		CEHOLDER E REPORT		(*)	COVER SH	ORM C/OH HEET PG 1
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics C	omnission Filers)	2 Total pages file	nt 18
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR MR NICKNAME	ROY LAST BOYD		B SUFFIX JR	Date Received	LED D
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		CITY; STATE; OLIAD, TX	ZP CODE 77963		G. EDISON C. EDISON Deput
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENS	ON	Date HREC	The Bulletines
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS NICKNAME	TRACYE LAST BOYD		E SUFFIX	Date Imaged	6°2024
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT /	GOLI		STATE;	28Р СООЕ 77963
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	ON		
9 REPORT TYPE	January 15	30th day before	ection Exc	off seded Modified orting Limit	15th day afti treasurer ap (Officeholder	pointment
10 PERIOD COVERED	Month 07,	Duy Year / 01 / 23	THROUGH	Month	Day Year / 31 / 23	
# ELECTION	Month Day 03 / 05 /	Year Primary	_	Other Description		
12 OFFICE	GOLIAD COU	INTY SHERIFF		COUNTY		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER: THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TO COMMITTEE CAMPAIGN TO	IS ACCEPTED OR POLITICAL ES MAY HAVE BEEN MADE I JURED TO REPORT THIS INFO REASURER NAME	EXPENDITURES N	MADE BY POLITICAL COM DIDATES OR OFFICENOLI	DER'S KNOWLEDGE OR
	1	GO TO	PAGE 2			

	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME RO	Y BOYD	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 14601.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2105.31
	4. TOTAL POLITICAL EXPENDITURES	\$ 9301.72
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY \$ 17204.08
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$ 0.00
(1) Affidavit	JAYNE HOFF NOTARY PUBLIC STATE OF TEXAS	
Swom to and subscribed	before me by Roy Boyd this the	5th day or January. Notary Public
20 24, topertify Signature of officer administe	which, witness my hand and seal of office. Tayne Hoff	
Signature of officer administe		Title of officer administering oath
(2) Unsworn Declarati	OR On	
My name is	, and my date of birth is	
My address is	, and my and at 100 miles	
	(street) (city) (sta	te) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidat	e/Officeholder (Declarant)

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Revised 11/15/2022

Forms provided by Texas Ethics Commission

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	FILER NAME 20 Filer ID (Ethic	es Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14601.7
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4.	SCHEDULE E: LOANS	s
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9301.7
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	юн \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	ROY BOYD		3 Filer ID (Ethics Commission Filers)
Date 10/19/23	5 Full name of contributor	State; Zip Code	7 Amount of contribution (\$) \$100.00
The state of the s	eation / Job title (See Instructions) known	9 Employer (See Instruction unknown	ons)
10/19/23	Full name of contributor out-of-state PAG June Stone Contributor address; City; Victoria, TX 7796	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions) unknown	Employer (See Instruction unknown	ons)
10/19/23	Paul & Jane Kratzig Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	ation / Job title (See Instructions) attorney	Employer (See Instruction	ons)
Date 10/19/23	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$500.00
	ation / Job title (See Instructions) nknown	Employer (See Instruction unknown	ons)
	0	*	

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	ROY BOYD		3 Filer ID (Ethics Commission Filers)
Date 10/19/23	Mr. & Mrs. Kenneth Kickendahl	State; Zip Code	7 Amount of contribution (\$) \$200.00
	pation / Job title (See Instructions) ired	9 Employer (See Instruct NONE	ions)
Date 10/19/23	Full name of contributor Mary Carol Griffith Contributor address; City; Sinton, TX 78	State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occup	ation / Job title (See Instructions) unknown	Employer (See Instruction unknown	ons)
Date 10/19/23	Tom & Donna Henley III	State; Zlp Code TX 77905	Amount of contribution (\$) \$200.00
Principal occup	ation / Job title (See Instructions) rancher	Employer (See Instructi self	ons)
Date 10/19/23	Norm & Cynthia Renfro	State; Zip Code	Amount of contribution (\$) \$250.00
	ation / Job title (See Instructions) ncher	Employer (See Instructi Self	ons)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **ROY BOYD** 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#: 10/19/23 \$50.00 William & Barbara (Breazeale) Pozzi 6 Contributor address; City; State; Zip Code Victoria, TX 77905 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) unknown unknown Full name of contributor Out-of-state PAC (IDE: Date Amount of contribution (\$) 10/19/23 Elizabeth Kratzig & Ty Christopher Olsen \$100.00 Contributor address; City: State; Zip Code Goliad, TX 77963 Employer (See Instructions) Principal occupation / Job title (See Instructions) unknown unknown Date Full name of contributor out-of-state PAC (IDE: Amount of contribution (\$) 10/19/23 Patricia Lumpkin & Alger Kendall Jr. \$100.00 State; Zip Code Contributor address; City; TX 77963-1026 Principal occupation / Job title (See Instructions) Employer (See Instructions) unknown unknown Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) 10/19/23 Mr. & Mrs. Dale Fowler \$100.00 Contributor address; City; State; Zip Code Victoria, TX 77904 Principal occupation / Job title (See Instructions) Employer (See Instructions) executive AEP ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	ROY BOYD		3 Filer ID (Ethics Commission Filers)
Date 10/19/23	Michael & Lita Beyer 6 Contributor address; City:	State; Zip Code	7 Amount of contribution (\$) \$300.00
	enforcement officer	9 Employer (See Instruction Goliad County	ons) y Sheriff's Office
Date 10/19/23	Justin & Christiana Shelton	State; Zip Code	Amount of contribution (\$) \$500.00
Principal occup	rancher	Employer (See Instruction Self	ons)
Date 10/19/23	Full name of contributor out-of-state PA David & Vivian Boyd Contributor address; City; Goliad, TX 779	State; Zip Code	Amount of contribution (\$) \$1,000.00
	ation / Job title (See Instructions) nknown	Employer (See Instruction	ons)
Date 10/19/23	Contributor address; City;	State; Zip Code X 77905-3944	Amount of contribution (\$) \$500.00
	ation / Job title (See Instructions)	Employer (See Instruction	ons)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **ROY BOYD** 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 10/19/23 Jeff & Paula Sellers \$500.00 6 Contributor address; City: State; Zip Code Goliad, TX 77964 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Full name of contributor Date ut-of-state PAC (ID#: Amount of contribution (\$) 10/19/23 Sean & Dr. Janis K O'Brien \$1,000.00 Karnes City, TX 78118 Principal occupation / Job title (See Instructions) Employer (See Instructions) self self Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Jerry and Ann-Mary Gansky 10/19/23 \$500.00 Contributor address; City: State; Zip Code Goliad, TX 77963-4376 Principal occupation / Job title (See Instructions) Employer (See Instructions) self rancher Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) 10/19/23 Dornburg Law - Brent & Terri Lynn Dornburg \$2,500.00 Contributor address; State; Zip Code City; Victoria, TX 77901 Principal occupation / Job title (See Instructions) Employer (See Instructions) self attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
FILER NAME	ROY BOYD		3 Filer ID (Ethics Commission Filers)
Date 10/19/23	5 Full name of contributor out-of-state PAC (i O'C Bissett Ranch Partnership, LTD Morgan 6 Contributor address; City; Victoria, TX 77902		7 Amount of contribution (\$) \$1,000.00
Principal occur ranche	pation / Job title (See Instructions)	Employer (See Instruction Self	ons)
Date 10/19/23	Full name of contributor Bar CF Ranch LLC - Deborah Gan Contributor address; City; Goliad, TX 77963-076	nblin State; Zip Code	Amount of contribution (\$) \$175.00
Principal occur retired	setion / Job title (See Instructions)	Employer (See Instruction retired	ns)
10/19/23	Full name of contributor out-of-state PAC (III Matt & Kathy Grayson Contributor address; City; Woodsboro, TX 783	State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction Self	ns)
Date 10/19/23	Full name of contributor unt-of-state PAC (III Fannin Murray Grey Cattle Co Georgia Lee Contributor address; City; Goliad, TX 77963-0217	Swickheimer State; Zip Code	Amount of contribution (\$) \$100.00
Principal occup	setion / Job title (See Instructions)	Employer (See Instruction Self	ns)

SCHEDULE A1

	Instruction Guide explains how to complete this for	orm.	Total pages Schedule A1:
FILER NAME	ROY BOYD		Filer ID (Ethics Commission Filers)
Date 10/19/23	Cicili d Dolores Carcia	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occ pasto		Employer (See Instruction GRACE TEMPLE	
Date 10/19/23	Full risine of contributor out-of-state PAC (III Linda Smith Contributor address; City; Goliad, TX 77963	State; Zlp Code	Amount of contribution (\$) \$100.00
Principal occu ranc	pation / Job title (See Instructions)	Employer (See Instruction self	is)
10/28/23	Full name of contributor	State; Zip Code X 78411	Amount of contribution (\$) \$250.00
	pation / Job title (See Instructions) st/ophtalmologist	Employer (See Instruction Self	is)
Date 10/19/23	Full name of contributor	D≱:) State; Zip Code	Amount of contribution (\$) \$500.00
	pation / Job title (See Instructions)	Employer (See Instruction Self	is)

Revised 11/15/2022

	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
FILER NAME	ROY BOYD	y .	3 Filer ID (Ethics Commission Filers)
10/19/23	Milton Greeson		7 Amount of contribution (\$) \$1,000.00
Principal occi ranche	petion / Job title (See Instructions) 9	Employer (See Instruction Self	ns)
Date 10/19/23	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$1,000.00
	pation / Job title (See Instructions)	Employer (See Instruction unknown	ns)
Date 11/15/23	Bridget Gayle	State; Zip Code	Amount of contribution (\$) \$100.00
	pation / Job title (See Instructions) Store owner	Employer (See Instruction Self	ns)
Date		State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Cerd Payment	Facs Offi Food/Beverage Expense Pol By Gift/Awards/Memortals Expense Prix	in Repayment/Reimbursement, ice Overhead/Reimbi Expense iting Expense iaries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	POV BOVD		3 Filer ID (Ethics Commission Filers)
4 Date 7/10/23	5 Payee name Crossroads Smartphone Repair		d.
6 Amount (\$) \$248.95	7 Payee address: 1211 E Mockingbird L Victoria, Texas 77901	Ln City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched OFFICE OVERHEAD	(b) Description cellphone battery/sc	creen replaced
	(c) Check if travel outside of Texas. Complete Schedul	leT. Check if Aus	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 7/24/23	Payee name JOSABANK		
Amount (\$) \$1041.90	Payee address; 4801 Overton Ridge Blvd, Ste 136, Fort Worth, TX	City: K 76132	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu OFFICE OVERHEAD	Description UNIFORMS	11
	Check if travel outside of Texas. Complete Schedul	le T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name TELESTREAM		
8/18/23	1		
Amount (\$)	Payee address; Telestream Nevada City – USA, Nevada City	City; y, CA 95959	State; Zip Code
	Payee address;	y, CA 95959	State; Zip Code
Amount (\$) \$247.32 PURPOSE OF	Payee address; Telestream Nevada City – USA, Nevada Cit Category (See Categories listed at the top of this schedu	y, CA 95959 Description SOFTWARE	State; Zip Code

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Vental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Event Expense Fees Food/Beverage Expense GR/Awards/Memorials Expense Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made By Solicitation/Fundraising Expense Travel point & Related Expense Travel I District Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committ The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME ROY BOYD 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name **GOLIAD ATHLETICS** 8/28/23 6 Amount (\$) 7 Payee address; City; Zip Code TIGER DRIVE, GOLIAD, TEXAS 77963 \$204.22 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description DONATION MADE BY CANDIDATE DONATION PURPOSE OF EXPENDITURE 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 Date Payee name 10/12/23 SAM'S CLUB Amount (\$) Payee address; City; State; Zip Code \$306.44 9202 N Navarro St, Victoria, TX 77904 Category (See Categories listed at the top of this schedule) Description EVENT EXPENSE 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 10/13/23 RAPID PRINTING Amount (\$) Payee address; City: State; Zip Code \$217.72 1708 N Navarro St, Victoria, TX 77901, Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Description INVITATIONS TO CAMPAIGN EVENT PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Tissas. Complete Schedule T. Candidate / Officeholder name Complete QNLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Ol Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pr	on Repayment/Reinbursement floe Overhead/Rental Expense ding Expense laries/Wages/Confract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/23	5 Payee name ANDER-WESER VOLUNTEER F	RE DEPT	
6 Amount (\$) \$37.08	7 Payee address; 3306 E FM-1961, Goliad, TX, 77963	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche DONATION		DE BY CANDIDATE
	(c) Check If travel outside of Tiesses. Complete Sched	fe T. Check if Aus	din, TX, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 10/16/23	Payee name ANDER-WESER VOLUNTEER FI	RE DEPT	
Amount (\$) \$206.00	Payee address; 3306 E FM-1961, Goliad, TX, 77963	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched DONATION		DE BY CANDIDATE
	Check if travel outside of Yease. Complete Schedu	fe T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 10/16/23	Payee name HEB		
Amount (\$) \$322.62	Payee address; 6106 N. NAVARRO VICTORIA, TX 7790	City: 4-1767	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched FOOD/BEVERAGE EXPENSE		MPAIGN EVENT
	Check if travel outside of Texas. Complete Schedu	No T. Check If Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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 Loan Repayment/Reimburs Office Overhead/Rental Ex Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME ROY BOYD 3 Filer ID (Ethics Commission Filers) 6 4 Date 5 Payee name **ACADEMY SPORTS & OUTDOORS** 10/30/12 6 Amount (\$) 7 Payee address; City; State: Zip Code \$216.49 8903 N Navarro St, Victoria, TX 77904 8 (a) Category (See Categories listed at the top of this schedule) (b) Description DONATION SCOPE FOR ANDER-WESER VFD FUNDRAISER PURPOSE OF EXPENDITURE 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 Payee name 11/20/23 HOBBY LOBBY Amount (\$) City; Pavee address: State: Zip Code 8404 N Navarro St, Victoria, TX 77904 \$194.89 Category (See Categories listed at the top of this schedule) Description GIFTS/WRAPPING PAPER/PARTY SUPPLIES FOR GCSO CHRISTMAS PARTY EVENT EXPENSE PURPOSE OF EXPENDITURE Check if travel outside of Tiouss. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held Date Payee name 11/22/23 THE TACTICAL HARDWARE STORE Amount (\$) Pavee address: City; Zip Code 392 LOOP 105, CUERO, TX 77954 \$1299.70 Category (See Categories listed at the top of this schedule) Description OFFICE OVERHEAD EQUIPMENT PURPOSE 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

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting Benishing Consulting Expense Contributions/Donations Made Candidate/OfficeholderfPoliti Credit Card Payment	Fees Offic Food/tieverage Expense Poli By Gift/Awarda/Memorials Expense Prin	Peppyment/Feinbursement to Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F	2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 12/13/23	5 Payee name SIMPLY TO IMPRESS, LLC		
6 Amount (\$) \$251.54	7 Payee address; www.simplytoimpress.com	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu ADVERTISING EXPENSE	(b) Description CARDS	
	(G) Check If Inswell outside of Tissues. Complete Schedule	T. Check if Aus	din, TX, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date 12/14/23	Payee name HEB		
Amount (\$) \$306.95	Payee address; 6106 N. NAVARRO VICTORIA, TX 7790	City; 04-1767	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul FOOD/BEVERAGE EXPENSE	e) Description	CHRISTMAS PARTY
OF		Description FOOD FOR GCSO	CHRISTMAS PARTY
OF	FOOD/BEVERAGE EXPENSE Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	Description FOOD FOR GCSO	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	FOOD/BEVERAGE EXPENSE Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	Description FOOD FOR GCSO T. Check if Aus	tin, TX, officeholder living exponse
Complete ONLY if direct expenditure to benefit C/C	FOOD/BEVERAGE EXPENSE Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name Payee name	Description FOOD FOR GCSO T. Check if Aus Office sought City;	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name Payee name HOLIDAN INN EXPRESS Payee address;	Description FOOD FOR GCSO T Check if Air Office sought City;	tin, TX, officeholder living expense Office held
OF EXPENDITURE Complete QNLY if direct expenditure to benefit CN Date 12/29/23 Amount (\$) \$240.41	Candidate / Officeholder name Candidate / Officeholder name Payee name HOLIDAN INN EXPRESS Payee address; 2624 S Adams St, Tucumcari, NM 88401-380 Category (See Categories listed at the top of this schedule	Description FOOD FOR GCSO C Check if Aus Office sought City: Description HOTEL FOR O	office held Office held State; Zip Code

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 Loan Repayment/ Office Overhead/ Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Relat Travel In District Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME ROY BOYD 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Texans for Greg Abbott 09/08/23 6 Amount (\$) 7 Payee address; City; State: Zip Code \$500.00 PO Box 308, Austin, TX 78767 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description DONATION DONATION MADE BY CANDIDATE **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 12/19/23 **GOLIAD COUNTY 4H** Amount (\$) Pavee address: State: Zip Code \$198.00 Franklin Street Courthouse Annex, Goliad, TX 77963 Description Category (See Categories listed at the top of this schedule) DONATION MADE BY CAMPIDATE DONATION PURPOSE 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 expenditure to benefit C/OH Office held Payee name Date 12/14/23 **GOLIAD CLUB** Amount (\$) Payee address; City; Zip Code \$443.25 P.O. Box 841, Goliad, TX 77963 Category (See Categories listed at the top of this schedule). Description FOOD/BEVERAGE EXPENSE FOOD/DRINK GCSO CHRISTMAS PARTY PURPOSE 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

SCHEDULE T

FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **ROY BOYD** 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee HOLIDAY INN EXPRESS 5 Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule C2 Schedule A2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling **ROY BOYD** 12/29/23-12/30/23 8 Departure city or name of departure location GOLIAD, TEXAS 9 Destination city or name of destination location Tucumcari, New Mexico 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) CAR BORDER SECURITY MEETING Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule G Schedule COH-UC Schedule B-SS Schedule F2 Schedule H Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED