OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	e explains how to s / MRS / MRMRMRCKNAME	ROYLAST	1 Filer ID (Eth	cs Commission Filers)	2 Total pages filed: 15
OFFICEHOLDER NAME 4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS 5. CANDIDATE / OFFICEHOLDER PHONE 6. CAMPAIGN TREASURER NAME 7. CAMPAIGN TREASURER ADDRESS (Residence or Business) 8. CAMPAIGN TREASURER PHONE 9. REPORT TYPE	MR	ROY BOYD		МІ	
OFFICEHOLDER MALING ADDRESS Change of Address 5 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE	ORESS / PO BOX			B SUFFIX JR	OFFICE USE ONLY Date Received FILED O'clock
5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE			CITY, STATE		Date NORMA G. EDISON Elections Aministrates Collad County Texts By: Depu
TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE	REA CODE	PHONE NUMBER	EXTE	NSION	Datu Hand-delivered or Date Postmarked JUL 1 1 2025
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE	MRS / MR CKNAME	TRACYE		MI Ę	By: Apolye 3 Date Processed Date Imaged
TREASURER PHONE (TREET ADDRESS (N	BOYD D PO BOX PLEASE): APT / S	RUITE #; C	TY.	STATE; ZIP CODE
	EA CODE	PHONE NUMBER	EXTE	VISION	
	January 15	30th day before o	ection 🗆	Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 01 / 2025	THROUGH	Month 06	
11 ELECTION	ELECTION DAT	Year Primary General	- Runoff	Other Description	
	FICE HELD (# any)	NTY SHERIFF	13 OFFIC	E SOUGHT (if know	9
POLITICAL COMMITTEE(S) COI Additional Pages	BOX IS FOR NOTICE CANDIDATE / OFFICE SENT. CANDIDATES / MMITTEE TYPE GENERAL SPECIFIC	OF POLITICAL CONTRIBUTIONS HOLDER, THESE EXPENDITURE MO OFFICIENCIPES ARE HEROII COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE COMMITTEE CAMPAIGN TRE	S MAY HAVE BEEN MAI RED TO REPORT THIS IN	NE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S ON OFFICEHOLDER'S KNOWLEDGE OF THEY RECENTE HOTICE OF SUCH EXPENDITURES.
		60.70	PAGE 2		

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	E / OFFICEHOLD N FINANCE REPO		С		DRM C/OH HEET PG 2
S C/OH NAME ROY BOYD JR			16 F	ler ID (Ethics Co	ommissian 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 CO (OTHER THAN PLEDGES	NTRIBUTIONS LOANS, OR GUARANTEES	OF LOANS)	\$8498.30)
EXPENDITURE TOTALS	TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.		\$ _{5801.7}	
	4. TOTAL POLITICAL EX	PENDITURES		\$9687.5	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS	OF THE LAST DAY		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	INT OF ALL OUTSTANDING L DRTING PERIOD	OANS AS OF THE	\$0.00	
1) Affidavit	JAYNE HOFF NOTARY PUBLIC	omplete either option			
NOTARY S	, ,		_ this the 10	day of JI	Щ
Youthe And	which, witness my hand and seal of of June	2011		Motor	Public.
gwature of officer administer		of officer administering oath		Title of officer	r administering oa
	ACCRECATE VALUE OF THE PARTY OF	OR		A A A A A A A A A A A A A A A A A A A	
) Unsworn Declaration	on				
y name is		and my da	te of birth is		
y address is		9			
	(street)	(city)	(state)	(zip code)	(country)
xecuted in	County, State of	, on theda	y of(month)	20	50
		Signatu	re of Candidate/Off	ficeholder (Decl	arant)
rms provided by Texas Eth	nics Commission w	ww.ethics.state.tx.us			Revised 1/1/20

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

19 FILER NAME 20 Filer ID (Ethics Cor					
DY BOYD JR	MA ON CAPPAR CONTINUES OF SELECTION				
SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
SCHEDULE 41: MONETARY POLITICAL CONTRIBUTIONS	\$8498.30				
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
SCHEDULE B: PLEDGED CONTRIBUTIONS					
SCHEDULE E: LOANS	\$				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	^{\$} 165.47				
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$			
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$			
SCHEDULE K. INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	ITIONS RETURNED	\$			
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F5: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F5: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F6: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F6: POLITICAL EXPENDITURES MADE FROM PERSONAL F6 SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS.	SCHEDULE AT: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE AT: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE FT: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F4: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED			

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 the	is form.	1 Total pages Schedule A1:
2 FILER NAME ROY BOYD,			3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Full name of contributor out-of-state PA JO ANN FLEMING 6 Contributor address; City; 13128 TIMBER CREEK DR, FLINT,	7 Amount of contribution (\$) \$998.30	
8 Principal occi RETIRED	upation / Job title (See Instructions)	9 Employer (See Instruc RETIRED	ctions)
Date 03/18/2025	Full name of contributor out-of-state PA KYLE L & JAMIE STALLINGS Contributor address: City: P.O. BOX 10217, MIDLAND, T	State; Zip Code X 79702	Amount of contribution (\$) \$7500.00
Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instruct RETIRED	ctions)
Date	Full name of contributor	State: Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	Ltions)
	ATTACH ADDITIONAL COPIES		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholdes/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Putting E By Gilt/Awards/Memorials Expense Printing B	Spense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Total pages Schedule F1	2 FILER NAME ROY BOYD, JR		3 Filer ID (Ethics Commission Filers)		
Date 2/5/25	5 Payee name The Hamilton				
\$ Amount (\$) \$364.85	7 Payee address; 600 14th St NW, Washington DC, DC 2	City:	State, Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	(b) Description MEALS			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check # Aus	tin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	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	State; Zip Code		
		Control of the last of the las	200		
PURPOSE OF	10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule)	TX 77904 Description uniform cleaning	200		
PURPOSE OF	10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	TX 77904 Description uniform cleaning	ng		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD Check # travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	TX 77904 Description uniform cleanin	ng cin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O	10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD Check firevel outside of Texas. Complete Schedule T. Candidate / Officeholder name	TX 77904 Description uniform cleanin	ng cin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O Date 3/10/35	10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD Check # travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	TX 77904 Description uniform cleanin	ng cin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O Date 3/10/35 Amount (\$)	10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD Check #travel outside of Texas Complete Schedule T. Candidate / Officeholder name H Payee name Kloesel's Cleaners Payee address;	Description uniform cleaning Check if Aust Office sought	ng cin, TX, officeholder living expense		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 3/10/35	10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD Check #travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H Payee name Kloesel's Cleaners	Description uniform cleaning Check if Aust Office sought	in, TX, officeholder living expense Office held State; Zip Code		
PURPOSE OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O Date 3/10/35 Amount (\$) \$89.26	10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Kloesel's Cleaners Payee address; 10002 NE Zac Lentz Pkwy, Victoria, TX Category (See Categories listed at the top of this schedule)	Description uniform cleaning Check if Australia Office sought City: 77904 Description uniform cleaning Un	Office held State: Zip Code		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEGOR	IES FOR BOX 6(a)			
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Severage Expense Poli By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement te Overhead/Rental Expense ing Expense ting Expense unes/Wages/Contract Labor w to complete this form.	Solicitation/Fundrateing Expense Transportation Equipment & Related Expense Transe In District Travel Out Of District Other (enter a Category not listed above)		
1 Total pages Schedule F1:	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; City; State; Zip Code 10002 NE Zac Lentz Pkwy, Victoria, TX 77904				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description uniform cleaning	ng		
	(c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder Ivvng expense				
9 Complete ONLY if direct expenditure to benefit C/O	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, Victor	city: ria, TX 77904	State; Zip Code		
	Category (See Categories Inted at the top of this schedul OFFICE OVERHEAD	Description uniform cleaning	ng		
PURPOSE OF EXPENDITURE					
OF	Check if traviel outside of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living expense		
OF	Candidate / Officeholder name	Office sought	tin, TX, officeholder living expense Office held		
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name				
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OI	Candidate / Officeholder name				
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OI Date 5/15/25 Amount (\$)	Candidate / Officeholder name	Office sought			
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/OI Date 5/15/25	Candidate / Officeholder name H Payee name Kloesel's Cleaners Payee address;	Office sought City:	Office held State; Zip Code		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 5/15/25 Amount (\$) \$77.65	Candidate / Officeholder name H Payee name Kloesel's Cleaners Payee address; 10002 NE Zac Lentz Pkwy, Victoria, Category (See Categories listed at the top of this schedule)	Office sought City: TX 77904 e) Description uniform clear	Office held State; Zip Code		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)			
Advertising Expense. Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Office Overhead/Rental Expense Reverage Expense Poling Expense Printing Expense		Solicitation/Fundraining Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total comes Cohedula E		ns now to complete this form.	3 Eiler ID /Ethics	s Commission Filers)	
1 Total pages Schedule F:	ROY BOYD, JR		a Filer to (cinc	Commission Files)	
4 Date	5 Payee name				
5/22/25	SOUTHWEST AIRLINES 7 Payee address; City: State; Zip Code				
6 Amount (\$) \$449.96	7 Payee address; 2702 Love Field Drive, P.O. Box	State; TX	75235		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this TRAVEL OUT OF DISTRICT	airline ticket to	(b) Description airline ticket to National Sheriff's Associannual conference		
	(c) Check if travel outside of Texas. Complete S	Ichedule T. Check # Aus	Check # Austin, TX, officeholder swing expense		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held	
Date	Payee name				
6/16/25	Kloesel's Cleaners				
Amount (\$) \$67.97	Payee address, 10002 NE Zac Lentz Pkwy, Vi	ictoria, TX 77904	State:	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this t OFFICE OVERHEAD	Description uniform cleaning	ng		
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	itin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
6/25/25	CAFE DEL MAR				
Amount (\$) \$219.25	Payee address:	State.	Zip Code		
	101 S Fort Lauderdale Beach Blv		33316-1559		
PURPOSE OF EXPENDITURE	Category (See Categories Rated at the top of this a FOOD/BEVERAGE EXPENSE	Description MEALS			
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		
orms provided by Texas E	thics Commission www.ethio	s state tx.us		Revised 1/1/2025	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)				
Advertising Expense Accounting@lanking Consulting Expense Contributions/Donations Made B Carusdates/Officeholder/Politics Credit Card Payment		Loan Repayment/Reimbursement. Office Overhead/Reimbursement. Poling Expense Printing Expense Selaries/Vages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel on District Travel Out Of District Other (enter a category not lieted above)			
1 Total pages Schedule F1:	2 FILER NAME ROY BOYD, JR		3 Filer ID (Ethics Commission Filers)			
4 Date 01/06/25	5 Payee name GOLIAD CLUB					
\$ Amount (\$) \$200.00	7 Payee address; PO BOX 841, GOLIAD, TX 77963	State, Zip Code				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this is EVENT EXPENSE	(b) Description EVENT RENT	AL			
	(C) Check if travel outside of Texas. Complete Sci	nedule T. Check if Aus	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 act OFFICE OVERHEAD					
	Check if travel outside of Texas. Complete Sch	redule T Check if Aus	stin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 4/7/25	Payee name GOLIAD COUNTY FAIR ASSOCI	ATION				
Amount (\$) \$1950.00	Payee address: 329 W. Franklin St. Goliad, Tx, 77	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci DONATION	nedule) Description	ON MADE BY CANDIDATE			
	Check if travel outside of Texas: Complete Sch	edule T. Check if Aust	tin, TX, officeholder living expense			

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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 CATEGOR	IES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credi Card Payment	Fees Offi Food/Beverage Expense Poli y Gift/Awards/Memorials Expense Prin	in Repayment/Reimbursement to Overhead/Reimbursement ting Expense aries/Vlages/Contract Labor w to complete this form.	Solicitation/Fundrale Transportation Equip Travel In District Travel Out Of Distric Other (either a catego	oment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
4 Date 4/22/25	5 Payee name Kloesel's Cleaners				
6 Amount (\$) \$54.49	7 Payee address; City, State; Zip Code 10002 NE Zac Lentz Pkwy, Victoria, Tx 77904				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched. OFFICE OVERHEAD	(b) Description uniform cleaning	ng		
	(c) Check if travel outside of Texas. Complete Scheduk	eT Check if Aus	lin, TX, officeholder living	; expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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	GOLIAD,	State; TX	Zip Code 77963	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul REIMBURSEMENT		MENT FOR UBI	ER PAYMENTS	
	Check if travel outside of Tisses. 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 (\$)	Payee address;	City;	State;	Zip Code	
\$1000.00	746 FM 2441	GOLIAD,	TX	77963	
	Category (See Categories listed at the top of this school.)		1/	77903	
PURPOSE OF EXPENDITURE	REIMBURSEMENT		nt for original a	ccount	
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NE	EDED		
forms provided by Texas Eth	ics Commission www.ethics.stat	le tx us		Revised 1/1/2025	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Advertising Expense AccountingStarking Consulting Expense Contributions/Donations Made Ganddates/Officeholder/Pott Crick Card Payment		EXPENDITURE CATE Event Expense Fees Food@evenage Expense Git/AwardsMemorials Expense Legal Services The Instruction Guide expla	Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Printing Expense Salarise Mages/Contract Labor line how to complete this form,	Solicitation/Fundrain Transportation Equa Travel in District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F		IAME DYD, JR		3 Filer ID (Ethic	s Commission Filers)
4 Date 5/1/25	5 Payee name ROY AND TRACYE BOYD				
6 Amount (\$) \$750.00	7 Payee address; 746 FM 2441		GOLIAD,	State,	Zip Code 77963
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this subedule) REIMBURSEMENT		reimbursemen	(b) Description reimbursement for men's watch and basket donation to GEF for Boots and Boas fundra	
	(c)	Check if travel outside of Texas. Complete	Schedule T. Check # Au	stin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/		date / Officeholder name	Office sought		Office held
Date 4/15/25	Payee n	AND TRACYE BOYD			
Amount (\$) \$100.00	Payee a 746 FM		GOLIAD,	State; TX	Zip Code 77963
PURPOSE OF EXPENDITURE		y (See Categories lated at the top of this IRSEMENT	reimbursemen	it for donation for Taste of Go	bliad
		Check if travel outside of Texas. Complete	Schedule T. Check if Au	etin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name	Office sought		Office held
Date	Payeen	ame			
Amount (\$)	Payee a	ddress.	Сну,	State:	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule) Description		
		Check if travel outside of Texas. Complete	Schedule T Chack if Au	stin, TX, officeholder living	expense
Complete ONLY if direct	Candio	iate / Officeholder name	Office sought		Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made	Fees Off Food/Beverage Expense Po	an Repayment/Reinbursement floo Cverteed/Reinbal Expense Transportation Equipment & Related Exp fing Expense Travel in District
Candidate/Officeholder/Point Credit Card Payment	cal Committee Legal Services Bar The Instruction Guide explains ho	Suries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule G: 3	2 FILER NAME ROY BOYD, JR	3 Filer ID (Ethics Commission File
4 Date	5 Payee name	
2/3/25	UBER	
\$31.92 Reinburtement from political contributions intended	7 Payee address; 1515 3rd Street San Francisco, California 94158	City, State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul TRANSPORTATION EXPENSE	(b) Description TRAVEL EXPENSE
	(c) Check if travel outside of Texas. Complete Schodule	T. Check if Austin, TX, officeholder living expense
Omplete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/04/25	Povername	
Amount (\$) \$17.00	Payee address: 1515 3rd Street San Francisco, California 94158	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul TRANSPORTATION EXPENSE	Description TRAVEL EXPENSE
E001010101010101	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date 2/04/25	Payee name UBER	
Amount (\$) \$17.44 Reimbursement from political contributions intended	Payee address; 1515 3rd Street San Francisco, California 9415	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul TRANSPORTATION EXPENSE	Description TRAVEL EXPENSE
CARCOLOGICAL CONTROL	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 TH	HIS SCHEDULE AS NEEDED
orms provided by Texas El	thics Commission www.ethics.sta	te.tx.us Revised 1/1/

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officahoideer/Pote Credit Card Payment	Fees Ott FoodBeverage Expense Po Git/Wavarda/Memoriais Expense Prical Committee Legal Services Sa	Feet Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense			
1 Total pages Schedule G:	2 FILER NAME ROY BOYD, JR		3 Filter ID (Ethics Commission Filers)		
4 Date 2/5/25 Text here	5 Payee name UBER				
6 Amount (\$) \$13.98 Pleambursement from political contributions intended	7 Payee address: 1515 3rd Street San Francisco, California 94158	Сну,	State: Zip Code		
PURPOSE OF EXPENDITURE	(iii) Category (See Categories listed at the top of this schedul TRANSPORTATION EXPENSE	(b) Description TRAVEL EXPEN	ENSE		
	(c) Check if travel outside of Texas. Complete Schedule	T Check if Austin	n. TX, officeholder living expense		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
2/5/25	Pave name UBER				
Amount (\$) \$32.34 Reimbursement from political contributions intended	Payee address; 1515 3rd Street San Francisco, California 94158	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched. TRANSPORTATION EXPENSE	Category (See Categories listed at the top of this schedule) TRANSPORTATION EXPENSE TRAVEL EXPENSE			
	Check if travel outside of Texas. Complete Schedule	T Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name OH	Office sought	Office held		
^{Date} 2/9/25	Payee name UBER				
\$10.86 Rembursement from political contributions intended	Payee address; 1515 3rd Street San Francisco, California 9415	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories Island at the log of this achedu TRANSPORTATION EXPENSE	Description TRAVEL EXPENS	SE		
	Chieck if travel outside of Texas. Complete Schedule	T. Check # Austin	n, TX, officeholder äving 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 PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATE	SORIES FOR	BOX 8(a)			
Advertising Expense Accounting Banking Consulting Expense Contributions of the Section of		Event Expense Fees Food/Devenage Expense GRI/AvacdsMemorals Expense Legal Services The Instruction Guide explain			Solicitation/Fundraising Expense Transportation Egypment & Related Expens Travel in District Travel Cut Of District Other (enter a category not listed above)		
Total pages Schedule G:	2 FILER N. ROY BO			3 Filer ID (Ethics Commission I			
279/25	5 Payee name UBER						
Amount (\$) \$41.93 Restrictsement from political contributions interested	7 Payee address: City, State; Zip Code 1515 3rd Street San Francisco, California 94158						
PURPOSE OF	(a) Category (See Categories lated at the top of this schedule) TRANSPORTATION EXPENSE			(b) Description TRAVEL EXPENSE			
EXPENDITURE	(c)	Check if travel outside of Tense. Complete Sch	sedute T	Check if Austin	, TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name	Office	sought		Office held	
Date	Payee na	me					
Amount (\$) Reimbursement from political contributions interested	Payee ac	idress;		City:	State:	Zip Code	
PURPOSE OF	_						
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5 Contribution / Expend	Siture reported on	61					
☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule		Schedule C2	☐ Schedule D ✓ Schedule				
Schedule F2	Schedu	e F4 Schedule G	Schedule H	Schedule COH-UC	Schedule B-S		
3 Dates of travel	tes of travel 7 Name of person(s) traveling						
מוחסוחב פוחפוחב	CONTROL CONTROL		RACYE BOYD				
8/22/25-6/26/25	8 Departure c	ty or name of departure local					
	9 Destination	AUSTIN, T sity or name of destination to					
			DERDALE, FL				
10 Means of transportation AIRPLANE 11 Purpose of travel (including name of conference National Sheriff's Association annual							
Name of Contributor	/ Cornoration or I	abor Organization / Pledgor	Paven				
Contribution / Expend	Schedul	B Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
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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.

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- 1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made 1 2025 more than \$33,910 in political expenditures in a calendar year.
- 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.

Filer ID #

- 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 DI OI 2025 report due on Ob 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 complet	te either option below:		_	7 -	,	
(1) Affidavit		_	-	+	2	
NOTARY STAMP/S	EAL			Signature	of Filer	
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Sworn to and subscribe	ed before me by Roy Boyd		th	s the 0 ~	day of	ulu
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Signature of officer admin	The land the land the land	of officer administe	ring oath	Noc		administering oa
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(2) Unsworn Doctor	STATE OF TEXAS	5122				
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My address is	(street)		(city)		(zip code) 20(year)	(country)
My name is	(street)		(city) day of _	(state) (month)	20	(country)

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER