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: RECEIVED

OFFICE USE ONLY

Date Received: JUL 13 2026

FILED
10:29 o'clock A M
Date 7/14/26
NORMA G. EDISON
Elections Administrator Goliad County Texas
Date Hand-Delivered or Date Postmarked
By: KBE Deputy

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. | FIRST: ROY | MI: B

NICKNAME | LAST: BOYD | SUFFIX: JR

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: GOLIAD, | STATE: TX | ZIP CODE: 77963

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: ([redacted]) | PHONE NUMBER: [redacted] | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS | FIRST: TRACYE | MI: E

NICKNAME | LAST: BOYD | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: GOLIAD, | STATE: TX | ZIP CODE: 77963

8 CAMPAIGN TREASURER PHONE

AREA CODE: ([redacted]) | PHONE NUMBER: [redacted] | EXTENSION:

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☒ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 01 / 01 / 26 THROUGH 06 / 30 / 26

11 ELECTION

ELECTION DATE: Month / Day / Year:

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): GOLIAD COUNTY SHERIFF

13 OFFICE SOUGHT (if known):

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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME: ROY BOYD, JR

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)	$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 1885.12
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 6689.96
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,450.23
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 STAMP/SEAL: JAYNE HOFF NOTARY PUBLIC STATE OF TEXAS ID # 6662827 My Comm. Expires 08-09-2028

Sworn to and subscribed before me by Roy Boyd Jr. this the 14th day of July, 20 26, 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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
ROY BOYD, JR	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$6689.96
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☒	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$435.31
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

4 Date: 1/13/26	5 Payee name: HEB		
6 Amount ($): $313.50	7 Payee address: 6106 N Navarro St, Victoria, TX 77904	City:	State: Zip Code
	☐ Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): FOOD/BEVERAGE EXPENSE	(b) Description: SO APPRECIATION	
	(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: 1/20/26	Payee name: SOUTHWEST AIRLINES		
Amount ($): $852.97	Payee address: 2702 Love Field Dr Dallas, TX 75235	City:	State: Zip Code
	☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT	Description: NSA MEETINGS	
	☒ 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: 1/27/26	Payee name: USPS		
Amount ($): $156.00	Payee address: 151 W End St, Goliad, TX 77963	City:	State: Zip Code
	☐ Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE	Description: STAMPS	
	☐ 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

4 Date	5 Payee name			
1/28/26	USPS			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
$156.00	151 W End St, Goliad, TX 77963			

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	STAMPS

(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			
1/17/26	GOLIAD EDUCATION FOUNDATION			
Amount ($)	Payee address;	City;	State;	Zip Code
$110.00	P.O. Box 830 Goliad, TX 77963			

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	DONATION	DONATION MADE BY CANDIDATE

☐ 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			
1/20/26	ASTRON CLUB OF GOLIAD			
Amount ($)	Payee address;	City;	State;	Zip Code
$250.00	339 S. Jefferson St. P.O. Box 606 Goliad, TX 77963			

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	DONATION	DONATION MADE BY CANDIDATE

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

4 Date	5 Payee name			
2/2/26	SOUTHWEST AIRLINES			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
$135.00	2702 Love Field Drive, P.O. Box 36611	Dallas,	TX	75235

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	TRAVEL OUT OF DISTRICT	BAGGAGE FEE

(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			
2/6/26	CLASSIQUE CLEANERS			
Amount ($)	Payee address;	City;	State;	Zip Code
$34.40	1107 N Washington St, Beeville, TX 78102			

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	OFFICE OVERHEAD	UNIFORM MAINTENANCE

☐ 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			
2/17/26	CLASSIQUE CLEANERS			
Amount ($)	Payee address;	City;	State;	Zip Code
$17.49	1107 N Washington St, Beeville, TX 78102			

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	OFFICE OVERHEAD	UNIFORM MAINTENANCE

☐ 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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2026

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

4 Date	5 Payee name			
2/17/26	UNITED			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$454.93	600 JEFFERSON ST, HOUSTON, TX			
	☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**		
	TRAVEL OUT OF DISTRICT	INTERGOVERNMENTAL OPS MEETING		
	(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			
2/17/26	AIR CANADA			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$327.06	7373 Côte-Vertu Blvd. West, St. Laurent, Quebec, Canada H4Y 1H4			
	☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	TRAVEL OUT OF DISTRICT	INTERGOVERNMENTAL OPS MEETING		
	☒ 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			
3/5/26	AIR CANADA			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$2.90	7373 C.te-Vertu Blvd. West, St. Laurent, Quebec, Canada H4Y 1H4			
	☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	TRAVEL OUT OF DISTRICT	INTERGOVERNMENTAL OPS MEETING		
	☒ 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

4 Date	5 Payee name			
3/5/26	ROMAN BOOTS			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$204.59	9333 SW LOOP 410, SAN ANTONIO, TEXAS			
	☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**		
	OFFICE OVERHEAD	UNIFORMS		
	(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			
3/9/26	CLASSIQUE CLEANERS			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$81.06	1107 N Washington St, Beeville, TX 78102			
	☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	OFFICE OVERHEAD	UNIFORM MAINTENANCE		
	☐ 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			
3/17/26	CLASSIQUE CLEANERS			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$28.40	1107 N Washington St, Beeville, TX 78102			
	☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**		
	OFFICE OVERHEAD	UNIFORM MAINTENANCE		
	☐ 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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2026

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

Entry 1

4 Date	5 Payee name
3/19/26	SOUTHWEST AIRLINES

6 Amount ($)	7 Payee address; City; State; Zip Code
$522.80	2702 Love Field Drive, P.O. Box 36611 Dallas, TX 75235

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	TRAVEL OUT OF DISTRICT	MEETINGS WITH SECRETARY OF WAR, DOW, DOJ

(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

Entry 2

Date	Payee name
3/30/26	CLASSIQUE CLEANERS

Amount ($)	Payee address; City; State; Zip Code
$27.38	1107 N Washington St, Beeville, TX 78102

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	OFFICE OVERHEAD	UNIFORM MAINTENANCE

☐ 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

Entry 3

Date	Payee name
4/3/26	CLASSIQUE CLEANERS

Amount ($)	Payee address; City; State; Zip Code
$25.14	1107 N Washington St, Beeville, TX 78102

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	OFFICE OVERHEAD	UNIFORM MAINTENANCE

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

Entry 4

4 Date	5 Payee name
4/13/26	CLASSIQUE CLEANERS

6 Amount ($)	7 Payee address; City; State; Zip Code
$66.73	1107 N Washington St, Beeville, TX 78102

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OFFICE OVERHEAD	UNIFORM MAINTENANCE

(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

Entry 5

Date	Payee name
4/21/26	CLASSIQUE CLEANERS

Amount ($)	Payee address; City; State; Zip Code
$42.82	1107 N Washington St, Beeville, TX 78102

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	OFFICE OVERHEAD	UNIFORM MAINTENANCE

☐ 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

Entry 6

Date	Payee name
4/28/26	GOLIAD COUNTY FAIR ASSOCIATION

Amount ($)	Payee address; City; State; Zip Code
$150.00	329 W. Franklin St. Goliad, T

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	DONATION MADE BY CANDIDATE	GOLIAD COUNTY FAIR BUCKLE SPONSOR

☐ 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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2026

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

4 Date 5/6/26 | **5 Payee name** SOUTHWEST AIRLINES

6 Amount ($) $35.00

7 Payee address; 2702 Love Field Drive, P.O. Box 36611 | City; Dallas, | State; TX | Zip Code 75235

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT

(b) Description: INTERGOVERNMENTAL OPS MEETINGS, MEETINGS AT WHITE HOUSE

(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 5/7/26 | **Payee name** HILTON HOTEL

Amount ($) $196.05

Payee address; 1001 16TH ST, NW WASHINGTON, DC | City; | State; | Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT

Description: INTERGOVERNMENTAL OPS MEETINGS, MEETINGS AT WHITE HOUSE

☒ 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 5/8/26 | **Payee name** HILTON HOTEL

Amount ($) $105.20

Payee address; 1001 16TH ST, NW WASHINGTON, DC | City; | State; | Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT

Description: INTERGOVERNMENTAL OPS MEETINGS, MEETINGS AT WHITE HOUSE

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	ROY BOYD, JR	

4 Date 5/11/26 | **5 Payee name** SOUTHWEST AIRLINES

6 Amount ($) $35.00

7 Payee address; 2702 Love Field Dr Dallas, TX 75235 | City; | State; | Zip Code

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT

(b) Description: INTERGOVERNMENTAL OPS MEETINGS, MEETINGS AT WHITE HOUSE

(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 5/12/26 | **Payee name** CLASSIQUE CLEANERS

Amount ($) $21.73

Payee address; 1107 N Washington St, Beeville, TX 78102 | City; | State; | Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD

Description: UNIFORM MAINTENANCE

☐ 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 5/19/26 | **Payee name** CLASSIQUE CLEANERS

Amount ($) $97.09

Payee address; 1107 N Washington St, Beeville, TX 78102 | City; | State; | Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD

Description: UNIFORM MAINTENANCE

☐ 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME: ROY BOYD, JR	3 Filer ID (Ethics Commission Filers)

4 Date: 6/22/26
5 Payee name: CLASSIQUE CLEANERS
6 Amount ($): $35.39
7 Payee address; City; State; Zip Code: 1107 N Washington St, Beeville, TX 78102
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): OFFICE OVERHEAD
(b) Description: UNIFORM MAINTENANCE
(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
☐ Check if individual's residence address.
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
☐ Check if individual's residence address.
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
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: 6	2 FILER NAME: ROY BOYD, JR	3 Filer ID (Ethics Commission Filers)

4 Date: 4/23/26
5 Payee name: UBER
6 Amount ($): $20.93
☒ Reimbursement from political contributions intended
7 Payee address; City; State; Zip Code: 1515 3rd Street San Francisco California 94158
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT
(b) Description: TRANSPORTATION
(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: 4/23/26 | Payee name: UBER
Amount ($): $21.95
☒ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: 1515 3rd Street San Francisco California 94158
☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT | Description: TRANSPORTATION
☒ 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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Date: 4/23/26 | Payee name: UBER
Amount ($): $12.95
☒ Reimbursement from political contributions intended
Payee address; City; State; Zip Code: 1515 3rd Street San Francisco California 94158
☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT | Description: TRANSPORTATION
☒ 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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	ROY BOYD, JR	

Entry 1

4 Date: 4/23/26	5 Payee name: UBER
6 Amount ($): $13.95 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: 1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT; (b) Description: TRANSPORTATION; (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

Entry 2

Date: 4/23/26	Payee name: UBER
Amount ($): $13.95 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT; Description: TRANSPORTATION; ☒ 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

Entry 3

Date: 5/6/26	Payee name: UBER
Amount ($): $16.98 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT; Description: TRANSPORTATION; ☒ 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 PERSONAL FUNDS

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

Entry 1

4 Date: 5/6/26	5 Payee name: UBER
6 Amount ($): 36.98 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code: 1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT; (b) Description: TRANSPORTATION; (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

Entry 2

Date: 5/6/26	Payee name: ROY BOYD, JR
Amount ($): $30.98 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: UBER ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT; Description: TRANSPORTATION; ☒ 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

Entry 3

Date: 5/6/26	Payee name: ROY BOYD, JR
Amount ($): $30.98 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code: 1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT; Description: TRANSPORTATION; ☒ 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

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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.**

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

4 Date	5 Payee name
5/6/26	UBER

6 Amount ($)	7 Payee address; City; State; Zip Code
$31.97 ☒ Reimbursement from political contributions intended	1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	TRAVEL OUT OF DISTRICT	TRANSPORTATION
	(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
5/7/26	UBER

Amount ($)	Payee address; City; State; Zip Code
$15.88 ☒ Reimbursement from political contributions intended	1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	TRAVEL OUT OF DISTRICT	TRANSPORTATION
	☒ 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
5/7/26	UBER

Amount ($)	Payee address; City; State; Zip Code
$30.98 ☒ Reimbursement from political contributions intended	1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	TRAVEL OUT OF DISTRICT	TRANSPORTATION
	☒ 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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	ROY BOYD, JR	

4 Date	5 Payee name
5/7/26	UBER

6 Amount ($)	7 Payee address; City; State; Zip Code
$30.99 ☒ Reimbursement from political contributions intended	1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	TRAVEL OUT OF DISTRICT	TRANSPORTATION
	(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
5/8/26	UBER

Amount ($)	Payee address; City; State; Zip Code
$30.98 ☒ Reimbursement from political contributions intended	1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	TRAVEL OUT OF DISTRICT	TRANSPORTATION
	☒ 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
5/8/26	UBER

Amount ($)	Payee address; City; State; Zip Code
$32.97 ☒ Reimbursement from political contributions intended	1515 3rd Street San Francisco California 94158 ☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	TRAVEL OUT OF DISTRICT	TRANSPORTATION
	☒ 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

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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.**

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

4 Date: 5/8/26

5 Payee name: UBER

6 Amount ($): $61.88

☒ Reimbursement from political contributions intended

7 Payee address; 1515 3rd Street **City;** San Francisco **State;** California **Zip Code** 94158

☐ Check if individual's residence address

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): TRAVEL OUT OF DISTRICT

(b) Description: TRANSPORTATION

(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

☐ Check if individual's residence address

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

Payee address; City; State; Zip Code

☒ Reimbursement from political contributions intended

☐

PURPOSE OF EXPENDITURE

☒ 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: 4

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: 1/30/26-2/3/26

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: WASHINGTON, DC

10 Means of transportation: AIRPLANE

11 Purpose of travel (including name of conference, seminar, or other event): NSA WINTER CONFERENCE, BORDER SECURITY MEETINGS

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

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: 1/30/26-2/3/26

Name of person(s) traveling: ROY AND TRACYE BOYD

Departure city or name of departure location: AUSTIN, TEXAS

Destination city or name of destination location: WASHINGTON, DC

Means of transportation: AIRPLANE

Purpose of travel (including name of conference, seminar, or other event): NSA WINTER CONFERENCE, BORDER SECURITY MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: UNITED AIRLINES

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: 2/21/26-2/26/26

Name of person(s) traveling: ROY AND TRACYE BOYD

Departure city or name of departure location: AUSTIN, TEXAS

Destination city or name of destination location: MONTREAL, QUEBEC, CANADA

Means of transportation: AIRPLANE

Purpose of travel (including name of conference, seminar, or other event): INTERGOVERNMENT OPS MEETING

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: 4

2 FILER NAME: ROY BOYD, JR

3 Filer ID (Ethics Commission Filers):

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: AIR CANADA

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: 2/21/26-2/26/26

7 Name of person(s) traveling: ROY AND TRACYE BOYD

8 Departure city or name of departure location: TORONTO, ONTARIO, CANADA

9 Destination city or name of destination location: AUSTIN, TEXAS

10 Means of transportation: AIRPLANE

11 Purpose of travel (including name of conference, seminar, or other event): INTERGOVERNMENT OPS MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: AIR CANADA

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: 2/21/26-2/26/26

Name of person(s) traveling: ROY AND TRACYE BOYD

Departure city or name of departure location: TORONTO, ONTARIO, CANADA

Destination city or name of destination location: AUSTIN, TEXAS

Means of transportation: AIRPLANE

Purpose of travel (including name of conference, seminar, or other event): INTERGOVERNMENT OPS MEETINGS

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

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: 4/21/26-4/25/26

Name of person(s) traveling: ROY BOYD, JR

Departure city or name of departure location: AUSTIN, TEXAS

Destination city or name of destination location: WASHINGTON, DC

Means of transportation: AIRPLANE

Purpose of travel (including name of conference, seminar, or other event): MEETING WITH SECRETARY OF WAR, DOW, DOJ

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: 4

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: 5/5/26-5/8/26

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: WASHINGTON, DC

10 Means of transportation: AIRPLANE

11 Purpose of travel (including name of conference, seminar, or other event): INTERGOVERNMENT OPS MEETINGS, MEETINGS AT WHITE HOUSE

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: HILTON HOTEL

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: 5/5/26-5/8/26

Name of person(s) traveling: ROY AND TRACYE BOYD

Departure city or name of departure location: AUSTIN, TEXAS

Destination city or name of destination location: WASHINGTON, DC

Means of transportation: AIRPLANE

Purpose of travel (including name of conference, seminar, or other event): INTERGOVERNMENT OPS MEETINGS, MEETINGS AT WHITE HOUSE

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: HILTON HOTEL

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: 5/5/26-5/8/26

Name of person(s) traveling: ROY AND TRACYE BOYD

Departure city or name of departure location: AUSTIN, TEXAS

Destination city or name of destination location: WASHINGTON, DC

Means of transportation: AIRPLANE

Purpose of travel (including name of conference, seminar, or other event): INTERGOVERNMENT OPS MEETINGS, MEETINGS AT WHITE HOUSE

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: 4

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: 5/5/26-5/8/26

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: WASHINGTON, DC

10 Means of transportation: AIRPLANE

11 Purpose of travel (including name of conference, seminar, or other event): INTERGOVERNMENT OPS MEETINGS, MEETINGS AT WHITE HOUSE

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee: UBER

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: 5/5/26-5/8/26

Name of person(s) traveling: ROY AND TRACYE BOYD

Departure city or name of departure location: AUSTIN, TEXAS

Destination city or name of destination location: WASHINGTON, DC

Means of transportation: AIRPLANE/UBER

Purpose of travel (including name of conference, seminar, or other event): INTERGOVERNMENT OPS MEETINGS; MEETINGS AT WHITE HOUSE

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

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name: Roy Boyd | Filer ID #

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 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 $34,890 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 Jan.-June 2026 report due on July 15, 2026. 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

JAYNE HOFF
NOTARY PUBLIC
STATE OF TEXAS
ID # 6662827
My Comm. Expires 08-09-2028

NOTARY STAMP/SEAL

Signature of Filer

Sworn to and subscribed before me by Roy Boyd Jr. this the 14th day of July, 2026, to certify which, witness my hand and seal of office.

Jayne Hoff — Signature of officer administering oath
Jayne Hoff — Printed name of officer administering oath
Notary Public — Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20____ (year).

Signature of Filer (Declarant)

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