CANDIDA'							ORM C/OH HEET PG 1
The C/OH Instruction (	Guide explains how	to complete this for		r ID (Ethica C	Commission Filers)	2 Total pages fi	led
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR	ROY			В	OFFICE	USEONLY
NAME	NICKNAME	BOYI	D		suffix JR	H: US	ED PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #	GOLIAD,	TX	77963	Elections Aliministra	G. EDISON for Goliad County Texas
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENS	ION		EIVED
6 CAMPAIGN	MS / MRS / MR	FIRST			MI	Receipt # JUL	1 5 2024
TREASURER NAME	MRS	TRACYE			E	Date Processed	ulusin
TAPARILL.	NICKNAME	LAST			SUFFIX	By:	- other de . c
		BOYD				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	NO PO BOX PLEASE); A	VPT / SUITE #:	CITY		STATE;	ZIP CODE
(Residence or Business)				GOLI	IAD,	TX	77963
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	_	EXTENS	ION		
9 REPORT TYPE	January 15	30th day b	refore election	Ru	noff		fter campaign ppointment ac Only)
	July 15	Biffr day bei	fore election		ceeded Modified porting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	O1 / 202	.4 тн	ROUGH	Month 06	Day Yes	024
11 ELECTION	ELECTION DAY	Year p	rimary	Runoff	ELECTION TYPE Other Description		
12 OFFICE	GOLIAD COU	INTY SHERIFF		13 OFFICE	SOUGHT of know	e0	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBLE EHOLDER, THESE EXPENS AND OFFICEHOLDERS ARE	DITURES MAY HAVE	E BEEN MADE	WITHOUT THE CAR	IDIDATE'S OR OFFICENO	LDER'S KNOWLEDGE OR
COMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS	8				
	SPECIFIC	COMMITTEE CAMPAIG	IN TREASURER I	AME			
		COMMITTEE CAMPAIG	ON TREASURER	ADDRESS			
		GO	TO PAGE	2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

IS C/OH NAME RO	Y BOYD, JR		16 File	er ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS		LITICAL CONTRIBUTIONS (OTHER T GUARANTEES OF LOANS, OR ELECTRONICALLY)	HAN	\$ 100.00	9
	TOTAL POLITICAL COI (OTHER THAN PLEDGES)	NTRIBUTIONS LOANS, OR GUARANTEES OF LOA	NS)	\$ 100.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	LITICAL EXPENDITURE		\$2977.4	2
	4. TOTAL POLITICAL EXP	PENDITURES		\$ 7892.7	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE	LAST DAY	\$ 9660.2	1
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	INT OF ALL OUTSTANDING LOANS A DRTING PERIOD	S OF THE	\$ <sub>0</sub>	
(1) Affidavit	# SIATE OF TEXAS ID # 666262.7 My Comm. Exp. res. 07-27-2024				
	JAYNE HOFF OTANATON				
NOTARY STAMP/SEA Sworn to and subscribed	Day Bay	this	the 15 <sup>th</sup>	day of J	Uy
Varme had	which, witness my hand and seal of off	loss		Notaru -	Public
mature of officer administr	ering oath Printed name	e of officer administering oath	unio Ste	Title of officer	radministering oa
2) Unsworn Declarati	on				
			and a constraint		
My name is		and my date of bir	th is		
					(country)
My address is	(street)	(city)	(state)	(zip code)	(country)
My name is  My address is  Executed in	(street)	(city)			(country)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME ROY BOYD, JR	20 Filer ID (E	thics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL	CONTRIBUTIONS	\$
2 SCHEDULE A2: NON-MONETARY (IN-K	IND) POLITICAL CONTRIBUTIONS	s
3. SCHEDULE B: PLEDGED CONTRIBUTION	DNS	s
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDIT	URES MADE FROM POLITICAL CONTRIBUTIONS	\$4915.29
SCHEDULE F2: UNPAID INCURRED OF	LIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVES	STMENTS MADE FROM POLITICAL CONTRIBUTION	45 \$
8. SCHEDULE F4: EXPENDITURES MAD	E BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITU	URES MADE FROM PERSONAL FUNDS	s
10. SCHEDULE H: PAYMENT MADE FROM	POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPEND	ITURES MADE FROM POLITICAL CONTRIBUTIONS	s
12. SCHEDULE K: INTEREST, CREDITS, C	SAINS, REFUNDS, AND CONTRIBUTIONS RETURN	ED \$

## 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 Contributors/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (anter a category not listed above)

Total same Sebadale Etc	2 FUED NAME	-	3 Filer ID (Ethics	Commission Filers
1 Total pages Schedule F1: 6	2 FILER NAME ROY BOYD, JR		3 Filer ID (Ellica	Commence Freez
4 Date 01/02/24	5 Payee name DILLARDS			
6 Amount (\$) 247.90	7 Payee address; 7800 N Navarro St, Victoria, TX 77904	-2608	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description EVENT EXPEN	NSE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oil	Candidate / Officeholder name	Office sought		Office held
Date 01/25/24	Payee name GOLIAD EDUCATION FOUNDATIO	N		
Amount (\$) 220.50	Payee address; PO Box 830 Goliad, TX 77963	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION	Description DONATION M/	ADE BY CAND	IDATE
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/13/24	GOLIAD COUNTY 4H			
Amount (\$) 350.00	Payee address; 533 W Franklin St Goliad, TX 77963	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION	Description SKEET SH	OOT SPONSO	DRSHIP
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

## SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Foed Food/Beverage Expense Gift/Awards/Memorials Expense Lagal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Int Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Sa  The Instruction Guide explains ho	ow to complete this form.	Other (enter a catego	ory not listed above)
Total pages Schedule F1:	2 FILER NAME ROY BOYD, JR		3 Filer ID (Ethic	s Commission Filers)
1 Date 02/26/24	5 Payee name GOLIAD CLUB			
478.00	7 Payee address; PO Box 841 Goliad, TX 77963	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched		CAMPAIGN	EVENT
Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedu  Candidate / Officeholder name	de T. Check if Aust Office sought	tin, TX, officeholder living	Office held
expenditure to benefit C/Oi	н			S-IIVERWANES
Date 02/26/24	Payee name  JIM THWING			
Amount (\$) 550.00	Payee address; GOLIAD, TEXAS 77963	City;	State,	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description CATERING	G	
	Check if travel outside of Texas. Complete Schedu	An T Check if Aust	in, TX, afficeholder living	skpense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date 02/09/24	Payee name CASH WITHDRAWAL			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00 7	46 FM 2441	GOLIAD,	TX	77963
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduled TRAVEL OUT OF DISTRCIT	Description  CASH WITHDRAV	WAL FOR TIPS/FE	ES/PARKING
	Check if travel outside of Texas. Complete Schedul	leT Chock if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

### 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
Accounting/Banking Fees
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Legal Services

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poting Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Qut Of District Other (enter a category not listed above)

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
A	ROY BOYD, JR		
Date 02/12/24	5 Payee name VINO VOLO		
Amount (\$)	7 Payee address;	City,	State: Zip Code
81.85	3600 Presidential Blvd, Near Gate 15, Austin, 7	X 78719-2363	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EXPENSE	LUNCH	
	(c) Check if travel outside of Taxas. Complete Schedule T.	Check if Aust	tin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/12/24	AUSTIN AIRPORT		
Amount (\$)	Payee address;	City;	State; Zip Code
143.03	3600 Presidential Blvd, Austin, TX 78719-23	63	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	TRAVEL OUT OF DISTRICT	TRAVEL E	XPENSE
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held
Date 02/12/24	Payee name CHICK FIL A		
Amount (\$)	Payee address,	City;	State; Zip Code
20.05	6104 N Navarro St, VICTORIA, TX 77905		
	Category (See Categories listed at the top of this schedule)	Description	:
PURPOSE OF EXPENDITURE	TRAVEL OUT OF DISTRICT	BREAKFAST	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
	The second states of second control of second in	0,1000.070000	

### 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/Donatons Made (by Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expens Poling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Cift/Awards/Memorials Expense Travel Out Of District Candidata/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Cord Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME ROY BOYD, JR 3 Filer ID (Ethics Commission Filers) 4 Date 02/12/24 5 Payee name VERSAILLES 7 Payee address; 6 Amount (5) City: State Zip Code 67.47 3555 Southwest 8th Street Miami, Florida 33135-4196 (a) Category (See Categories listed at the top of this schedule) (b) Description FOOD/BEVERAGE EXPENSE TRAVEL OUT OF DISTRICT PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/25/24 HOLIDAY INN EXPRESS Zip Code Amount (\$) Payee address; City: State: 455.11 1001 Commerce Street Fort Worth, Texas, 76102 Category (See Categories tisted at the top of this schedule) Description MET WITH LEO AGENCIES PURPOSE TRAVEL EXPENSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/29/24 MEN'S WEARHOUSE Amount (\$) Payee address: City: State: Zip Code 532.58 125 Nw Loop 410, Unit 401, San Antonio, TX 78216 Category (See Categories listed at the top of this schedule) Description SUIT FOR EVENT EVENT EXPENSE PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check & Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### 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
Accurring/Barking
Consulting Expense
Contributions/Donations Mede By
Candidate/Officeholder/Political Committee

Event Expense Fees Food!Severage Expense Gitt/Awards/Memorials Expense Legal Services Loan Rapaymert/Reimburschmint Office Overfread/Reintal Expense Präfing Expense Printing Expense Sataries/Mages/Contract Labor

Solicitation(Fundraising Expense)
Transportation Equipment & Related Expense
Travel in District
Travel Out Of Detrict
Cities (out-or extenses) and listed above)

Other (enter a category not listed above) Credit Card Playment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME ROY BOYD, JR 3 Filer 1D (Ethics Commission Filers) 6 4 Date 04/04/24 5 Payee name SOUTH TEXAS PROPERTY RIGHTS ASSOCIATION 6 Amount (\$) City: 7 Payee address: 250.00 P.O. Box 397 Falfurrias, TX 78355 (b) Description (a) Category (See Categories listed at the top of this achedule) 8 SKEET SHOOT SPONSORSHIP DONATION MADE BY CANDIDATE PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 05/24 SAM'S CLUB Amount (\$) Payee address: City, State: Zip Code 257.73 9202 N Navarro St, Victoria, TX 77904 Category (See Categories fixed at the top of this schedule) Description FOOD FOR MEETING WITH J. BAUKNIGHT FOOD/BEVERAGE EXPENSE PURPOSE EXPENDITURE Check if travel outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH JEFF BAUKNIGHT STATE REP, HD 30 NONE Payee name HEB 05/24 Payee address: City; State: Zip Code 216.42 6106 N Navarro St, Victoria, TX 77904 Category (See Categories Islad at the top of this schedule) Description FOOD FOR MEETING WITH J. BAUKNIGHT PURPOSE FOOD/BEVERAGE EXPENSE EXPENDITURE Check if travel outside of Taxas. Complete Schedule T. Chack if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH JEFF BAUKNIGHT STATE REP, HD 30 NONE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repoyster 45 Particulation of Confice Overhood/Rental Expense Poling Expense Expense Salarion/Wagos/Contract Labor Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel foul of District Accounting/Banking Consulting Expense Contributions/Docalions Made By Candidate/Officeholder/Political Committee Fees Food/Beverage Expense Grtt/Awards/Memorials Expense 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: 2 FILER NAME ROYD, JR 3 Filer ID (Ethics Commission Filers) 6 4 Date 06/10/24 5 Payee name SAENZ WESTERN WEAR 6 Amount (\$) Zip Code 7 Payee address; City. State; 307 W Corpus Christi St, Beeville, TX 78102 544.65 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **BOOT REPAIR** OTHER PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Date Payee name. Amount (\$) Payee address; City: State Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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

## SCHEDULE T

The instr	uction Guide	explains how to c	omplete th	nis form.	1 Total pages Schedule 2	T:
2 FILER NAME ROY BOYD, JR					3 Filer ID (Ethics Com	mission Filers)
4 Name of Contributor VINO VOLO	/ Corporation	or Labor Organization	n / Pledgor /	/ Payee		
5 Contribution / Expens	diture reported	on:				
Schedule A2	Sche	edule B Sche	edule B(J)	Schedule C2	Schedule D Schedule COH-L	Schedule F1
6 Dates of travel	100000	person(s) traveling	out C	Scredule 11		JG Schedule B-SS
02/09/24-02/12/24	ROY AND	TRACYE BOY		200		
	AUSTIN,	re city or name of dep TEXAS	parture local	tion		
	9 Destinati MIAMI, FI	on city or name of de ORIDA	estination to	cation		
10 Means of transporta AIRPLANE	tion				, seminar, or other event) ING WITH CONGRESS; SP	EAKER ON BORDER ISS
Name of Contributor	/ Corporation	or Labor Organization	n / Pledgor	/ Payee		
Contribution / Expen	diture reported	lon:	_			
			WIND WARREN	П	FT	-
Schedule A2	Sohe	odule B Sche	odule B(J)	Schedule C2	Schedule D Schedule COH-L	Schedule F1
Schedule A2 Schedule F2	Sche	odule B Sche	dule G			
Schedule A2 Schedule F2	Sche   Sche   Sche   Name of	odule B Sche odule F4 Sche person(s) traveling D TRACYE BOY re city or name of deg	dule G	Schedule H		
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Schedule A2 Schedule F2 Dates of travel 02/09/24-02/12/24	Sche Sche Name of ROY ANE Departur AUSTIN, Destinat MIAMI,	pdule B Sche pdule F4 Sche person(s) traveling D TRACYE BOY re city or name of dep TEXAS ion city or name of de FLORIDA	dule G Destruction local	Schedule H		JC Schedule B-SS
Schedule A2 Schedule F2 Dates of travel 02/09/24-02/12/24 Means of transporta AIRPLANE Name of Contributor	Sche Sche Sche Name of ROY AND Departur AUSTIN, Destinat MIAMI,	podule B Sche sodule F4 Sche person(s) traveling D TRACYE BOY re city or name of dep TEXAS on city or name of de FLORIDA  Purpose of trave CONSERVATIV or Labor Organization	odule G  Destrure local estination lo  il (including VE PART	Schedule H  tion  cation  name of conference  TNERSHIP INS	Schedule COH-L	JC Schedule B-SS
Schedule A2 Schedule F2 Dates of travel 02/09/24-02/12/24 Means of transporta	Sche Sche Sche Name of ROY ANI Departur AUSTIN, Destinat MIAMI, tion  // Corporation	podule B Sche podule F4 Sche person(s) traveling D TRACYE BOY TEXAS FLORIDA  Purpose of trave CONSERVATIV or Labor Organization L FOR TIPS/F	odule G  Destrure local estination lo  il (including VE PART	Schedule H  tion  cation  name of conference  TNERSHIP INS	Schedule COH-L	JC Schedule B-SS
Schedule A2 Schedule F2 Dates of travel 02/09/24-02/12/24 Means of transporta AIRPLANE Name of Contributor SELF/CASH WIT	Sche Sche Sche Name of ROY ANI Departur AUSTIN, Destinat MIAMI, tion  // Corporation	podule B Sche podule F4 Sche person(s) traveling D TRACYE BOY re city or name of dep TEXAS ion city or name of the FLORIDA  Purpose of travel CONSERVATIV or Labor Organization AL FOR TIPS/F	Destruction loss (including VE PART)	Schedule H  tion  cation  name of conference  TNERSHIP INS	Schedule COH-L	JC Schedule B-SS
Schedule A2 Schedule F2 Dates of travel 02/09/24-02/12/24 Means of transporta AIRPLANE Name of Contributor SELF/CASH WIT	Sche Sche Sche Name of ROY AND Departur AUSTIN, Destinat MIAMI, dition  / Corporation	podule B Sche podule F4 Sche person(s) traveling D TRACYE BOY re city or name of dep TEXAS Son city or name of de FLORIDA  Purpose of trave CONSERVATIV or Labor Organization AL FOR TIPS/F	positive local estination local (including VE PART) of Pledgor PARKING ple B(J)	Schedule H  tion  name of conference FNERSHIP INS  / Payee G/CAB FARE	Schedule COH-L  Schedule COH-L  Schedule COH-L  Schedule COH-L	VITH CONGRESS;  ✓ Schedule F1
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Schedule A2 Schedule F2  Dates of travel 02/09/24-02/12/24  Means of transporta AIRPLANE  Name of Contributor SELF/CASH WIT Contribution / Expendicular Schedule A2 Schedule F2  Dates of travel	Sche Sche Sche Name of ROY AND Departur AUSTIN, Destinat MIAMI, Ition  / Corporation / HDRAWA diture reported Schedu Schedu Name of ROY AN Departur AUSTIN,	podule B Sche podule F4 Sche potule F4 Sche person(s) traveling D TRACYE BOY re city or name of dep TEXAS ion city or name of dep TEXAS Purpose of travel CONSERVATIV or Labor Organization AL FOR TIPS/F Ion: le B Schedu person(s) traveling D TRACYE BO re city or name of dep TEXAS	odule G  Destrure local estination lo il (including VE PART PARKING PARKING ille B(J) ille G  DYD parture local	Schedule H  stion  name of conference FNERSHIP INS  / Payee G/CAB FARE  Schedule C2  Schedule H	Schedule COH-L  Schedule COH-L  Schedule COH-L  Schedule COH-L	VITH CONGRESS;  ✓ Schedule F1
Schedule A2 Schedule F2  Dates of travel 02/09/24-02/12/24  Means of transporta AIRPLANE  Name of Contributor SELF/CASH WIT Contribution / Expen	Sche Sche Sche Name of ROY AND Departur AUSTIN, Destinat MIAMI, Ition  / Corporation / HDRAWA diture reported Schedu Schedu Name of ROY AN Departur AUSTIN,	podule B Sche podule F4 Sche potule F4 Sche person(s) travelling D TRACYE BOY re city or name of dep TEXAS ion city or name of dep TEXAS ON TIPS/F Ion: Ite B Schedu person(s) travelling D TRACYE BO TEXAS In City or name of dep TEXAS Ion city or name of dep TEXAS Ion city or name of dep TEXAS Ion city or name of dep	odule G  Destrure local estination lo il (including VE PART PARKING PARKING ille B(J) ille G  DYD parture local	Schedule H  stion  name of conference FNERSHIP INS  / Payee G/CAB FARE  Schedule C2  Schedule H	Schedule COH-L  Schedule COH-L  Schedule COH-L  Schedule COH-L	VITH CONGRESS;  ✓ Schedule F1

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filler ID (Ethics Commission Filers) 2 FILER NAME ROY BOYD, JR 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee AUSTIN AIRPORT 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling 02/09/24-02/12/24 ROY AND TRACYE BOYD 8 Departure city or name of departure location AUSTIN, TEXAS 9 Destination city or name of destination location MIAMI, FLORIDA 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) AIRPLANE CONSERVATIVE PARTNERSHIP INSTITUTE MEETING WITH CONGRES Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule G Schedule F2 Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)

Forms provided by Texas Ethics Commission

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us

Revised 1/1/2024