
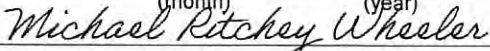


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 19		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ritch	MI	Date Received RECEIVED JAN 25 2024 SH 19 pages		
	NICKNAME	LAST Wheeler	SUFFIX			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify) _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	11	08	23	THROUGH	12	31
6 EXPLANATION OF CORRECTION						
- Section 17, Line 4. Correction of total with the addition of schedule G amount. - Section 19, Line 9. Added total from Schedule G. - Page 12, Schedule A2, Section 5. Corrected date. - Page 13, Schedule E. Corrected Lender's address. - Page 19 Schedule G. Added expenditures made from personal funds.						
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.						
Check ONLY if applicable:						
<input checked="" type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.						
<input type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.						
 _____ Signature of Candidate/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 <u>Michael Ritchey Wheeler</u> , and my date of birth is <u>08 April 1971</u> .						
My address is <u>2 Cluny Ct</u> , <u>The Woodlands</u> , <u>Texas</u> <u>77382</u> , <u>USA</u> .						
(street) (city) (state) (zip code) (country)						
Executed in <u>Montgomery</u> County, State of <u>Texas</u> , on the <u>25</u> day of <u>January</u> , 20 <u>24</u> .						
(month) (year)						
 _____ Signature of Candidate/Officeholder (Declarant)						

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

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:

17

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align:center;">Ritch</p> NICKNAME LAST SUFFIX <p style="text-align:center;">Wheeler</p>	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align:center;">2 Cluny Ct, The Woodlands, TX 77382</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align:center;">(214) 695-2567</p>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align:center;">Kristen</p> NICKNAME LAST SUFFIX <p style="text-align:center;">Machicek</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align:center;">25402 Gambrel Barn Pl., Katy, TX 77493</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align:center;">(281) 536-1920</p>		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <p style="text-align:center;">11 / 8 / 23 THROUGH 12 / 31 / 23</p>		
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special _____	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <p style="text-align:center;">Montgomery County Commissioner Pct 3</p>	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	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 Ritch Wheeler		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)	\$ 61,668.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,682.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 104,275.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 45,000.00

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.

Michael Ritchey Wheeler

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 Michael Ritchey Wheeler, and my date of birth is 08 April 1971.

My address is 2 Cluny Ct, The Woodlands, Texas 77382, USA.

(street) (city) (state) (zip code) (country)

Executed in Montgomery County, State of Texas, on the 25 day of January, 2024.

(month) (year)

Michael Ritchey Wheeler

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Ritch Wheeler

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 59,668.66
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 45,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 392.67
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,290.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)

4 Date

11/09/2023

5 Full name of contributor

Ritch Wheeler

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

2 Cluny Ct, The Woodlands, TX 77382

7 Amount of contribution (\$)

10,000.00

8 Principal occupation / Job title (See Instructions)

Consultant

9 Employer (See Instructions)

Eagle Training Academy

Date

11/09/2023

Full name of contributor

Will Perry

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

30973 Vickie Ln, Magnolia, TX 77354

Amount of contribution (\$)

10,000.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Sales

Date

12/14/2023

Full name of contributor

Will Perry

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

30973 Vickie Ln, Magnolia, TX 77354

Amount of contribution (\$)

10,000.00

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Sales

Date

11/17/2023

Full name of contributor

Robert Wheeler

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1233 Marigold Ln Longview, TX 75604

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Diagnostic Clinic Of Longview

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Wheeler Jr 6 Contributor address; City; State; Zip Code 705 Noel Dr Longview, TX 75602	7 Amount of contribution (\$) 1,041.02
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Physician Advisory Group
Date 11/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Ritch Wheeler Contributor address; City; State; Zip Code 2 Cluny Ct The Woodlands, TX 77382	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Eagle Training Academy
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert E Gonzalez Jr Contributor address; City; State; Zip Code 7310 Durango Creek Dri Magnolia, TX 77354	Amount of contribution (\$) 31.23
Principal occupation / Job title (See Instructions) CSA1		Employer (See Instructions) JDPower
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Dale Patten Contributor address; City; State; Zip Code 5805 Lake Crest Dr. Columbiaville, MI 48421	Amount of contribution (\$) 52.05
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Laawg

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)**4** Date

12/01/2023

5 Full name of contributor

Tony Dupaquier

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**52.02****6** Contributor address;

City;

State;

Zip Code

8522 Maine Dr Austin, TX 78758

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

IA American

Date

12/03/2023

Full name of contributor

Jacob Wheeler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

104.10

Contributor address;

City;

State;

Zip Code

3914 Rose Lane Annandale, VA 22003

Principal occupation / Job title (See Instructions)

Military

Employer (See Instructions)

United States Air Force

Date

12/04/2023

Full name of contributor

Craig Shepherd

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

52.05

Contributor address;

City;

State;

Zip Code

362 Bellevue Way NE, Apt N-513 Bellevue, WA 98004

Principal occupation / Job title (See Instructions)

Account Rep

Employer (See Instructions)

Vanguard Dealer Seervices

Date

12/04/2023

Full name of contributor

Jonathan Wheeler

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

201 W 70th St Apr 3A New York, NY 10023

Principal occupation / Job title (See Instructions)

Software Engineer And Investor

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Bob Galatas 6 Contributor address; City; State; Zip Code P.O. Box 1816 Montgomery, TX 77356	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 12/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Adam Dunn Contributor address; City; State; Zip Code 11109 beinhorn rd Houston, TX 77024	Amount of contribution (\$) 1,800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Aaron Hill Contributor address; City; State; Zip Code 30706 Becky Lane Magnolia, TX 77354	Amount of contribution (\$) 2,602.54
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Trent M White Contributor address; City; State; Zip Code 1944 Green Wing Dr Johnstown, CO 80534	Amount of contribution (\$) 260.25
Principal occupation / Job title (See Instructions) National Trainer		Employer (See Instructions) Assurant

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2023	5 Full name of contributor Shannon Robertson out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3809 Fox Hollow Drive Bedford, TX 76021	7 Amount of contribution (\$) 52.05
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) AFIP
Date 12/12/2023	Full name of contributor Brett Chamberlain out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 216 Duerr dr Bellville, TX 77418	Amount of contribution (\$) 2,100.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) GC
Date 12/12/2023	Full name of contributor Brett Chamberlain out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 216 Duerr dr Bellville, TX 77418	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) GC
Date 12/20/2023	Full name of contributor Brian Auge out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 682 Red Pine Lane Saint Paul, MN 55123	Amount of contribution (\$) 260.25
Principal occupation / Job title (See Instructions) Regional VP Of Sales		Employer (See Instructions) ADS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Ritch Wheeler

3 Filer ID (Ethics Commission Filers)

4 Date

12/22/2023

5 Full name of contributor

John Keating

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

1096 Limestone Ct Allen, TX 75013

7 Amount of contribution (\$)

104.10

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

12/14/2023

Full name of contributor

Ritch Wheeler

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2 Cluny Ct, The Woodlands, TX 77382

Amount of contribution (\$)

10,000.00

Principal occupation / Job title (See Instructions)

Consultant

Employer (See Instructions)

Eagle Training Academy

Date

12/14/2023

Full name of contributor

Michelle Bunch

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

39 Legato Way, The Woodlands, TX 77382

Amount of contribution (\$)

5,007.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

11/09/2023

Full name of contributor

Doylene Perry

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

30973 Vickie Ln, Magnolia, TX 77354

Amount of contribution (\$)

5,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/15/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Mac Sanders 7 Contributor address; City; State; Zip Code 25511 Budde Rd, Baylor Bldg #302, The Woodlands, TX 77380	8 Amount of Contribution \$ 1,000.00	9 In-kind contribution description Office space
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Realtor		11 Employer (FOR NON-JUDICIAL)(See Instructions) Mustard Seed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Mac Sanders Contributor address; City; State; Zip Code 25511 Budde Rd, Baylor Bldg #302, The Woodlands, TX 77380	Amount of Contribution \$ 1,000.00	In-kind contribution description Office space
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Realtor		Employer (FOR NON-JUDICIAL)(See Instructions) Mustard Seed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Ritch Wheeler		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/22/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Wheeler	9 Loan Amount (\$) 45,000.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 2 Cluny Ct, The Woodlands, TX 77382	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Consultant		13 Employer (See Instructions) Eagle Training Academy
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
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4 Date 11/30/2023	5 Payee name Woodforest National Bank
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6 Amount (\$) 12.00	7 Payee address; P.O. Box 7889, The Woodlands, TX 77387	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Bank service charge
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/19/2023	Payee name WinRed
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Amount (\$) 39.40	Payee address; 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/2023	Payee name WinRed
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Amount (\$) 41.02	Payee address; 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2023	5 Payee name WinRed	
6 Amount (\$) 5.25	7 Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Winred service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/03/2023	Payee name WinRed	
Amount (\$) 2.05	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/04/2023	Payee name WinRed	
Amount (\$) 7.14	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
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4 Date 12/05/2023	5 Payee name WinRed
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6 Amount (\$) 0.99	7 Payee address; 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Winred service fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/06/2023	Payee name WinRed
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Amount (\$) 173.46	Payee address; 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/10/2023	Payee name WinRed
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Amount (\$) 10.25	Payee address; 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
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4 Date 12/12/2023	5 Payee name WinRed
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6 Amount (\$) 2.05	7 Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Winred service fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/2023	Payee name WinRed
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Amount (\$) 84.71	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/20/2023	Payee name WinRed
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Amount (\$) 10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd., Suite 530, Arlington, VA 22219
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description WinRed service fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
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4 Date 12/25/2023	5 Payee name WinRed
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6 Amount (\$) 4.10	7 Payee address; 1776 Wilson Blvd., Suite 530, Arlington, VA 22219	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description WinRed service fee
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> 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

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: 1	2 FILER NAME Ritch Wheeler	3 Filer ID (Ethics Commission Filers)
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4 Date 11/11/2023	5 Payee name Montgomery County Republican Party
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6 Amount (\$) 1,250.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 310 Metcalf St, Conroe, TX 77301
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing fee to Montgomery County to secure place on the ballot.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ritch Wheeler	Office sought Montgomery County Commissioner Pct 3	Office held
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Date 12/12/2023	Payee name The Woodlands Republican Women
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Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code P.O. Box 4294, The Woodlands, Texas 77387
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description TWRW Luncheon
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Ritch Wheeler	Office sought Montgomery County Commissioner Pct 3	Office held
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Date	Payee name
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Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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