

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <div style="text-align: center; font-size: 24pt; font-weight: bold;">15</div>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<div style="border: 2px solid blue; border-radius: 50%; padding: 10px; color: blue; font-weight: bold;">OFFICE USE ONLY</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 18pt;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 24pt;">FEB 26 2024</div> <div style="text-align: center; font-size: 10pt;">Date Received</div> <div style="text-align: center; font-size: 10pt;">Date Hand-delivered or Date Postmarked</div> <div style="text-align: center; font-size: 10pt;">Receipt #</div> <div style="text-align: center; font-size: 10pt;">Amount \$</div> <div style="text-align: center; font-size: 10pt;">Date Processed</div> <div style="text-align: center; font-size: 10pt;">Date Imaged</div>
	Mr.	Trey		
NICKNAME	LAST	SUFFIX		
	Holleway			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE			
	P.O. Box 132 Chappell Hill, TX 77426			
Change of Address				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( 281 )	932-6702		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Mr.	Roger		
NICKNAME	LAST	SUFFIX		
	Metzger			
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE			
	3562 Bluebonnet Blvd Brenham, TX 77833			
(Residence or Business)				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	( 979 )	251-0272		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month	Day	Year	
	1	26	24	
THROUGH		Month	Day	
		2	24	
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
3	5	24	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)	
	Washington Co. Precinct 2 Constable		Washington County Sheriff	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> 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

<b>15 C/OH NAME</b> Trey Holleway		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 90.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,064.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,565.76
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,237.71
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

*Trey D. Holleway*  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by George D Holleway III this the 26 day of February 2024, to certify which, witness my hand and seal of office.

*Janet Daniel* Signature of officer administering oath  
 Janet Daniel 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 \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME <b>Trey Holleway</b>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <b>9,064.00</b>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <b>3,565.76</b>
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		\$
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		\$



# 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: 3
2 FILER NAME Trey Holleway		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2024	5 Full name of contributor out-of-state PAC (ID# _____) Kathryn & Syben Van Der Pol 6 Contributor address; City; State; Zip Code P.O. Box 354 Washington, TX 77880	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/27/2024	Full name of contributor out-of-state PAC (ID# _____) Ronnie & Bonnie Schulte Contributor address; City; State; Zip Code 5353 Beckermann Rd. Brenham, TX 77833	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2024	Full name of contributor out-of-state PAC (ID# _____) Fred & Jane Moorehead Contributor address; City; State; Zip Code P.O. Box 340 Burton, TX 77835	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2024	Full name of contributor out-of-state PAC (ID# _____) Ken Tofel Contributor address; City; State; Zip Code 875 County Farm Ln. Brenham, TX 77833	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:

5

2 FILER NAME

Trey Holleway

3 Filer ID (Ethics Commission Filers)

4 Date

01/28/2024

5 Full name of contributor

James Parker

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

9302 Old Plantation Rd. Chappell Hill, TX 77426

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/28/2024

Full name of contributor

Ronnie & Bonnie Schulte

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

5353 Beckermann Rd. Brenham, TX 77833

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/30/2024

Full name of contributor

Dodd Lange

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

11250 Mayer Cemetery Ln Burton, TX 77835

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/2024

Full name of contributor

Christine Giese

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

P.O. Box 521 Brenham, TX 77834

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME Trey Holleway		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/31/2024	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Logan Lange <b>6</b> Contributor address; City; State; Zip Code 14715 Mills Park Ln Cypress, TX 77426	<b>7</b> Amount of contribution (\$)  <b>50.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 01/31/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Sandra Kindt <b>Contributor address; City; State; Zip Code</b> 1205 FM 390 E. Brenham, TX 77833	<b>Amount of contribution (\$)</b>  <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 01/31/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Cecil Stephenson <b>Contributor address; City; State; Zip Code</b> 3220 Fergeson Ln Brenham, TX 77833	<b>Amount of contribution (\$)</b>  <b>39.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 02/01/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Chris Koebelen <b>Contributor address; City; State; Zip Code</b> 2206 Rindle Ct. Brenham, TX 77833	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME Trey Holleway		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/02/2024	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Hal Moorman <b>6</b> Contributor address; City; State; Zip Code P.O. Box 1808 Brenham, TX 77834	<b>7</b> Amount of contribution (\$)  <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 02/02/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Jimbo Hafner <b>Contributor address; City; State; Zip Code</b> 4100 Hwy 105 Brenham, TX 77833	<b>Amount of contribution (\$)</b>  <b>300.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 02/02/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Chuck Bozwarth <b>Contributor address; City; State; Zip Code</b> 1501 N. Berlin Rd. Brenham, TX 77833	<b>Amount of contribution (\$)</b>  <b>200.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 02/04/2024	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) William & Patricia Allen <b>Contributor address; City; State; Zip Code</b> 5050 Woodway Dr. Apt. 4G Houston, TX 77056-1709	<b>Amount of contribution (\$)</b>  <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>3</b>
2 FILER NAME <b>Trey Holleway</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/06/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Chip Bryan</b> 6 Contributor address; City; State; Zip Code <b>1855 Machelmal Rd. Brenham, TX 77834</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/14/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ken Tofel</b> Contributor address; City; State; Zip Code <b>875 County Farm Ln. Brenham, TX 77833</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/14/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mark &amp; Mary Troth</b> Contributor address; City; State; Zip Code <b>2707 Peach Point Richmond, TX 77406</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/14/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joseph &amp; Lindsey Williams</b> Contributor address; City; State; Zip Code <b>1675 Old Navasota Rd. Brenham, TX 77833</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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: <b>3</b>
2 FILER NAME Trey Holleway		3 Filer ID (Ethics Commission Filers)
4 Date 02/19/2024	5 Full name of contributor out-of-state PAC (ID# _____) Sally Blackie 6 Contributor address; City; State; Zip Code P.O. Box 2196 Brenham, TX 77834	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/20/2024	Full name of contributor out-of-state PAC (ID# _____) Mark Riordan Contributor address; City; State; Zip Code P.O. Box 2282 Cypress, TX 77410	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor out-of-state PAC (ID# _____) Joey & Cheryl Robinson Contributor address; City; State; Zip Code 8797 FM 2447 Chappell Hill, TX 77426	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor out-of-state PAC (ID# _____) Twyla Kingsley Contributor address; City; State; Zip Code 9301 Meadow Creek Ln. Brenham, TX 77833	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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: 8
2 FILER NAME Trey Holleway		3 Filer ID (Ethics Commission Filers)
4 Date 02/21/2024	5 Full name of contributor out-of-state PAC (ID# _____) Arline & R.A. Schrieber 6 Contributor address; City; State; Zip Code 16585 FM 912 Washington, TX 77880	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/21/2024	Full name of contributor out-of-state PAC (ID# _____) Mr. & Mrs. Hal Moorman Contributor address; City; State; Zip Code 2605 Cheri Ln. Brenham, TX 77833	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor out-of-state PAC (ID# _____) Ann Gardner Arens Contributor address; City; State; Zip Code 1502 Victoria St. Brenham, TX 77833	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2024	Full name of contributor out-of-state PAC (ID# _____) Gary Durrenberger Contributor address; City; State; Zip Code 2900 Turkey Creek Ln. Brenham, TX 77833	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 8
2 FILER NAME Trey Holleway		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2024	5 Full name of contributor out-of-state PAC (ID# _____) Elizabeth Gilstrap 6 Contributor address; City; State; Zip Code 1300 Shepherd St. Brenham, TX 77833	7 Amount of contribution (\$) <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/24/2024	Full name of contributor out-of-state PAC (ID# _____) Jack Hill Contributor address; City; State; Zip Code 302 Oak Hill Acres Brenham, TX 77833	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME Trey Holleway	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/29/2024	<b>5</b> Payee name Brandit Graphix	
<b>6</b> Amount (\$) <b>438.88</b>	<b>7</b> Payee address; City; State; Zip Code 2507 Becker Dr. Brenham, TX 77833	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Sign Ads
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 01/30/2024	Payee name Washington County Chamber	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code 314 S. Austin St. Brenham, TX 77833	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Events	Description Banquet Tickets
	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 <input type="checkbox"/> Office held <input type="checkbox"/>
Date 02/02/2024	Payee name Texana Public Affairs	
Amount (\$) <b>414.60</b>	Payee address; City; State; Zip Code 2720 Bluebonnet Blvd Brenham, TX 77833	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Reimbursement for Printing
	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 <input type="checkbox"/> Office held <input type="checkbox"/>

**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.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>Trey Holloway</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date <b>02/08/2024</b>	<b>5</b> Payee name <b>Brenham Pilot Club</b>
------------------------------------	--

<b>6</b> Amount (\$) <b>400.00</b>	<b>7</b> Payee address; <b>2426 Airline Dr. Brenham,</b>	City;	State; <b>TX</b>	Zip Code <b>77833</b>
---------------------------------------	---	-------	---------------------	--------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Banquet Tickets</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <b>02/08/2024</b>	Payee name <b>KWHI Radio</b>
---------------------------	---------------------------------

Amount (\$) <b>208.00</b>	Payee address; <b>223 E. Main St. Brenham, TX 77833</b>	City;	State;	Zip Code
------------------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Radio Ads</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>02/14/2024</b>	Payee name <b>Brandit Graphix</b>
---------------------------	--------------------------------------

Amount (\$) <b>811.88</b>	Payee address; <b>2507 Becker Dr. Brenham, TX 77833</b>	City;	State;	Zip Code
------------------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
--	-------------------------------	---------------	-------------

**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>4</u>	<b>2</b> FILER NAME Trey Holleway	<b>3</b> Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

<b>4</b> Date 02/16/2024	<b>5</b> Payee name Kwik Kopy
-----------------------------	----------------------------------

<b>6</b> Amount (\$) 433.00	<b>7</b> Payee address; City; State; Zip Code 2305 S. Day St. Brenham, TX 77833
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Business Cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 02/19/2024	Payee name Heritage Society of Washington County
--------------------	---

Amount (\$) 290.00	Payee address; City; State; Zip Code 2203 Century Circle Brenham, TX 77833
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Banquet Tickets
	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
--	-------------------------------	---------------	-------------

Date 02/22/2024	Payee name Must Be Heaven
--------------------	------------------------------

Amount (\$) 396.07	Payee address; City; State; Zip Code 107 W. Alamo St. Brenham, TX 77833
-----------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Venue Rental
	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
--	-------------------------------	---------------	-------------

**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.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Trey Holleway	<b>3</b> Filer ID (Ethics Commission Filers)
--	--------------------------------------	--

<b>4</b> Date 02/24/2024	<b>5</b> Payee name Stripe Payment Services
-----------------------------	--

<b>6</b> Amount (\$) 73.33	<b>7</b> Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080
-------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Online Donation Fees 1/26/24-2/24/24
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
--	-------------------------------	---------------	-------------

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