

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID

2 Total pages filed:
22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Pamela

NICKNAME

LAST

SUFFIX

Bogges

OFFICE USE ONLY

Date Received

CSO REC'D
APR 28 '23 PM5:02

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY;

ZIP CODE

604 E. 4th St.

Ste. 101

Fort Worth, TX 76102

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr. Steve

NICKNAME

LAST

SUFFIX

Gebhardt

6 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

500 Main St., Ste. 640
Fort Worth, TX 76102

(Residence or Business)

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 502-3600

8 REPORT
TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15

8th day before election

Exceeded modified
reporting limit

Final Report (Attach C/OH-FR)

9 PERIOD
COVERED

Month Day Year

03/28/2023

THROUGH

Month Day Year

04/26/2023

10 ELECTION

ELECTION DATE

Month Day Year

05/06/2023

ELECTION TYPE

Primary

Runoff

Other

General

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Fort Worth City Council, District 9

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 22

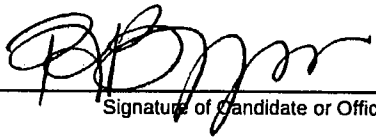
13 C / OH NAME Boggess, Pamela	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 176,040.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 38,426.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,713.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

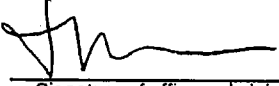
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Taylor Mendez, this the 28th day of April, 2023, to certify which, witness my hand and seal of office.



 Signature of officer administering

Taylor Mendez

 Printed name of officer administering

Notary

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Boggess, Pamela		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 44,250.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 145,184.48
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 38,426.22
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 24.78

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/22
2 FILER NAME Boggess, Pamela		3 Filer ID
4 Date 04/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Marge	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3536 Wedgworth Road S. Fort Worth, TX 76133		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Jason	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1741 Rio Secco Dr. Fort Worth, TX 76131		
Principal occupation / Job title (See Instructions) Control		Employer (See Instructions) Banking
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boggess, Pamela	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1933 Chatburn Ct. Fort Worth, TX 76110		
Principal occupation / Job title (See Instructions) Attorn		Employer (See Instructions) Cofer Luster Law Firm, PC
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdy, Gregory	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1925 Patton Ct. Fort Worth, TX 76110		
Principal occupation / Job title (See Instructions) Director, Business Development, Texas Health Supply Chain		Employer (See Instructions) Texas Health Resources
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gondek, Denis	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2709 Leith Ave. Fort Worth, TX 76133		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/22
2 FILER NAME Bogges, Pamela		3 Filer ID
4 Date 04/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halbohn, Christopher <hr/> 6 Contributor address; City; State; Zip Code 4210 Lillian St. Houston, TX 77007	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) DLG Inc.
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klick, Donald <hr/> Contributor address; City; State; Zip Code PO Box 7592 Fort Worth, TX 76111	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luenser, Brian <hr/> Contributor address; City; State; Zip Code 500 Throckmorton St., Apt. 2804 Fort Worth, TX 76102	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallick, Michael <hr/> Contributor address; City; State; Zip Code 3715 Camp Bowie Blvd. Fort Worth, TX 76107	Amount of Contribution (\$) \$7,500.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Mallick Group, Inc.
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micallef, Alfred <hr/> Contributor address; City; State; Zip Code 1401 N. Bowie Dr. Weatherford, TX 76086	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) JMK Holdings Mgmt Co.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/3 Rpt: 6/22

2 FILER NAME
Bogges, Pamela

3 Filer ID

4 Date
04/06/2023

5 Full name of contributor out-of-state PAC (ID#: _____)
Miller, Ivan Jack & Ladye Ann

7 Amount of Contribution (\$)
\$1,000.00

6 Contributor address; City; State; Zip Code
31 Valley Ridge Rd.

Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)
Owner

9 Employer (See Instructions)
Haltom's Jewelers

Date
04/07/2023

Full name of contributor out-of-state PAC (ID#: _____)
Mondick, Taylor

Amount of Contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
311 Bryan Ave., Apt. 102

Fort Worth, TX 76104

Principal occupation / Job title (See Instructions)
Coach

Employer (See Instructions)
Self-employed

Date
04/18/2023

Full name of contributor out-of-state PAC (ID#: _____)
Right for Tarrant PAC

Amount of Contribution (\$)
\$22,500.00

Contributor address; City; State; Zip Code
3808 Trail Lake Dr.

Fort Worth, TX 76019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/07/2023

Full name of contributor out-of-state PAC (ID#: _____)
Right for Tarrant PAC

Amount of Contribution (\$)
\$10,000.00

Contributor address; City; State; Zip Code
3808 Trail Lake Dr.

Fort Worth, TX 76019

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/28/2023

Full name of contributor out-of-state PAC (ID#: _____)
Selinger, Stephen

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
620 Truelove Trail

Southlake, TX 76092

Principal occupation / Job title (See Instructions)
Real Estate

Employer (See Instructions)
Self-employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/10 Rpt: 7/22	
2 FILER NAME Boggess, Pamela		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/25/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Joseph 7 Contributor address; City; State; Zip Code PO Box 33936 Fort Worth, TX 76162	8 Amount of contribution (\$) \$18.72	9 In-kind contribution description Postage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Police Officer		11 Employer (FOR NON-JUDICIAL) (See instructions) City of Dallas	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Committee for Public Safety Fort Worth Police Officers Association Contributor address; City; State; Zip Code 2501 Parkview Dr., Ste. 600 Fort Worth, TX 76102	Amount of contribution (\$) \$8,725.14	In-kind contribution description Mailer <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	Amount of contribution (\$) \$500.00	In-kind contribution description Campaign coordination <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
Sch: 2/10 Rpt: 8/22

2 FILER NAME
Bogges, Pamela

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
04/03/2023

6 Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

7 Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

8 Amount of contribution (\$)
\$1,250.00

9 In-kind contribution description
Vantage - Research

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

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

14 Contributor's employer/law firm (FOR JUDICIAL)

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

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/04/2023

Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

Amount of contribution (\$)
\$500.00

In-kind contribution description
Campaign Coordination

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/06/2023

Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

Amount of contribution (\$)
\$1,582.00

In-kind contribution description
Push cards

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/10 Rpt: 9/22	
2 FILER NAME Boggess, Pamela		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/06/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC	8 Amount of contribution (\$) \$6,043.00	9 In-kind contribution description Mailer
7 Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC	Amount of contribution (\$) \$16,205.00	In-kind contribution description Canvassing
Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC	Amount of contribution (\$) \$500.00	In-kind contribution description Campaign Coordination
Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
Sch: 4/10 Rpt: 10/22

2 FILER NAME
Bogges, Pamela

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
04/12/2023

6 Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

7 Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

8 Amount of contribution (\$)
\$4,749.00

9 In-kind contribution description
Mailer

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

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

14 Contributor's employer/law firm (FOR JUDICIAL)

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

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/12/2023

Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

Amount of contribution (\$)
\$1,750.00

In-kind contribution description
Video Production

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/13/2023

Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

Amount of contribution (\$)
\$1,287.00

In-kind contribution description
Vantage - Research

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/10 Rpt: 11/22	
2 FILER NAME Bogges, Pamela		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/16/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC	8 Amount of contribution (\$) \$4,359.50	9 In-kind contribution description Mailer
7 Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC	Amount of contribution (\$) \$16,205.00	In-kind contribution description Canvassing
Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC	Amount of contribution (\$) \$6,043.00	In-kind contribution description Mailer
Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 6/10 Rpt: 12/22	
2 FILER NAME Boggess, Pamela		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/18/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC 7 Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	8 Amount of contribution (\$) \$4,749.00	9 In-kind contribution description Mailer <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	Amount of contribution (\$) \$4,749.00	In-kind contribution description Mailer <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	Amount of contribution (\$) \$500.00	In-kind contribution description Campaign Coordination <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 7/10 Rpt: 13/22	
2 FILER NAME Bogges, Pamela		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/24/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC 7 Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	8 Amount of contribution (\$) \$576.97	9 In-kind contribution description T-shirts <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	Amount of contribution (\$) \$1,000.00	In-kind contribution description Campaign coordination <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	Amount of contribution (\$) \$1,750.00	In-kind contribution description Red Productions <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
Sch: 8/10 Rpt: 14/22

2 FILER NAME
Bogges, Pamela

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
04/26/2023

6 Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

8 Amount of contribution (\$)
\$1,582.00

9 In-kind contribution description
Push cards

7 Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

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

14 Contributor's employer/law firm (FOR JUDICIAL)

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

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/26/2023

Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

Amount of contribution (\$)
\$4,749.00

In-kind contribution description
Mailer

Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/26/2023

Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Excellence PAC

Amount of contribution (\$)
\$2,100.00

In-kind contribution description
Texting

Contributor address; City; State; Zip Code
P.O. Box 953

Colleyville, TX 76034

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 9/10 Rpt: 15/22	
2 FILER NAME Bogges, Pamela		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC 7 Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Campaign Coordination
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Excellence PAC Contributor address; City; State; Zip Code P.O. Box 953 Colleyville, TX 76034	Amount of contribution (\$) \$29,501.50	In-kind contribution description Television
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Republican Women Contributor address; City; State; Zip Code P.O. Box 101613 Fort Worth, TX 76185	Amount of contribution (\$) \$300.00	In-kind contribution description Post Card Mailer
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
Sch: 10/10 Rpt: 16/22

2 FILER NAME
Boggess, Pamela

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
04/21/2023

6 Full name of contributor out-of-state PAC (ID#: _____)
Fort Worth Republican Women

7 Contributor address; City; State; Zip Code
P.O. Box 101613

Fort Worth, TX 76185

8 Amount of contribution (\$)
\$1,064.01

9 In-kind contribution description
Mailer

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

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

14 Contributor's employer/law firm (FOR JUDICIAL)

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

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
03/30/2023

Full name of contributor out-of-state PAC (ID#: _____)
O'Shea, John

Contributor address; City; State; Zip Code
429 College Ave., Apt. 427

Fort Worth, TX 76110

Amount of contribution (\$)
\$227.00

In-kind contribution description
Refreshments for Meet & Greet

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)
Business Owner

Employer (FOR NON-JUDICIAL) (See instructions)
Self

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
04/26/2023

Full name of contributor out-of-state PAC (ID#: _____)
Right for Tarrant PAC

Contributor address; City; State; Zip Code
3808 Trail Lake Dr.

Fort Worth, TX 76019

Amount of contribution (\$)
\$8,725.14

In-kind contribution description
Mailer

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 17/22	2 FILER NAME Boggess, Pamela	3 Filer ID
4 Date 04/26/2023	5 Payee name Anedot	
6 Amount (\$) \$110.40	7 Payee address; City; State; Zip Code 1340 Poydras St. Ste. 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/25/2023	Payee name Murphy Nasica	
Amount (\$) \$8,790.51	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/26/2023	Payee name Murphy Nasica	
Amount (\$) \$2,099.49	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 18/22		2 FILER NAME Bogges, Pamela		3 Filer ID
4 Date 04/12/2023		5 Payee name Murphy Nasica		
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense April	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 03/30/2023		Payee name Murphy Nasica		
Amount (\$) \$484.27		Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/04/2023		Payee name Murphy Nasica		
Amount (\$) \$436.46		Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 19/22		2 FILER NAME Bogges, Pamela		3 Filer ID
4 Date 04/10/2023		5 Payee name Murphy Nasica		
6 Amount (\$) \$1,335.00		7 Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Road sign installation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/25/2023		Payee name Murphy Nasica		
Amount (\$) \$4,147.69		Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/11/2023		Payee name Murphy Nasica		
Amount (\$) \$1,335.46		Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 20/22	2 FILER NAME Boggess, Pamela	3 Filer ID
4 Date 04/10/2023	5 Payee name Murphy Nasica	
6 Amount (\$) \$6,500.00	7 Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense April
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/14/2023	Payee name Murphy Nasica	
Amount (\$) \$8,725.14	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/18/2023	Payee name Murphy Nasica	
Amount (\$) \$569.35	Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 21/22		2 FILER NAME Bogges, Pamela		3 Filer ID
4 Date 03/28/2023		5 Payee name Murphy Nasica		
6 Amount (\$) \$444.45		7 Payee address; City; State; Zip Code PO Box 1648 Fort Worth, TX 78767		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sales tax	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/19/2023		Payee name United States Postal Service		
Amount (\$) \$2,400.00		Payee address; City; State; Zip Code 2600 8th Ave. Fort Worth, TX 76110		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 04/24/2023		Payee name United States Postal Service		
Amount (\$) \$48.00		Payee address; City; State; Zip Code 7101 Bryant Irvin Rd. Fort Worth, TX 76132		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 22/22

2 FILER NAME
Bogges, Pamela

3 Filer ID

4 Date
03/31/2023

5 Name of person from whom amount is received
Lending Club Bank

8 Amount (\$)
\$24.78

6 Address of person from whom amount is received; City; State; Zip Code
595 Market St., Ste. 200
San Francisco, CA 94105

7 Purpose for which amount is received
Interest

Check if political contribution returned to filer