlp Code 28647 Lockridge View Dr Spring, TX 77386	Amount of contribution (\$)
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 10/24/23	Full name of contributor	Amount of contribution (\$) \$425.00
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	ons)
Date 10/26/23	Full name of contributor	Amount of contribution (\$)
10/20/20	Contributor address; City; State; Zip Code 319 South Silvershire Cir Spring, TX 77381	Ψ1700.00
Principal occ	supation / Job title (See Instructions) Employer (See Instructi	ons)

SCHEDULE A1

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
g filer nam Ryan M. (3 Filer ID (Ethics Commission Filers)
4 Date 10/27/23	5 Full name of contributor	\$1500.00
	38 Leeward Cove Dr The Woodlands, TX 7	7381
Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/27/23		\$1000.00 Code
	4488 Morgan Rd Bedias, TX 7783	1 .
Principal occ	upation / Job title (See Instructions) Employer (See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
10/30/23		\$3400.00 381
Principal occ	supation / Job title (See Instructions) Employer ((See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/30/23	Contributor address; City; State; Zip (\$450.00
	40006 Freemont Road Magnolia, TX 77354	
Principal occ	cupation / Job title (See Instructions) Employer ((See Instructions)

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SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAM		3 Filer ID (Ethics Commission Filers)
10/30/23	5 Full name of contributor	7 Amount of contribution (\$) \$1700.00
Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 11/01/23	Full name of contributor	Amount of contribution (\$) \$1700.00
Principal occ	18 Netherfiled Way The Woodlands, TX 77382 upation / Job title (See Instructions) Employer (See Instru	uctions)
Date 11/01/23	Full name of contributor out-of-state PAC (ID#: Houston Apartment Association PAC Contributor address; City; State; Zip Code	Amount of contribution (\$) \$850.00
Principal occ	4810 Westway Park Blvd Houston, TX 77041 upation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$) \$3400.00
Principal occ	1 Waterway Court, Unit 3D Spring, TX 77380 upation / Job title (See Instructions) Employer (See Instructions)	uctions)
Principal occ	1 Waterway Court, Unit 3D Spring, TX 77380 Employer (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	

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SCHEDULE A1

Th	e instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
g filer nam Ryan M.		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/23	5 Full name of contributor out-of-state PAC (iD#:	\$425.00
Principal occ		rer (See Instructions)
Date 11/05/23	Full name of contributor	\$250.00
Principal occ		er (See Instructions)
Date 11/20/23	Full name of contributor	\$1200.00
Principal occ	upation / Job title (See Instructions) Employ	rer (See Instructions)
Date 1/27/23	Full name of contributor	\$500.00
Principal occ	upation / Job title (See Instructions) Employ	/er (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SC If contributor is out-of-state PAC, please see Instruction guide	

SCHEDULE A1

Th	he Instruction Guide explains how to	o complete this	; form.	1 Total pages Schedule A1:
FILER NAM			rektor Billio la sur a la sur	3 Filer ID (Ethics Commission Filers)
4 Date 12/04/23	5 Full name of contributor [] out-of-state PAC (ID#:) Marty Williams 6 Contributor address; City; State; Zip Code 76 La Jolla Cir Montgomery, TX 77356		7 Amount of contribution (\$) \$500.00	
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Contributor address;	☐ out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Contributor address;	City;	C (ID#:) State; Zip Code	Arnount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)	###	Employer (See Instruc	tions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS N	

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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/Benking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Sarvices Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politice Credit Card Payment		Legal Services The Instruction Gul	Salaries	expense Wages/Contract Labor complete this form.	Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER NA Ryan M. (3 Filer ID (Ethic	s Commission Filers)
4 Date 07/17/23	5 Payee nar Younglife					
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
\$250.00	5 Grogar	ns Park Dr, Ste	9 101A Th	ne Woodlands	, TX 77380	
8	(a) Category	(See Categories listed at t	he top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contribut	tions/Donation	s Made by	Sponsor Clay Sho	oot Fundraiser	
	(c) [Check if travel outside of Texa	s. Complete Schedule T.	Check if A	Austin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ite / Officeholder nan	ne	Office sought	t	Office held
Date	Payee nar	ne				
07/25/23	Sportsr	nan's Outlet				
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
\$925.00	1710 FM	1960 Bypass	East Hum	ible, TX 77338	3	
that a property who are		(See Categories listed at th		Description Auction Item for C	Constable Hayden Cam	npalgn
PURPOSE OF EXPENDITURE	Contribut	ions/Donation	s Maue Dy			
	. 🗆 .	Check If travel outside of Texa	s. Complete Schedule T.	Check if	Austin, TX, officeholder livin	g expense
Complete ONLY if direct		te / Officeholder nam		Office sought	t	Office held
expenditure to benefit C/OH	•	Kenneth Ha	yden		Montgorr	ery Co Constable Pct 4
Date	Payee nai	ne	· · · · · · · · · · · · · · · · · · ·			
07/27/23	Alphagra	phics				
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
\$587.00	17126 St	uebner Airline	Rd Spring,	TX 77379		
	Category	(See Categories listed at th	e top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Ex	pense		"Save the Date" for	or Special Friends Dinr	ner Fundralser Invites
		Check if travel outside of Yexe	s. Complete Schedule T.	Check if	Austin, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ite / Officeholder na	me	Office sough	ıt	Office held
	ATT	ACH ADDITIONAL	COPIES OF THIS	S SCHEDULE AS	NEEDED	

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

Event Expense Fees Food/Beverage Expense GM/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (or the a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memortals Expense Legal Services The Instruction Guide explain		pense ages/Contract Labor	Travel Out Of Distri- Other (enter a categ	ct ory not listed above)
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payeen					
07/31/23	AT&T					
6 Amount (\$)	7 Payee a	ddress;	······································	City;	State;	Zip Code
\$756.66	3431 Ra	ayford Rd Spring, TX	X 77386			
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Office C	Overhead/Rental Expe	nse	Campaign Phone		
	(c)	Check if travel outside of Texas. Complete 9	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
07/31/23	Best E	Buy				
Amount (\$)	Payee a	ddress;	,	City;	State;	Zip Code
\$756.66	1550 La	ake Woodlands Dr Th	ne Wood	lands, TX 7738	30	
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Office C	Overhead/Rental Expe	nse	Apple Ipad		
		Check if travel outside of Texas. Complete 5	Schedula T.	Check if Austin	n, TX, officeholder livir	ıg expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought	. , , , , , , , , , , , , , , , , , , ,	Office held
Date	Payee n	ame				
08/02/23	Top Flo	orist				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
\$199.18	25119	Grogans Mill Rd TI	he Woo	dlands, TX 77	7380	
	Categor	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts/Av	vards/Memorials Expe	ense	Memorial Flowers		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
	ΔΤ	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEE	ENER	

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Travei Out Of District 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 3 Filer ID (Ethics Commission Filers) Ryan M. Gable 4 Date 5 Payee name 08/09/23 Local Pour 6 Amount (\$) 7 Payee address; City: State: Zip Code \$233.62 1900 Hughes Landing Blvd, Ste 350 The Woodlands, TX 77381 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Political Meeting Food/Beverage Expense PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/14/23 **Best Buy** Amount (\$) Payee address; City: State: Zip Code \$302.02 1550 Lake Woodlands Dr The Woodlands, TX 77380 Category (See Categories listed at the top of this schedule) Description Office Equipment Office Overhead/Rental Expense PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 08/16/23 Trulucks Amount (\$) Payee address; City; State: Zip Code \$10,000.00 1900 Hughes Landing Blvd The Woodlands, TX 77380 Category (See Categories listed at the top of this schedule) Description Deposit for 2023 Special Friends Dinner / Campaign Fundraiser **PURPOSE Event Expense** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor

Sollcitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Citt/Awards/Memorials Expense Legal Services The Instruction Guide exp		pense /ages/Contract Labor	Travel In District Travel Out Of Distric Other (enter a catego	
1 Total pages Schedule F1:	2 FILER N Ryan M.		-		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me				***************************************
08/16/23	Grand C	aks High School Fis	hing Tean	ו		
6 Amount (\$)	7 Payee a	idress;		City;	State;	Zip Code
\$1295.47	4800 Ri	ey Fuzzel Rd Spr	ing, TX 77	7386		
8	(a) Categor	y (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE	Contribu	ttions/Donations Ma	ide by	Sponsor Fishing Tear	n	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
08/16/23	Alphag	ıraphics				
Amount (\$)	Payee at	idress;		City;	State;	ZIp Code
\$2707.70	17126 S	tuebner Airline Sp	oring, TX	77379		
	Category	(See Categories listed at the top of t	his schedule)	Description		·
PURPOSE	Event E	xpense		Invitations & Mailing f	or 2023 Special Fri	ends Dinner
OF EXPENDITURE				1 and assi		
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austl	n, TX, officeholder flying	3 axbause
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
08/21/23	The Wood	llands Margarita Festiva	1 2023			
Amount (\$)	Payee a	ldress;		City;	State;	Zip Code
\$368.45	2099 La	ke Robbins Dr The	Woodland	ds, TX 77380		
 	Category	(See Categories listed at the top of t	hls schedule)	Description		
PURPOSE	Contribu	tions/Donations Ma	de by	Festival Sponsorship		
OF EXPENDITURE			"			
		Check if travel outside of Texas. Comple	ete Schedule T.	Check If Austi	n, TX, officeholder livin	1 expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COP	ES OF THIS	SCHEDULE AS NEI	EDED	

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
Candidets/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorlals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
with water symbols	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/21/23	Brett Ligon Campaign		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$500.00	PO Box 558 Pinehurst, TX 7	7362	
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE	Contributions/Donations Made	by Campaign Contributio	n
OF EXPENDITURE		~,	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Brett Ligon	Office sought	Office held Montgomery Co. District Attorney
Date	Payee name		
08/21/23	Wayne Mack Campaign		
Amount (\$)	Payee address;	City;	State; Zip Code
\$250.00	PO Box 2234 Conroe, TX 775	305	
	Category (See Categories listed at the top of this sol	redule) Description	
PURPOSE OF EXPENDITURE	Contributions/Donations Made	by Campaign Contribution	n
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Wayne Mack		Montgomery Co Justice of the Peace Pot 1
Date	Payee name		
08/21/23	Sheriff Rand Henderson Campaign		
Amount (\$)	Payee address;	City;	State; Zip Code
\$800.00	PO Box 1678 Conroe,	TX 77305	
	Category (See Categories listed at the top of this sci	nedule) Description	
PURPOSE OF EXPENDITURE	Contributions/Donations Made	by Campaign Contribution	n
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Rand Henderson		Montgomery Co. Sheriff
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Marmorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wagas/Contract Lebor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (entire a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/V		avel Out Of District her (enter a category not listed above)
Diode Outer Bytholic	The instruction Guide explains how to d	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/21/23	The Woodlands Firefighter's Foundation	on	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$500.00	PO Box 130388 The Woodlands, TX	K 77393	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contributions/Donations Made by	Sponsor 2023 Bands for	Badges Fundralser
OF EXPENDITURE	•		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX	(, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/28/23	Morton's Steakhouse		
Amount (\$)	Payee address;	City;	State; Zip Code
\$253.30	151 Beach Blvd Biloxi, MS 39530		
	Category (See Categories listed at the top of this schedule)	Description	4-7-1
PURPOSE	Food/Beverage Expense	2023 Constable / Marsha	Il Conference Dinner
OF EXPENDITURE			
LATERDITORE			
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin, T)	C officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	***************************************	
08/31/23	Refined Systems		
Amount (\$)	Payee address;	City;	State; Zip Code
\$4058.29	27323 W Hardy Rd, Ste 408 Sprin		
, , , , , , , , , , , , , , , , , , , ,	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Office Overhead/Rental Expense	Security Camera System	
OF EXPENDITURE			
macerum reservated to the fit to feet			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	C, 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 NEEDE	D
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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/Political Committee

Event Expense Fess Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wades/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services		xpense Vages/Contract Labor	Other (enter a categ	
3,1331		The instruction Guide e	xplains how to d	complete this form.		
1 Total pages Schedule F1:	2 FILER N. Ryan M.				3 Fiter ID (Ethic	s Commission Filers)
4 Date	5 Payee na	me			1	
08/31/23	The Apri	city Foundation				
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code
\$500.00	27 Gran	d Regency Circle	The Wo	odlands, TX 773	382	
8	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE	-	tions/Donations M		Sponsor 2023 Gala		
OF	Continuo	MOLIOLID IN COLOTION IN	iddo by			
EXPENDITURE	····		***************************************			
	(c)	Check if travel outside of Texas. Con	nplete Schedule T.	Check if Austi	in, TX, officeholder ilvin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
09/01/23	Acadei	my Sports & Outdo	oors			
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$783.69	1360 La	ke Woodlands Dr	The Wo	odlands, TX 77	' 380	
·				, , , , , , , , , , , , , , , , , , , ,		
	Category	(See Categories listed at the top	of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·	
PURPOSE	Event Ex	(nense		Auction items for ann	ual fundralser	
OF		(poriso				
EXPENDITURE						
		Check if travel outside of Texas. Com	nplete Schedule T.	Check If Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
oxponditate to benefit of or						
Date	Payee na	ımə				
09/10/23	Cramal	dilo Dieno				
09/10/23	Gramai	di's Pizza				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$195.75	20 Wate	r Way Ave The	Woodland	ds, TX 77380		
30 000	Category	(See Categories listed at the top of	of this schedule)	Description		
PURPOSE	Food/Be	verage Expense		Political Dinner Meeti	ing	
OF EXPENDITURE						
LA LIGHTANE						
		Check if travel outside of Texas. Com	nplete Schedula T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	ATT	TACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED	

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 Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Ryan M. Gable 4 Date 5 Payee name 09/16/23 Pappasito's 6 Amount (\$) 7 Payee address; City: Zip Code \$373.18 18101 I-45 South Conroe, TX 77385 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Political Dinner Meeting Food/Beverage Expense PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 09/17/23 **Graphic Results** Amount (\$) Payee address; City; State; Zip Code \$3166.31 6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354 Category (See Categories listed at the top of this schedule) Description Gifts / Laser Etching for Annual Special Friends Dinner Event Expense PURPOSE Fundraiser OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/19/23 TWRW Amount (\$) Payee address; State: City: Zin Code \$250.00 PO Box 7294 The Woodlands, TX 77387 Category (See Categories listed at the top of this schedule) Description Donation **PURPOSE** Contributions/Donations Made by OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a rategory not listed shove)

Controutions/Donations viade a Candidate/Officeholder/Politica		Expense Wages/Contract Labor	Travel Out Of Distric	
Credit Card Payment	The Instruction Guide explains how to	_	Other (enter a catego	ny nordated above)
1 Total pages Schedule F1:			3 Filer ID (Ethics	s Commission Filers)
4 Date 09/20/23	5 Payee name HEB			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$241.54	7988 FM 1488 Magnolia, TX 77354	4		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		······································
PURPOSE	Event Expense	Food / Supplies for Wo	odiands High Sch	ool Football Team
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Chack if Austin,	TX, officeholder livinç	ı expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
09/26/23	Tammy McRae Campaign			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$500.00	10 Capshaw Ct Conroe, TX 77385	5		
	Category (See Categories listed at the top of this schedule)	Description	A Control of the Cont	
PURPOSE OF EXPENDITURE	Contributions/Donations Made by	Campaign Contribution	7	
	Check if travel outside of Taxas, Complete Schedule T.	Check if Austin	, TX, officeholder living	j expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Tammy McRae		Montgorn	ery Co. Tax Assessor
Date	Payee name			
09/26/23	The Texas Youth Summit			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1000.00	PO Box 8105 Spring, TX 77387			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made by	Donation - Sponsor 20	23 Youth Summit	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
and the second s	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Lebor Glft/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) Ryan M. Gable 4 Date 5 Payee name 09/27/23 Academy Sports & Outdoors 6 Amount (\$) 7 Payee address; City; State; Zip Code 1360 Lake Woodlands Dr \$330.14 The Woodlands, TX 77380 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Shirts with campaign logos PURPOSE Advertising Expense OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/23 Torchy's Amount (\$) Payee address; City; State: Zip Code \$205.93 1555 Lake Robbins Dr The Woodlands, TX 77380 Category (See Categories listed at the top of this schedule) Description Donation - Food for 2023 Texas Youth Summit Security Contributions/Donations Made by PURPOSE Personnel OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder flying expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 09/30/23 Monarca Fashion Boutique Amount (\$) Payee address; City; State: Zip Code \$324.75 12373 Scarsdale Blvd # D Houston, TX 77089 Category (See Categories listed at the top of this schedule) Description Gifts for Supporters **PURPOSE** Gifts/Awards/Memorials Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (enters category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (entera category not listed above)
.	The Instruction Guide explains	s now to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable		3 Filer ID (Ethics Commission Filers) .
4 Date	5 Payee name		
09/30/23	J&R Originals		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$259.80	758 I-45 North Huntsville,	TX 77320	
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE	Gifts/Awards/Memorials Exper	nse Gifts for Supporters	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete So	xhedule T. Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/01/23	AAA Riley Fuzzel Storage		
Amount (\$)	Payee address;	City;	State; Zlp Code
\$200.00	3201 Riley Fuzzel Rd Sprin	ng, TX 77386	
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expen	Storage Rental - Can	npaign Food Trailer
	Check if travel outside of Texas. Complete Sc	hedule T. Check If Arrest	In, TX, officeholder living expanse
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	•	
Date	Рауее пате		
10/05/23	Alla Campagna		
Amount (\$)	Payee address;	City;	State; Zip Code
\$321.22	342 West Main Street Frede	ericksburg, TX 78624	
······································	Category (See Categories listed at the top of this so	*	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner for Supporters	S
	Check if travel outside of Texas. Complete Sc	:hedule T. Check if Austi	ı'n, TX, officaholdar living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

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

Event Expense
Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense
Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Selaries/Wages/Contract Labor

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Selar The Instruction Guide explains how	les/Weges/Contract Labor Other (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
10/13/23	Trulucks	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$378.87	1900 Hughes Landing Blvd The	Woodlands, TX 77380
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description
PURPOSE	Food/Beverage Expense	Political Dinner Meeting
OF EXPENDITURE		
	(C) Check if travel outside of Texas. Complete Schedule	Charle is Auglia TV assistantial in the control of
A A	<u>'</u>	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/13/23	Total Wine & More	
Amount (\$)	Payee address;	City; State; Zip Code
\$279.16	1900 Lake Woodlands Dr The	Woodlands, TX 77380
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	Gifts/Awards/Memorials Expense	Gifts Staff/Supporters
OF EXPENDITURE	•	
	Check if travel outside of Texas. Complete Schedule	T. Check If Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/14/23	Junior League of the Woodlands	
Amount (\$)	Payee address;	City; State; Zip Code
\$500.00	8686 New Trails Dr The Woodle	ands, TX 77381
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Contributions/Donations Made by	Sponsor 2023 Holiday Market
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	}	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services ioan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Soficitation/Fundraising Expense
Transportation Equipment & Related Expense
Travet in District
Travet Out of District
Other (enter a category not listed shove)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)
	The instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		***************************************
10/16/23	Flemings		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$340.80	1201 Lake Woodlands Dr The Woo	odlands, TX 773	80
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ve-1 - 14/14 / V 44/14 (- 14/1
PURPOSE	Food/Beverage Expense	Political Dinner Meetil	ng
OF EXPENDITURE			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name i	Office sought	Office held
Date	Payee name		
10/26/23	Kroger		
Amount (\$)	Payee address;	City;	State; Zip Code
\$560.44	3731 Riley Fuzzel Rd Spring, TX 7	77386	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions/Donations Made by	Food Pantry Donation	n to the Interfaith of the Woodlands
OF EXPENDITURE	•		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, afficeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office heid
Date	Payee name		
10/27/23	Interfaith of the Woodlands		
10/2/123	miterialin of the vvocularius		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1500.00	4242 Interfaith Way The Woodlar	nds, TX 77380	
	Category (See Categories listed at the top of this schedule)	Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Contributions/Donations Made by	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIU E AS NES	enen
	accasiassing was a contract of the contract of	,	

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exper Printing Expe Salaries/Wag		Travel In District Travel Out Of Dis Other (enter a cat	trict egory not listed above)
Credit Card Payment		The Instruction Gulde explain	ns how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER N Ryan M.				3 Filer ID (Et	nics Commission Filers)
4 Date	5 Payee na	ame	. , , ,			· · · · · · · · · · · · · · · · · · ·
10/30/23	Trulucks	}				
5 Amount (\$)	7 Payee ad	idress;		City;	State;	Zlp Code
\$19965.93	1900 Hւ	ighes Landing Blvd	The Woo	dlands, TX	77380	
8	(a) Categor	y (See Categories listed at the top of this	schedule) ((b) Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE	Event E	xpense	2	2023 Annual Spe	ecial Friends Dinner F	undraiser
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete 5	Schedule T.	Check if	Austin, TX, officeholder it	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sough	nt	Office held
Date	Payee na	ime				
11/02/23	Northy	vest Pawn				
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code
\$1425.00	18123 K	úykendahi Rd Spri	ng, TX 77	7379		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense	1	Door Prizes for S	Special Friends Dinne	r Fundraiser
		Check If travel outside of Texas. Complete S	Schedule T.	Check if	Austin, TX, officeholder li	ving expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sough	nt	Office held
Date	Payee na	ame			1444	
11/02/23	David E	ason Campaign				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
\$500.00	809 W I	Dallas, PO 2326	Conroe,	TX 77301	ŀ	
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Contribu	tions/Donations Made	e by	Dampaign Contri	ibution	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if	Austin, TX, officeholder li	ving expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sough		Office held
expenditure to benefit C/OF		Eason	Mont	gomery Co Cons		emos nord
	AT	TACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS	NEEDED	

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politice		Gift/Awards/Memorials Legal Services		Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Distric Other (enter a catego	
Credit Card Payment		The instruction G	ulde explain	s how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N Ryan M.	1.				3 Flier ID (Ethics	Commission Filers)
4 Date	5 Payeena					<u> </u>	
11/02/23	AAA Riid	y Fuzzel Stora	age				
6 Amount (\$)	7 Payee at				City;	State;	Zlp Code
\$200.00	3201 Ri	ey Fuzzel Rd	Sprir	ıg, TX 7	7386		İ
8	(a) Categor	y (See Categories listed a	t the top of this	schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
PURPOSE	Office O	verhead/Rent	al Exper	nse	Storage Rental - Can	npalgn Food Trailer	
OF EXPENDITURE			·				
	(c)	Check if travel outside of Ter	xas. Complete Se	hedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	ime		Office sought		Office held
Date	Payee na	me					
11/06/23	Hispar	ic Conservativ	ves of M	ontgom	ery County		
Amount (\$)	Payee ad	ldress;			City;	State;	Zip Code
\$1500.00	1500.00 15683 E Relza Dr Splendora, TX 77372						
			•				
	Category	(See Categories listed at	the top of this s	chedule)	Description		
PURPOSE	Contribu	tions/Donation	ns Made	by	Donation		
OF EXPENDITURE							
,		Check if travel outside of Tex	xas. Complete So	hedule T.	Check if Austi	n, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder na	me		Office sought		Office held
Date	Payee na	ame				***************************************	
11/12/23	Best Bu	ıy					
Amount (\$)	Payee ad	ldress;			City;	State;	Zip Code
\$1082.45	1550 Lal	e Woodlands	Dr The	e Wood	lands, TX 77380	0	
	Category	(See Categories listed at	the top of this s	chedule)	Description		
PURPOSE	Gifts/Aw	ards/Memoria	ls Exper	nse	Staff Christmas Gifts		
OF EXPENDITURE							
		Check if travel outside of Tex	cas. Complete Sc	hedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder n	ame		Office sought		Office held
	AT	TACH ADDITIONA	L COPIES	OF THIS	SCHEDULE AS NEI	EDED	

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense rees Food/Beverage Expense Giff/Awards/Memorlais Expense Consulting Expense Contributions/Donations Made By Politing Expense Printing Expense Travel in District Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salarles/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 3 Filer ID (Ethics Commission Filers) Ryan M. Gable 4 Date 5 Payee name 11/12/23 Best Buy 6 Amount (\$) 7 Payee address; City: State: Zip Code \$1082.45 1550 Lake Woodlands Dr The Woodlands, TX 77380 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Staff Christmas Gifts Gifts/Awards/Memorials Expense PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/12/23 Best Buy Amount (\$) Payee address; City; State: Zip Code \$1082.45 1550 Lake Woodlands Dr The Woodlands, TX 77380 Category (See Categories listed at the top of this schedule) Description Staff Christmas Gifts Gifts/Awards/Memorials Expense **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 11/12/23 Montgomery County Republican Party Amount (\$) Payee address; City; State: Zip Code \$1000.00 921 W Austin St Conroe, TX 77301 Category (See Categories listed at the top of this schedule) Description Filing Fee to Run for Office PURPOSE Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held

expenditure to benefit C/OH

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/Benking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Offics Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Scilcitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politic	Transfer of the second of the	Expense s/Wages/Contract Labor	Travel Out Of Dietrict Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedute F1	2 FILER NAME Ryan M. Gable		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/12/23	Terra Vino		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$488.88	2520 Research Forest Dr The Wo	odlands, TX 773	81
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,
PURPOSE OF EXPENDITURE	Event Expense	Campaign Filing Ever	nt
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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		And the state of t
11/15/23	Operation Safe Shield		·
Amount (\$)	Payee address;	City;	State; Zip Code
\$1000.00	7750 Raymond Stotzer College S	Station, TX 77845	5
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions/Donations Made by	Donation	
OF EXPENDITURE			
	Check If travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		omeo souga	Onto had
Date	Payee name		
11/18/23	Larry Dean		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1015.00	12606 Sinks Canyon Ln Humb	le, TX 77346	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorials Expense	Gift for Supporter	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEI	EDED
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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/Political Committee

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shows)

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 3 Filer ID (Ethics Commission Filers) Ryan M. Gable 4 Date 5 Payee name 11/19/23 HEB 6 Amount (\$) 7 Payee address; City; State: Zip Code \$568.78 3540 Rayford Rd Spring, TX 77386 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Host Departmental Thanksgiving Luncheon Event Expense **PURPOSE** OF **EXPENDITURE** (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 11/19/23 Walmart Amount (\$) Payee address: City: State: Zip Code \$191.93 Spring, TX 77380 1025 Sawdust Rd Category (See Categories listed at the top of this schedule) Description Office Organizational Supplies PURPOSE Office Overhead/Rental Expense OF EXPENDITURE Check if travel outside of Texes, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/20/23 Total Wine & More Amount (\$) Payee address; City; State: Zip Code \$325.44 1900 Lake Woodlands Dr The Woodlands, TX 77380 Category (See Categories listed at the top of this schedule) Description Holiday Gifts **PURPOSE** Gifts/Awards/Memorials Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

		EXPENDITURE CAT	EGORIES I	FOR B	OX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverege Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ove Polling Exp Printing Ex Salaries/W	rhead/Re pense (pense /ages/Co	elmbursement ental Expense ntract Labor e this form.	Travel in District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N				·	3 Filer ID (Ethic	s Commission Filers)
4 Date 11/20/23	5 Payeena	ame	***************************************			L	
6 Amount (\$)	7 Payee a	idress;			City;	State;	Zlp Code
\$221.01	1900 La	ke Woodlands Dr	The Woo	odlan	ds, TX 77	380	
8	(a) Catego	y (See Categories listed at the top of	this schedule)	(b) D	escription	·····	
PURPOSE OF EXPENDITURE	Contribu	utions/Donations Ma	de by	Donati	ion for 2023 To	bys for Tots Event	
	(c)	Check if travel outside of Texas. Comple	te Schedule T.		Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fate / Officeholder name		Of	fice sought		Office held
Date	Payee na	ame					
11/29/23	Brothe	r's Pizza					
Amount (\$)	Payee at	ddress;			City;	State;	Zip Code
\$214.34	Category	(See Categories listed at the top of the		D	TX 77380	al Move / Employee	
PURPOSE OF EXPENDITURE	F000/B6	everage Expense		10001	O Deparation	at Wove / Employer	75
		Check if travel outside of Texas. Comple	te Schedule T.		Check if Aust	ln, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Of	fice sought		Office held
Date	Payee na	ame					
11/29/23	Marshall's	s Home Goods					
Amount (\$) \$353.80	Payee at			T V -	City;	State;	Zip Code
	3/13	Loop 336 W C	onroe,	IX	77304		
	Category	(See Categories listed at the top of the	ls schedule)	ĺ	escription		
PURPOSE OF EXPENDITURE	Office O	verhead/Rental Exp	ense 	Depart	tmental Office	& Restroom Supplie	es
		Check if travel outside of Texas. Complete	e Schedula T.		Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		O	ffice sought		Office held
	AT	TACH ADDITIONAL COPI	S OF THIS	SCHE	DULE AS NEI	EDED	

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salerias/Varias/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Others (orbitate and any and listed should)

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	- I III i i i i i i i i i i i i i i i i	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		John Marie Carlo	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/30/23	American Furniture Warehouse		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1320.65	12310 I-45 South Conroe, TX 7730)4	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Office Overhead/Rental Expense	Department Office Fu	ırniture
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
11/30/23	Devin Brust		
Amount (\$)	Payee address;	City;	State; Zip Code
\$200.00	16876 Kempwood Montgomery, TX	< 77316	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions/Donations Made by	Pay for Security - 202	23 Toys for Tots Event
OF EXPENDITURE	•		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/01/23	The Republic Grille		
Amount (\$)	Payee address;	City;	State; Zip Code
\$253.93	3486 Discovery Creek Blvd Sprin	ng, TX 77386	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Food/Beverage Expense	Political Dinner Meetli	ng
OF EXPENDITURE	1		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

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

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

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 3 Filer ID (Ethics Commission Filers) Ryan M. Gable 4 Date 5 Payee name 12/01/23 AAA Riley Fuzzel Storage 6 Amount (\$) 7 Payee address; City; State: Zip Code \$200.00 Spring, TX 77386 3201 Riley Fuzzel Rd (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Monthly Storage Rental - Campaign Food Trailer Office Overhead/Rental Expense PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name 12/02/23 Marshall's Home Goods Amount (\$) Pavee address: City; State: Zip Code \$432.99 371 S Loop 336 W Conroe, TX 77304 Category (See Categories listed at the top of this schedule) Description Department Office Furniture PURPOSE Office Overhead/Rental Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 12/02/23 American Furniture Warehouse Amount (\$) Payee address; City; State; Zip Code \$785.90 12310 I-45 South Conroe, TX 77304 Category (See Categories listed at the top of this schedule) Description Department Office Furniture PURPOSE Office Overhead/Rental Expense EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office heid Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Feas Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagnet/Contract Labor

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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable		3 Filer ID (Ethics Commission Filers)
4 Date 12/02/23	5 Payee name Northwest Pawn		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1410.00	18123 Kuykendahl Rd Sprin	ng, TX 77379	
8	(a) Category (See Categories listed at the top of this so		
PURPOSE OF	Event Expense	Auction Items - 2024	Golf Tournament Campaign Fundralser
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Sch	edule T Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office heid
Date	Payee name		
12/04/23	Pappadeaux		
Amount (\$)	Payee address;	City;	State; Zip Code
\$500.41	18165 I-45 South Conroe, TX	(77385	
	Category (See Categories listed at the top of this sch		
PURPOSE OF EXPENDITURE	Event Expense	Annual Training Advi	isory Board Meeting
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, afficehalder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name l	Office sought	Office held
Date	Payee name		
12/07/23	James Sumner		
Amount (\$)	Payee address;	City;	State; Zlp Code
\$5000.00	40006 Freemont Rd Magno	olia, TX 77354	
	Category (See Categories listed at the top of this sch	. 1	
PURPOSE OF EXPENDITURE	Event Expense	Coordinate & Manag	e Annual Campaign Fundraisers
	Check if travel outside of Taxas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C)F THIS SCHEDULE AS NE	FREN

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

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Legal Services 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 3 Flier ID (Ethics Commission Filers) Ryan M. Gable 4 Date 5 Payee name 12/07/23 Montgomery County 6 Amount (\$) 7 Payee address; City; State: Zip Code \$250.00 501 N Thompson St Conroe, TX 77301 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Donation / Employee Committee Christmas Luncheon Contributions/Donations Made by PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 12/07/23 Walmart Amount (\$) Payee address; City; State: Zip Code \$265.93 1025 Sawdust Rd Spring, TX 77380 Category (See Categories listed at the top of this schedule) Description Bicycle Donation - Operation Blue Elf Christmas Event Contributions/Donations Made by PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 12/07/23 The Woodlands Chamber of Commerce Amount (\$) Payee address; City: State: Zip Code \$250.00 9320 Lakeside Blvd, Ste 200 The Woodlands, TX 77381 Category (See Categories listed at the top of this schedule) Description Sponsor 2024 Taste of the Town Event **PURPOSE** Contributions/Donations Made by OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donattons Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sateries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	- Figure Figure	Vages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct ory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/07/23	5 Payee name HEB			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$211.32	3540 Rayford Rd Spring, TX 773	86		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Event Expense	Sponsor Holiday Party		
OF EXPENDITURE	·			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/10/23	Laurie's Home Furnishings			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$250.06	10730 FM 2920 Tomball, TX 77375	5		
	Category (See Categories listed at the top of this schedule)	Description	······································	
PURPOSE OF EXPENDITURE	Gifts/Awards/Memorials Expense	Christmas Gifts for Cle	rical Staff	
	Check If travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder livir	d expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/11/23	Terra Vino			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$302.93	2520 Research Forest Dr The Woodlar	nds, TX 77381		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Political Dinner Meeting	g	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NESI	DED	

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportetion Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ryan M. Gable 4 Date 5 Payee name 12/12/23 **HEB** 6 Amount (\$) 7 Payee address; City; State: Zip Code \$192.80 3540 Rayford Rd Spring, TX 77386 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Gifts Cards for Employees Gifts/Awards/Memorials Expense PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date 12/13/23 **Total Wine & More** Amount (\$) Payee address: Citv: State Zip Code \$346.29 The Woodlands, TX 77380 1900 Lake Woodlands Dr Category (See Categories listed at the top of this schedule) Description Gifts Employees/Supporters Gifts/Awards/Memorials Expense PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 12/13/23 Adobe Acrobat Amount (\$) Payee address; City; State: Zip Code \$257.27 11501 Domain Dr. Ste 110 Austin, TX 78758 Category (See Categories listed at the top of this schedule) Description Annual Software Renewal **PURPOSE** Office Overhead/Rental Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense Lagal 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

Contributions/Denations Made B Candidate/Officeholder/Politica	- 1.11(ft) G T	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains how to	
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable	3 Filer ID (Ethics Commission Filers)
4 Date 12/29/23	5 Payee name RTIC	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$561.68	20510 Hempstead Rd, Ste 100 H	ouston, TX 77065
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Tumblers with Campaign Logos
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/31/23	Space City Storage	
Amount (\$)	Payee address;	City; State; Zip Code
\$205.00	26400 Kuykendahl Rd, Ste C 180-23	The Woodlands, TX 77375
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Campaign Headquarters Monthly Storage Rental
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
01/02/24	David Eason Campaign	
Amount (\$)	Payee address;	City; State; Zip Code
\$1250.00	809 W Dallas, PO 2326 Conr	roe, TX 77301
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Contributions/Donations Made by	Campaign Contribution
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	David Eason	fontgomery Co Constable Pct 2
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of Estrict
Other (either a category not listed shows)

Candidate/Officeholder/Politica Credit Card Payment	> Printing E	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/24	5 Payee name Square.com		
6 Amount (\$)			
	7 Payee address;	City;	State; Zip Code
 \$1135.31 	1455 Market Street, Ste 600 San	Fransisco, CA 9	4103
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Fees	Credit Card Processing	y Fees
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/05/24	Graphic Results		
Amount (\$)	Payee address;	City;	State; Zip Code
\$362.64	6315B FM 1488 Rd, Ste 227 Mag	gnolia, TX 77354	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Laser Drink Tumblers v	vith Campaign Logo
	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 I	Office sought	Office held
Date	Payee name		
01/05/24	Bryan Christ		
Amount (\$)	Payee address;	City;	State; Zip Code
\$250.00	PO Box 558 Pinehurst, TX 773	362	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contributions/Donations Made by	Campaign Contribution	· · · · · · · · · · · · · · · · · · ·
	Check if travel outside of Yexas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Bryan Christ		Montgomery Co Republican Chair
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selarles/Wedes/Contract Labor

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

Candidate/Officeholder/Politics Credit Card Payment	2 (HILL)	xpense Vages/Contract Labor	Other (enter a category not listed above)
Sibult Suitar Lymont	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Ryan M. Gable		3 Filer ID (Ethics Commission Filers)
4 Date 01/09/24	5 Payee name The Woodlands Rotary Club		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2593.38	PO Box 7353 The Woodlands, TX	•	Catter, Lip Cour
φ2000.00	The Woodiands, TX	77307	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contributions/Donations Made by	Sponsor 2024 Annual Gala Fundraiser	
OF EXPENDITURE	,		
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		- Barthand Channel Cha
Amount (\$)	Payee address;	City;	State; Zip Code
γιιιοσιπ (φ)	r ayee address,	Ony,	Care, Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF			
EXPENDITURE			
	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		
Amount (\$)	Payee address;	file	Sato. Zin Oada
γιιιουτικ (φ)	rayee address,	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
EAFEMBILUNE		<u> </u>	
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEOUI FAS NEF	DED