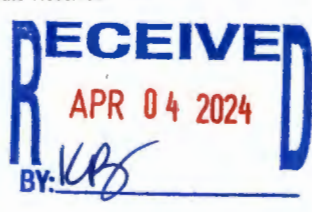


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>11</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Gregory</b> MI: <b>H</b> <hr/> NICKNAME:      LAST: <b>Will</b> SUFFIX:	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>329 Anita Avenue      Keller      TX      76248</b>	Date Received 	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>( 817 )      778-0152</b>	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Gregory</b> MI: <b>H</b> <hr/> NICKNAME:      LAST: <b>Will</b> SUFFIX:	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>329 Anita Avenue      Keller      TX      76248</b> (Residence or Business)		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>( 817 )      778-0152</b>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>01 / 17 / 2024      THROUGH      03 / 25 / 2024</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>05 / 04 / 2024</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Keller City Council, Place 2</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

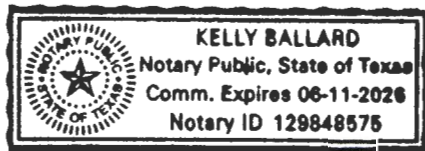
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,613.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,062.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,481.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gregory Will this the 4 day of April, 2024, to certify which, witness my hand and seal of office.  
Kelly Ballard Signature of officer administering oath      Kelly Ballard Printed name of officer administering oath      City Secretary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Gregory Will</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/14/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ross Brensinger</b>	7 Amount of contribution (\$) <b>\$250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Keller, TX 76262</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>2/15/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Alvarado</b>	Amount of contribution (\$) <b>\$200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller TX, 76248</b>		
Principal occupation / Job title (See Instructions) <b>V.P. Business Development</b>		Employer (See Instructions) <b>Oxford Airport Technical Services</b>
Date <b>2/20/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Bowman</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller TX, 76262</b>		
Principal occupation / Job title (See Instructions) <b>Principal</b>		Employer (See Instructions) <b>Bowman &amp; Partners</b>
Date <b>2/25/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Justin &amp; Stacy Shelton</b>	Amount of contribution (\$) <b>\$30<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Arlington, TX 76001</b>		
Principal occupation / Job title (See Instructions) <b>Admin. Assistant II</b>		Employer (See Instructions) <b>UT Arlington</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Gregory Will</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/29/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Miller</b>	7 Amount of contribution (\$) <b>\$250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Paradise, TX 76073</b>		
8 Principal occupation / Job title (See Instructions) <b>Realtor</b>		9 Employer (See Instructions) <b>Century 21</b>
Date <b>3/13/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris &amp; Holly Coker</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76248</b>		
Principal occupation / Job title (See Instructions) <b>Self employed</b>		Employer (See Instructions) <b>N/A</b>
Date <b>3/14/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul Alvarado</b>	Amount of contribution (\$) <b>\$300<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76248</b>		
Principal occupation / Job title (See Instructions) <b>V.P. Business Development</b>		Employer (See Instructions) <b>Oxford Airport Technical Services</b>
Date <b>3/15/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Brennan</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller TX 76248</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Gregory Will</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/15/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve White</b>	7 Amount of contribution (\$) <b>\$250<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Keller, TX 76248</b>		
8 Principal occupation / Job title (See Instructions) <b>Director</b>		9 Employer (See Instructions) <b>Unleashed Brands</b>
Date <b>3/17/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Armin Mizani</b>	Amount of contribution (\$) <b>\$400<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76262</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/17/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Randklev</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller TX 76262</b>		
Principal occupation / Job title (See Instructions) <b>Scientist</b>		Employer (See Instructions) <b>Texas A&amp;M University</b>
Date <b>3/19/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kathryn Niemi</b>	Amount of contribution (\$) <b>\$50<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Erle, PA 16506</b>		
Principal occupation / Job title (See Instructions) <b>IT operations</b>		Employer (See Instructions) <b>Widget Financial</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Gregory Will</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Krause</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Fort Worth, TX 76177</b>		
8 Principal occupation / Job title (See Instructions) <b>Candidate</b>		9 Employer (See Instructions) <b>Campaign for County Commissioner</b>
Date <b>3/20/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Bullard</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76244</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/21/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Garabedian</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76262</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Garabedian Custom Homes</b>
Date <b>3/21/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Knight</b>	Amount of contribution (\$) <b>\$25<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Fort Worth, TX 76196</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Tarrant County</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Gregory Will</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Alexander Kim</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Keller TX 76248</b>		
8 Principal occupation / Job title (See Instructions) <b>Judge</b>		9 Employer (See Instructions) <b>State of Texas</b>
Date <b>3/21/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keith Pearson</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76248</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/21/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Gerda</b>	Amount of contribution (\$) <b>\$200<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76248</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>AAMCO Keller</b>
Date <b>3/21/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brad Clark</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <b>Judge</b>		Employer (See Instructions) <b>Tarrant County</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Gregory Will</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/19/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Veronica Will</b>	7 Amount of contribution (\$) <b>\$2500</b>
6 Contributor address; City; State; Zip Code <b>Erie, PA 16509</b>		
8 Principal occupation / Job title (See Instructions) <b>School Principal</b>		9 Employer (See Instructions) <b>Iroquois School District</b>
Date <b>3/21/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jason Wells</b>	Amount of contribution (\$) <b>\$2500</b>
Contributor address; City; State; Zip Code <b>Fort Worth, TX 76117</b>		
Principal occupation / Job title (See Instructions) <b>Scientist #2</b>		Employer (See Instructions) <b>Biogen</b>
Date <b>3/21/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Washington</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City; State; Zip Code <b>Keller, TX 76244</b>		
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions) <b>Self</b>
Date <b>3/21/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Grove</b>	Amount of contribution (\$) <b>\$150</b>
Contributor address; City; State; Zip Code <b>Haltom City, TX 76117</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>Gregory Will</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/27/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Baker</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Keller TX 76244</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>3/4/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg Roemer</b>	Amount of contribution (\$) <b>\$300<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Dallas, TX 75220</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>CWD</b>
Date <b>3/6/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ross McMullin</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76248</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg &amp; Lynn Will</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Keller, TX 76248</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Gregory Will</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>433<sup>00</sup></u>	
5 Date <u>3/21/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jill Leist</u>	8 Amount of Contribution \$ <u>\$433<sup>00</sup></u>	9 In-kind contribution description <u>Event Catering</u>
7 Contributor address; City; State; Zip Code <u>Keller, TX 76248</u>		<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gregory Will</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/19/24</i>	5 Payee name <i>Edgerton Strategies, LLC</i>	
6 Amount (\$) <i>\$2,814<sup>50</sup></i>	7 Payee address; <i>1540 Keller Pkwy, Keller TX 76248</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	(b) Description <i>Palm Cards / Signs / website</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/25/24</i>	Payee name <i>Revu, LLC</i>		
Amount (\$) <i>\$200<sup>00</sup></i>	Payee address; <i>1776 Wilson Blvd, Ste 530, Arlington, VA 22209</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Fundraising Fees</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3/25/24</i>	Payee name <i>Line 2</i>		
Amount (\$) <i>\$47.97</i>	Payee address; <i>535 Mission St, 14th unit floor, 1926, San Francisco, CA 94105</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Office Overhead Expense</i>	Description <i>Campaign Line</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED