

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME ROY BOYD		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)	\$ 14601.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2105.31
	4. TOTAL POLITICAL EXPENDITURES	\$ 9301.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17204.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

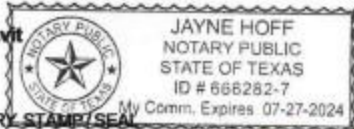
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Roy Boyd this the 15th day of January,

20 24, to certify which, witness my hand and seal of office.

Jayne Hoff

Signature of officer administering oath

Jayne Hoff

Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME ROY BOYD		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14601.75
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9301.72
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

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 ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis and Gwen DeWitt	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED] Beeville, TX 78102		
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) June Stone	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Victoria, TX 77904		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul & Jane Kratzig	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78401		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephan Schaar	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77963		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 ROY BOYD		3 Filer ID (Ethics Commission Filers)	
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Kenneth Kickendahl	7 Amount of contribution (\$) \$200.00	
6 Contributor address; _____ City; _____ State; _____ Zip Code _____ Goliad, TX 77963			
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none	
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Carol Griffith	Amount of contribution (\$) \$1,000.00	
Contributor address; _____ City; _____ State; _____ Zip Code _____ Sinton, TX 78387			
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown	
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom & Donna Henley III	Amount of contribution (\$) \$200.00	
Contributor address; _____ City; _____ State; _____ Zip Code _____ Mission Valley, TX 77905			
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self	
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norm & Cynthia Renfro	Amount of contribution (\$) \$250.00	
Contributor address; _____ City; _____ State; _____ Zip Code _____ San Antonio, TX 78216			
Principal occupation / Job title (See Instructions) rancher		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: 8
2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Barbara (Breazeale) Pozzi	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] Victoria, TX 77905		
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Kratzig & Ty Christopher Olsen	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77963		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Lumpkin & Alger Kendall Jr.	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] TX 77963-1026		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Dale Fowler	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Victoria, TX 77904		
Principal occupation / Job title (See Instructions) executive		Employer (See Instructions) AEP

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 ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael & Lita Beyer	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code [REDACTED] Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions) law enforcement officer		9 Employer (See Instructions) Goliad County Sheriff's Office
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin & Christiana Shelton	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77963		
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David & Vivian Boyd	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77963-0828		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Willeke	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Victoria, TX 77905-3944		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff & Paula Sellers	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77964		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean & Dr. Janis K O'Brien	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code [REDACTED] Kames City, TX 78118		
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry and Ann-Mary Gansky	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77963-4376		
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dornburg Law - Brent & Terri Lynn Dornburg	Amount of contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code [REDACTED] Victoria, TX 77901		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'C Bissett Ranch Partnership, LTD Morgan Dunn O'Connor	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Victoria, TX 77902		
8 Principal occupation / Job title (See Instructions) rancher		9 Employer (See Instructions) self
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bar CF Ranch LLC - Deborah Gamblin	Amount of contribution (\$) \$175.00
Contributor address; City; State; Zip Code Goliad, TX 77963-0768		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt & Kathy Grayson	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Woodsboro, TX 78393-1075		
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fannin Murray Grey Cattle Co. - Georgia Lee Swickheimer	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code Goliad, TX 77963-0217		
Principal occupation / Job title (See Instructions) rancher		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: 8
2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clem & Dolores Garcia	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77963		
8 Principal occupation / Job title (See Instructions) pastor		9 Employer (See Instructions) GRACE TEMPLE CHURCH
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Smith	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77963		
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self
Date 10/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keely & Jerry Hunsaker	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions) Dentist/ophtalmologist		Employer (See Instructions) self
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park Greeson	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) rancher		Employer (See Instructions) self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milton Greeson	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) rancher		9 Employer (See Instructions) self
Date 10/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alkek	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 11/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridget Gayle	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] Goliad, TX 77963		
Principal occupation / Job title (See Instructions) feed store owner		Employer (See Instructions) self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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	Gifts/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: <u>6</u>		2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)	
4 Date 7/10/23		5 Payee name Crossroads Smartphone Repair			
6 Amount (\$) \$248.95		7 Payee address; 1211 E Mockingbird Ln City: State: Zip Code Victoria, Texas 77901			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		(b) Description cellphone battery/screen replaced		
	(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 7/24/23		Payee name JOSABANK			
Amount (\$) \$1041.90		Payee address; City: State: Zip Code 4801 Overton Ridge Blvd, Ste 136, Fort Worth, TX 76132			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description UNIFORMS		
	<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 8/18/23		Payee name TELESTREAM			
Amount (\$) \$247.32		Payee address; City: State: Zip Code Telestream Nevada City – USA, Nevada City, CA 95959			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		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	

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: <u>6</u>		2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)	
4 Date 8/28/23		5 Payee name GOLIAD ATHLETICS			
6 Amount (\$) \$204.22		7 Payee address; City; State; Zip Code TIGER DRIVE, GOLIAD, TEXAS 77963			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION		(b) Description DONATION MADE BY CANDIDATE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/12/23		Candidate / Officeholder name SAM'S CLUB			
Amount (\$) \$306.44		Office sought Office held			
Payee name SAM'S CLUB		Payee address; City; State; Zip Code 9202 N Navarro St, Victoria, TX 77904			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description FOOD/BEVERAGE EXPENSE		
	<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					
Date 10/13/23		Candidate / Officeholder name			
Amount (\$) \$217.72		Office sought Office held			
Payee name RAPID PRINTING		Payee address; City; State; Zip Code 1708 N Navarro St, Victoria, TX 77901,			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description INVITATIONS TO CAMPAIGN EVENT		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/23		5 Payee name ANDER-WESER VOLUNTEER FIRE DEPT			
6 Amount (\$) \$37.08		7 Payee address; City; State; Zip Code 3306 E FM-1961, Goliad, TX, 77963			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION		(b) Description DONATION MADE BY CANDIDATE		
	<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 10/16/23		Payee name ANDER-WESER VOLUNTEER FIRE DEPT			
Amount (\$) \$206.00		Payee address; City; State; Zip Code 3306 E FM-1961, Goliad, TX, 77963			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION		Description DONATION MADE BY CANDIDATE		
	<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 10/16/23		Payee name HEB			
Amount (\$) \$322.62		Payee address; City; State; Zip Code 6106 N. NAVARRO VICTORIA, TX 77904-1767			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description FOOD FOR CAMPAIGN EVENT		
	<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	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>		2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/12		5 Payee name ACADEMY SPORTS & OUTDOORS			
6 Amount (\$) \$216.49		7 Payee address; City; State; Zip Code 8903 N Navarro St, Victoria, TX 77904			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION		(b) Description SCOPE FOR ANDER-WESER VFD FUNDRAISER		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/20/23		Candidate / Officeholder name HOBBY LOBBY			
Amount (\$) \$194.89		Payee address; City; State; Zip Code 8404 N Navarro St, Victoria, TX 77904			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description GIFTS/WRAPPING PAPER/PARTY SUPPLIES FOR GCSO CHRISTMAS PARTY		
	<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					
Date 11/22/23		Candidate / Officeholder name THE TACTICAL HARDWARE STORE			
Amount (\$) \$1299.70		Payee address; City; State; Zip Code 392 LOOP 105, CUERO, TX 77954			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description EQUIPMENT		
	<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					
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: <u>1</u>		2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)	
4 Date 12/13/23		5 Payee name SIMPLY TO IMPRESS, LLC			
6 Amount (\$) \$251.54		7 Payee address; City; State; Zip Code www.simplytoimpress.com			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description CARDS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 12/14/23		Payee name HEB			
Amount (\$) \$306.95		Payee address; City; State; Zip Code 6106 N. NAVARRO VICTORIA, TX 77904-1767			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description FOOD FOR GCSO CHRISTMAS PARTY		
	<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 12/29/23		Payee name HOLIDAN INN EXPRESS			
Amount (\$) \$240.41		Payee address; City; State; Zip Code 2624 S Adams St, Tucumcari, NM 88401-3802			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL OUT OF DISTRICT		Description HOTEL FOR OVERNIGHT STAY		
	<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 | 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: 1	2 FILER NAME ROY BOYD	3 Filer ID (Ethics Commission Filers)
4 Date 09/08/23	5 Payee name Texans for Greg Abbott	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 308, Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION	(b) Description DONATION MADE BY CANDIDATE
	(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 12/19/23	Payee name GOLIAD COUNTY 4H	
Amount (\$) \$198.00	Payee address; City; State; Zip Code Franklin Street Courthouse Annex, Goliad, TX 77963	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION	Description DONATION MADE BY CANDIDATE
	<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 12/14/23	Payee name GOLIAD CLUB	
Amount (\$) \$443.25	Payee address; City; State; Zip Code P.O. Box 841, Goliad, TX 77963	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description FOOD/DRINK GCSO CHRISTMAS PARTY
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES
FOR TRAVEL OUTSIDE OF TEXAS**

SCHEDULE T

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME ROY BOYD		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee HOLIDAY INN EXPRESS		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel 12/29/23-12/30/23	7 Name of person(s) traveling ROY BOYD	
	8 Departure city or name of departure location GOLIAD, TEXAS	
	9 Destination city or name of destination location Tucumcari, New Mexico	
10 Means of transportation CAR	11 Purpose of travel (including name of conference, seminar, or other event) BORDER SECURITY MEETING	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conferences, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED