

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 Form)

2 Total pages filed

13

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	M				
	NICKNAME	LAST	SUFFIX				
		Rodney					
		Paulette					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE		
	<input type="checkbox"/> Change of Address						
		P.O. Box 152843	Lufkin TX,	75915			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered Postmarked			
	(936)		465-1356				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	M	Receipt #	Amount \$		
	NICKNAME	LAST	SUFFIX	Date Imaged FEB 26 2024 MVK			
		Mrs.	Tracy				
		Pinkerton					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)			CITY	STATE	ZIP CODE	
	206 Darceille St. Lufkin, TX 75901						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(936)		676-9843				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officer-in-Chief)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	26	2024		02	24	24
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
				<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
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.						
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		<input type="checkbox"/> GENERAL					
		<input type="checkbox"/> SPECIFIC					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

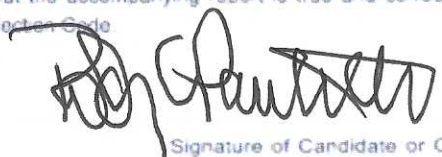
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,727.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
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

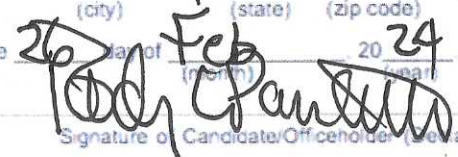
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Rodney C. Pavlette and my date of birth is 12/20/1954
 My address is 2066 Hwy 1194 So., P.O. Box 152843, Lufkin, TX
(street) (city) (state) (zip code) (country)
 Executed in Angelina County, State of TEXAS, on the 26 day of Feb, 2024
(month) (year)

 Signature of Candidate/Officeholder (swearant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Rodney Paulette		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 534.63
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 28,192.70
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Rodney Paulete	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 2/4/2024	6 Payee name Ralph & Kacoos
7 Amount (\$) 74.63	8 Payee address, City, State, Zip Code 3107 S. 1st St. Lufkin TX 75901

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Food & Beverage		(b) Description Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas (Complete Schedule F) <input type="checkbox"/> Check if Austin, TX officeholder living expense		

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/25/2024	Payee name Facebook
Amount (\$) 460.00	Payee address, City, State, Zip Code 1 Hacker Way Menlo Park CA 94025

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising		Description Social Media Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas (Complete Schedule F) <input type="checkbox"/> Check if Austin, TX officeholder living expense		

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Filer)
4 Date 1/26/2024	5 Payee name Dollar General	
6 Amount (\$) 10.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code 6953 US Hwy 69 Lufkin TX 75901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 1/26/2024	Payee name Fiesta Mexicana	
Amount (\$) 398.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 6180 Ted Trout Drive Lufkin TX 75901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Food & Beverage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 1/26/2024	Payee name Pineywood Computer	
Amount (\$) 200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 411 E. Main st Nacogdoches, TX 75961	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description • Social Media •
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM 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 Rolling 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)
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The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 8	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Fees)
4 Date 1/30/2024	5 Payee name Tome Catering	
6 Amount (\$) 655.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code 206 E. Grosebeck Lufkin TX 75901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food & Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/30/2024	Payee name Sams Club	
Amount (\$) 15.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 407 N Brentwood Lufkin TX 75904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description Food & Beverage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/31/2024	Payee name A-1 Party Rentals	
Amount (\$) 190.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 414 S. First St Lufkin TX 75901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Tablecloths
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 6(a)

Advertising Expense Accounting/Bookkeeping 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)
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The instruction Guide explains how to complete this form.

1 Total pages Schedule G 8	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2024	5 Payee name Dirt Cheap Signs	
6 Amount (\$) 1277.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City, State, Zip Code 6706 Lohman Ford Rd Largo Vista TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising	(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 1/31/2024	Payee name Pitser Garrison Civic Center	
Amount (\$) 550.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code P.O Box 190 Lufkin TX 75902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event	Description Rental Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 1/31/2024	Payee name McGuff Media LLC	
Amount (\$) 2200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code 4915 Laurel Bellaire TX 77401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising	Description Website Design / Hosting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 8	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Filers)
4 Date 2/01/2024	5 Payee name Amazon	
6 Amount (\$) 32.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 410 Terry Ave N. Seattle WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Office Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2/6/2024	Payee name AAA Signs	
Amount (\$) 1980.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 305 E. Denman Lufkin TX 75901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Lg Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2/7/2024	Payee name KLTV	
Amount (\$) 4488.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 105 W. Ferguson Tyler TX 75702	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Television Ads KTRE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM 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 Parking 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)
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The instruction Guide explains how to complete this form.

1 Total pages Schedule G 8	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2024	5 Payee name Lufkin Daily News	
6 Amount (\$) 998.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 300 Ellis Drive Lufkin TX 75904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Print Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/13/2024	Payee name Texas Hometown Solutions	
Amount (\$) 3750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 821 Liberty Meadows Dr. Liberty Hill TX 78642	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Block Walking Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/13/2024	Payee name Pineywoods Printing	
Amount (\$) 947.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code 2409 E. Lufkin Ave Lufkin TX 75901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Letters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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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: 8	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2024	5 Payee name Pinkerton Creative Media	
6 Amount (\$) 3500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code P.O. Box 1573 Lufkin TX 75902	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting & Advertising	(b) Description Consulting Fee & Video
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 2/15/2024	Payee name Pineywoods Printing	
Amount (\$) 70.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 2409 E. Lufkin Ave. Lufkin TX 75901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing expense	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 2/17/2024	Payee name Campaign Sidekick	
Amount (\$) 275.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code Ft. Worth, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation	Description Software
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 8	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2024	5 Payee name Pablo's BBQ	
6 Amount (\$) 175.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 3900 US-69 North	City: Lufkin State: TX Zip Code: 75904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Food & Beverage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	<input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 2/16/2024	Payee name Catfish King	
Amount (\$) 142.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 287 Loop Ln.	City: Lufkin State: TX Zip Code: 75904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Food & Beverage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	<input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		
Date 2/22/2024	Payee name Home Town Solutions	
Amount (\$) 3750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 821 Liberty Meadows Dr	City: Liberty Hill State: TX Zip Code: 78642
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description • Block Walking •
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	<input type="checkbox"/> Check if Austin, TX, officeholder living expense Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 8	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2024	5 Payee name Catfish King	
6 Amount (\$) 242.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 287 Loop Ln City: Lufkin State: TX Zip Code: 75904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event	
	(b) Description: Food & Beverage	
9 Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office sought / Office held
Date 2/21/2024	Payee name Outback Steakhouse	
Amount (\$) 655.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 2206 S. First St City: Lufkin State: TX Zip Code: 75904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event	
	Description Food & Beverage	
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office sought / Office held
Date 2/22/2024	Payee name Cotton Patch Cafe	
Amount (\$) 323.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 3207 S. First St City: Lufkin State: TX Zip Code: 75901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event	
	Description Food & Beverage	
Complete ONLY if direct expenditure to benefit C/OH	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 8	2 FILER NAME Rodney Paulette	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2024	5 Payee name Lufkin Daily News	
6 Amount (\$) 362.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 300 Ellis Dr	City: Lufkin State: TX Zip Code: 75904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Digital Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/24/2022	Payee name Southern Play Entertainment	
Amount (\$) 1000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: Lufkin	City: State: TX Zip Code: 75904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Videos
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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