

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>15</b>	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI <b>MR ROY B</b> NICKNAME LAST SUFFIX		<div style="border: 1px solid black; padding: 2px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px;">Date Received <b>FILED</b> <b>8:00 o'clock A.M.</b> Date <b>7/11/2025</b> <b>NORMA G. EDISON</b> Elections Administrator, Goliad County Texas By: <i>[Signature]</i> Deputy</div> <div style="border: 1px solid black; padding: 2px;"><b>RECEIVED</b> Date Hand-delivered or Date Postmarked <b>JUL 11 2025</b> Receipt # <i>[Signature]</i> By: <i>[Signature]</i> Date Processed Date Imaged</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI <b>MRS TRACY E</b> NICKNAME LAST SUFFIX			
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE		<div style="border: 1px solid black; padding: 2px;">BOYD</div> <div style="border: 1px solid black; padding: 2px;">(Residence or Business)</div>	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION			
9 REPORT TYPE					
<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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)					
10 PERIOD COVERED					
Month Day Year    01 / 01 / 2025    THROUGH    Month Day Year    06 / 30 / 2025					
11 ELECTION					
ELECTION DATE    Month Day Year    / /    ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE					
OFFICE HELD (if any)    13 OFFICE SOUGHT (if known) <b>GOLIAD COUNTY SHERIFF</b>					
14 NOTICE FROM POLITICAL COMMITTEE(S)					
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.					
COMMITTEE TYPE    COMMITTEE NAME <input type="checkbox"/> GENERAL    COMMITTEE ADDRESS <input type="checkbox"/> SPECIFIC    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 <b>ROY BOYD JR</b>		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)	
		\$ 8498.30	
EXPENDITURE TOTALS		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	
		\$ 5801.78	
		4. TOTAL POLITICAL EXPENDITURES	
		\$ 9687.54	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	
		\$ 5674.07	
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.			
Signature of Candidate or Officeholder			
Please complete either option below:			
(1) Affidavit			
NOTARY PUBLIC			
Sworn to and subscribed before me by <u>Roy Boyd</u> this the <u>10<sup>th</sup></u> day of <u>July</u> , 20 <u>25</u> , to certify which, witness my hand and seal of office.			
<u>Jayne Hoff</u> <u>Jayne Hoff</u> <u>Notary Public</u> Signature of officer administering oath    Printed name of officer administering oath    Title of officer administering oath			
OR			
(2) Unsworn Declaration			
My name is _____, and my date of birth is _____.			
My address is _____, _____, _____, _____, _____, _____.			
Executed in _____ County, State of _____, on the _____ day of _____, 20____. (street)    (city)    (state)    (zip code)    (country) (month)    (year)			
Signature of Candidate/Officeholder (Declarant)			

SUBTOTALS - C/OH		FORM C/OH COVER SHEET PG 3
19 FILER NAME ROY BOYD JR		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$8498.30
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$9687.54
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$165.47
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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: 1
2 FILER NAME ROY BOYD, JR		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JO ANN FLEMING 6 Contributor address; City; State; Zip Code 13128 TIMBER CREEK DR, FLINT, TX 75762	7 Amount of contribution (\$) \$998.30
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KYLE L & JAMIE STALLINGS Contributor address; City; State; Zip Code P.O. BOX 10217, MIDLAND, TX 79702	Amount of contribution (\$) \$7500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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	Printing 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: 6	2 FILER NAME ROY BOYD, JR	3 Filer ID (Ethics Commission Filers)
4 Date 2/5/25	5 Payee name The Hamilton	
6 Amount (\$) \$364.85	7 Payee address; 600 14th St NW, Washington DC, DC 20005	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description MEALS
	(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
Date 2/18/25	Payee name Kloesel's Cleaners	
Amount (\$) \$66.54	Payee address; 10002 NE Zac Lentz Pkwy, Victoria, TX 77904	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description uniform cleaning
	<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
Date 3/10/35	Payee name Kloesel's Cleaners	
Amount (\$) \$89.26	Payee address; 10002 NE Zac Lentz Pkwy, Victoria, TX 77904	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description uniform cleaning
	<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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**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**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	Printing 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: 6	2 FILER NAME ROY BOYD, JR	3 Filer ID (Ethics Commission Filers)
4 Date 4/9/25	5 Payee name Kloesel's Cleaners	
6 Amount (\$) \$49.20	7 Payee address; 10002 NE Zac Lentz Pkwy, Victoria, TX 77904	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description uniform cleaning
	(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
Date 4/29/25	Payee name Kloesel's Cleaners	
Amount (\$) \$71.55	Payee address; 10002 NE Zac Lentz Pkwy, Victoria, TX 77904	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description uniform cleaning
	<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
Date 5/15/25	Payee name Kloesel's Cleaners	
Amount (\$) \$77.65	Payee address; 10002 NE Zac Lentz Pkwy, Victoria, TX 77904	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description uniform cleaning
	<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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# 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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Other (enter a category not listed above)	
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME ROY BOYD, JR	3 Filer ID (Ethics Commission Filers)
4 Date 5/22/25	5 Payee name SOUTHWEST AIRLINES	
6 Amount (\$) \$449.96	7 Payee address; 2702 Love Field Drive, P.O. Box 36611	City; State; Zip Code Dallas, TX 75235
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT	(b) Description airline ticket to National Sheriff's Association annual conference
	(c) <input checked="" 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		
Date 6/16/25	Payee name Kloesel's Cleaners	
Amount (\$) \$67.97	Payee address; 10002 NE Zac Lentz Pkwy, Victoria, TX 77904	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description uniform cleaning
	<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		
Date 6/25/25	Payee name CAFE DEL MAR	
Amount (\$) \$219.25	Payee address; 101 S Fort Lauderdale Beach Blvd, Fort Lauderdale, FL 33316-1559	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description MEALS
	<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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# 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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Other (enter a category not listed above)	
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME ROY BOYD, JR	3 Filer ID (Ethics Commission Filers)
4 Date 01/06/25	5 Payee name GOLIAD CLUB	
6 Amount (\$) \$200.00	7 Payee address; PO BOX 841, GOLIAD, TX 77963	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description EVENT RENTAL
	(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		
Date 03/05/25	Payee name KEVIN JOHNSON	
Amount (\$) \$225.00	Payee address; PO Box 841 Clarendon TX 79226	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description badge
	<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		
Date 4/7/25	Payee name GOLIAD COUNTY FAIR ASSOCIATION	
Amount (\$) \$1950.00	Payee address; 329 W. Franklin St. Goliad, Tx, 77963	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description DONATION MADE BY CANDIDATE
	<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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**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: **6**      2 FILER NAME      3 Filer ID (Ethics Commission Filers)

4 Date: **4/22/25**      5 Payee name: **Kloesel's Cleaners**

6 Amount (\$): **\$54.49**      7 Payee address: **10002 NE Zac Lentz Pkwy, Victoria, Tx 77904**      City:      State:      Zip Code:

8 **PURPOSE OF EXPENDITURE**      (a) Category (See Categories listed at the top of this schedule): **OFFICE OVERHEAD**      (b) Description: **uniform cleaning**  
(c) ☐ Check if travel outside of Texas. Complete Schedule T.      ☐ Check if Austin, TX, officeholder living expense

9 Complete **ONLY** if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: **2/10/25**      Payee name: **ROY AND TRACYE BOYD**

Amount (\$): **\$165.47**      Payee address: **746 FM 2441**      City: **GOLIAD,**      State: **TX**      Zip Code: **77963**

**PURPOSE OF EXPENDITURE**      Category (See Categories listed at the top of this schedule): **REIMBURSEMENT**      Description: **REIMBURSEMENT FOR UBER PAYMENTS**  
☐ Check if travel outside of Texas. Complete Schedule T.      ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: **6/1/25**      Payee name: **ROY AND TRACYE BOYD**

Amount (\$): **\$1000.00**      Payee address: **746 FM 2441**      City: **GOLIAD,**      State: **TX**      Zip Code: **77963**

**PURPOSE OF EXPENDITURE**      Category (See Categories listed at the top of this schedule): **REIMBURSEMENT**      Description: **reimbursement for original account opening**  
☐ Check if travel outside of Texas. Complete Schedule T.      ☐ 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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**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: **6**      2 FILER NAME: **ROY BOYD, JR**      3 Filer ID (Ethics Commission Filers)

4 Date: **5/1/25**      5 Payee name: **ROY AND TRACYE BOYD**

6 Amount (\$): **\$750.00**      7 Payee address: **746 FM 2441**      City: **GOLIAD,**      State: **TX**      Zip Code: **77963**

8 **PURPOSE OF EXPENDITURE**      (a) Category (See Categories listed at the top of this schedule): **REIMBURSEMENT**      (b) Description: **reimbursement for men's watch and basket donation to GEF for Boots and Boas fundraiser**  
(c) ☐ Check if travel outside of Texas. Complete Schedule T.      ☐ Check if Austin, TX, officeholder living expense

9 Complete **ONLY** if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date: **4/15/25**      Payee name: **ROY AND TRACYE BOYD**

Amount (\$): **\$100.00**      Payee address: **746 FM 2441**      City: **GOLIAD,**      State: **TX**      Zip Code: **77963**

**PURPOSE OF EXPENDITURE**      Category (See Categories listed at the top of this schedule): **REIMBURSEMENT**      Description: **reimbursement for donation to Astron Club for Taste of Goliad**  
☐ Check if travel outside of Texas. Complete Schedule T.      ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date:      Payee name:

Amount (\$):      Payee address:      City:      State:      Zip Code:

**PURPOSE OF EXPENDITURE**      Category (See Categories listed at the top of this schedule):      Description:  
☐ Check if travel outside of Texas. Complete Schedule T.      ☐ Check if Austin, TX, officeholder living expense

Complete **ONLY** if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/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 G: 3	2 FILER NAME ROY BOYD, JR	3 Filer ID (Ethics Commission Filers)
4 Date 2/3/25	5 Payee name UBER	
6 Amount (\$) \$31.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 1515 3rd Street San Francisco, California 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE	(b) Description TRAVEL EXPENSE
	(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		
Date 2/04/25	Payee name UBER	
Amount (\$) \$17.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1515 3rd Street San Francisco, California 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description TRAVEL EXPENSE
	<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		
Date 2/04/25	Payee name UBER	
Amount (\$) \$17.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1515 3rd Street San Francisco, California 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description TRAVEL EXPENSE
	<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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gifts/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 G: 3	2 FILER NAME ROY BOYD, JR	3 Filer ID (Ethics Commission Filers)
4 Date 2/5/25 text here	5 Payee name UBER	
6 Amount (\$) \$13.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 1515 3rd Street San Francisco, California 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE	(b) Description TRAVEL EXPENSE
	(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		
Date 2/5/25	Payee name UBER	
Amount (\$) \$32.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1515 3rd Street San Francisco, California 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description TRAVEL EXPENSE
	<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		
Date 2/9/25	Payee name UBER	
Amount (\$) \$10.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 1515 3rd Street San Francisco, California 94158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE	Description TRAVEL EXPENSE
	<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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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## SCHEDULE G

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### 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 G: **3** 2 FILER NAME: **ROY BOYD, JR** 3 Filer ID (Ethics Commission Filers)

4 Date: **2/9/25** 5 Payee name: **UBER**

6 Amount (\$): **\$41.93** 7 Payee address: **1515 3rd Street** City: **San Francisco, California** State: **94158**  
☒ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **TRANSPORTATION EXPENSE** (b) Description: **TRAVEL EXPENSE**  
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: Payee name:

Amount (\$): Payee address: City: State: Zip Code:

☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Description:  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: Payee name:

Amount (\$): Payee address: City: State: Zip Code:

☒ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Description:  
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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 T: **1**

2 FILER NAME: **ROY BOYD, JR** 3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: **SOUTHWEST AIRLINES**

5 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

6 Dates of travel: **6/22/25-6/26/25** 7 Name of person(s) traveling: **ROY AND TRACYE BOYD**

8 Departure city or name of departure location: **AUSTIN, TEXAS**

9 Destination city or name of destination location: **FORT LAUDERDALE, FL**

10 Means of transportation: **AIRPLANE** 11 Purpose of travel (including name of conference, seminar, or other event): **National Sheriff's Association annual conference**

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

Dates of travel: Name of person(s) traveling:

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

Dates of travel: Name of person(s) traveling:

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





## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Roy Boyd</u>	Filer ID #
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OFFICE USE ONLY	
Date Received	FILED
Date	8:00 a'clock A.M.
Elections Administrator	NORMA G. EDISON
By	<u>Medison</u> Deputy
Date Handled	RECEIVED
Receipt #	JUL 11 2025
Date Processed	By: <u>Medison</u>
Date Imaged	RECEIVED

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 01/01/2025 report due on 06/30/2025. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

[Signature]  
Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Roy Boyd this the 10<sup>th</sup> day of July, 2025, to certify which, witness my hand and seal of office.  
Jayne Hoff Jayne Hoff Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration  
STATE OF TEXAS  
ID # 6662827  
My Comm. Expires 08-09-2028  
My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_  
My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)  
\_\_\_\_\_  
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER