CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID (Ett	ics Commission Filers)	2 Total pages f	23
GANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST William		MI R SUFFIX	OFFICE Date Received	USEONLY
	Randy	Bates	not .	Jr.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3706 Holder I Houston, Tex	Water Color II.	CITY; STA	TE; ZIP CODE	RECEIVE	D JAN 1 1 2024
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	759-1500	EXT	ENSION	W5-20 RC	od or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Jonathan		MI G	Receipt #	Amount \$
NAME	Mr.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		********	Date Processed	
	NICKNAME	Bates		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Street, Suite 313 Sas 77002		CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(713)	PHONE NUMBER 858-6792	EXT	TENSION		I c
9 REPORT TYPE	January 15	30th day before	Apogenismo	Runoff Exceeded Madified	treasurer (Officehol	after campaign appointment der Only) port (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Automotive Company	Reporting Limit Month	Day Ye	941
COVERED	7	Day Year / 1 / 23	THROUG	10	/31 /2	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE	=	
	Month Day	Year Prima	ry Runoff	Other Description		
	11 /7 /		al Special		T	
12 OFFICE	OFFICE HELD (If any) Aldine ISD,	Trustee		TICE SOUGHT (IT KNOW NE ISD, Tru		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REC	RES MAY NAVE BEEN I	MADE WITHOUT THE CAP	VDIDATE'S OR OFFICEH	IOLDER'S KNOWLEDGE OI
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
-	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME	ta da martin da martin de la como		
		COMMITTEE CAMPAIGN	TREASURER ADDRE	ess		
	<u>l</u>	GO TI	O PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME William "Randy" Bates	, Jr.	16 Filer ID (I	Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 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)	\$	30,767.92			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$	15,545.09			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	22,842.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00			
	Signature of Candidate or Officeholder Please complete either option below:					
(1) Affidavit	SARAH G. VELAZQUEZ Notary Public, State of Texas Comm. Expires 08-09-2027 Notary ID 134499283					
	before me by WPIIPam Butes this the		ay of January,			
20 24 , to certify	which, witness my hand and seal of office.		terry Public			
Signature of officer ad niniste	ring oath Printed name of officer administering oath OR	Title	e of officer administering oath			
(2) Unsworn Declarati						
My name is	, and my date of birth is	3	*			
My address is	(street) (city) ((state) (zip	code) (country)			
Executed in	(street) (city) (County, State of , on the day of (mont	No. 10 No	code) (country) co (year)			
	Signature of Cand	idate/Officehol	der (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	R NAME I m "Randy" Bates , Jr.	20 Filer ID (Ethics Cor	nmis	sion Filers)
21 SCH	IEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,767.92
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			15,486.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
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.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

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	s form.	1 Total pages Schedule A1:	
2 FILER NAME William "R	andy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Noe Almaguer 6 Contributor address; City; State; Zip Code 18922 Greater Oaks Ct, Houston, TX 77084			7 Amount of contribution (\$) 500.00	
8 Principal occup Architect	pation / Job title (See Instructions)	9 Employer (See Instruct Molina Walker Arch		
Date 10/03/2023	Full name of contributor out-of-state PA Alliance PAC Contributor address; City; 6200 Savoy Drive, Suite 100, Houst	State; Zip Code	Amount of contribution (\$) 3,000.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date 09/27/2023	Dwayne M Murray	State; Zip Code	Amount of contribution (\$)	
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruction Murray & Murray	tions)	
Date 09/27/2023	Full name of contributor out-of-state PA Wayne Norden Contributor address; City; 5222 Council Grove Lane, Hol	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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	1 Total pages Schedule A1:			
2 FILER NAME William "R	andy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Shana Robinson	C (ID#:)	7 Amount of contribution (\$)		
08/31/2023	6 Contributor address; City; 1017 N. Main, Suite 204, San Anton	State; Zip Code io, TX 78212	1,000.00		
8 Principal occu Insurance	pation / Job title (See Instructions)	9 Employer (See Instruct Robinson-Barrett In	ACC W		
Date	Full name of contributor out-of-state PAG Dale Diggs	> (ID#:)	Amount of contribution (\$)		
08/08/2023	P.O. Box 2742, Wichita,	State; Zip Code	500.00		
Principal occup Construction	eation / Job title (See Instructions)	Employer (See Instruction	ions)		
Date 08/31/2023	Bracewell PAC	State; Zip Code	Amount of contribution (\$) 1,000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	cions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
10/25/2023	Contributor address; City; 6428 McCulloch Cir., Houston,	State; Zip Code	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED		

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME William "R	andy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC Walter Sass	G (ID#:)	7 Amount of contribution (\$)	
10/25/2023	6 Contributor address; City; 2707 Autumn Lake Dr., Katy, T.	State; Zip Code	250.00	
		A 11400		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC Christina Stewart	; (ID#:)	Amount of contribution (\$)	
10/25/2023	••••••		250 00	
	Contributor address; City;	State; Zip Code	250.00	
	534 Cortlandt St., Houston, TX	77007		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date		: (ID#:)	Amount of contribution (\$)	
10/25/2023	Ron Keller		250.00	
SE Section Patte accesses. Return	Contributor address; City;	State; Zip Code	250.00	
	1 Farther Point, Houston	i, TX 77024		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
10/24/2023	OZ Zamora's Trucking LLC		050.00	
10/24/2020	Contributor address; City;	State; Zip Code	250.00	
	20611 Woodcluster LN, Housto	n, TX 77073		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED	

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME William "R	andy" Bates, Jr.	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Anna Reger	7 Amount of contribution (\$)			
10/24/2023	6 Contributor address; City; State; Zip Code 826 Voss, Houston, Texas 77024	500.00			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#:) Matthew Conner	Amount of contribution (\$)			
10/24/2023	Contributor address; City; State; Zip Code 15006 Concho River Way, Cypress, TX 77433	1,000.00			
Principal occupation / Job title (See Instructions) Managing Principal Employer (See Instructions) Arete Public Affairs					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
10/16/2023	Matt Daniels Contributor address; City; State; Zip Code 11750 Katy Fwy, Suite 500, Houston, TX 77079	250.00			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	etions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
10/10/23	Perdue, Brandon, Fielder, Collins & Mott, LLP Contributor address; City; State; Zip Code	250.00			
Principal occur	1235 North Loop W., Suite 600, Houston, TX 77008	tions)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL CODIES OF THE COLUMN CASA	IFFRE			

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT i	nclude this page in the	report.	
The	Instruction Guide explains how to complete th	1 Total pages Schedule A1:		
2 FILER NAME William "F	Randy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date	Michael Potter	AC (ID#:)	7 Amount of contribution (\$)	
10/24/2023	6 Contributor address; City; 1943 Tulip St., NW, Washingto	State; Zip Code	250.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state P/ Kourosh Yazdani	AC (ID#:)	Amount of contribution (\$)	
12/07/0202		State; Zip Code stin, TX 78759	500.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date		AC (ID#:)	Amount of contribution (\$)	
12/06/2023	Chris Hudson Contributor address; City; 4810 Florence St., Bellaire, TX	State; Zip Code	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PA	.C (ID#:)	Amount of contribution (\$)	
12/07/2023	Contributor address; City: 23 Palm Blvd, Missouri City, T.	State; Zip Code	2,000.00	
Principal occupation / Job title (See Instructions) Architect Employer (See Instructions) Autoarch				
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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	1 Total pages Schedule A1:			
2 FILER NAME William "R	andy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC James Harrison	(ID#:)	7 Amount of contribution (\$)		
10/25/2023	6 Contributor address; City; 2625 Albany St., Houston, TX.,	State; Zip Code 77006	500.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC Saul Valentin	(ID#:)	Amount of contribution (\$)		
10/23/2023		State; Zip Code	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date		(ID#:)	Amount of contribution (\$)		
10/25/2023	James Pierre Contributor address; City; 2100 Travis St., Suite 340, Houston,	State; Zip Code	500.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
10/19/2023	Contributor address; City;	State; Zip Code	1,000.00		
Principal occup	3504 Georgetown, Houston, T	Employer (See Instruc	tions)		
Retired					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
² FILER NAME William, R	andy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Adrian Patterson		7 Amount of contribution (\$)		
11/01/2023	6 Contributor address; City; 3661 Ella Lee Ln., Houston, Te	State; Zip Code	250.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC James Rice	(ID#:)	Amount of contribution (\$)		
10/25/2023	Contributor address; City; 5402 Oban Terrace LN., Sugarl	State; Zip Code	500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)		
Date	Full name of contributor out-of-state PAC Ben McMillan	(ID#:)	Amount of contribution (\$)		
12/07/2023	Contributor address; City; 5931 Desert Oak Way, Spring,	State; Zip Code	1,000.00		
Principal occup Architect	pation / Job title (See Instructions)	Employer (See Instruction IDG+ Architects	tions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
12/07/0203	Azim Shahparnia Contributor address; City;	State; Zip Code	250.00		
Principal coors	2300 MC Cue RD., Apt 271, Houston	n, TX., 77056 Employer (See Instruc	tions)		
Filicipal occup	auon / Job title (See Instructions)	Employer (See Instruct	uoris)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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SCHEDULE A1

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The	Instruction Guide explains how to complete	1 Total pages Schedule A1:			
2 FILER NAME William "R	andy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state Alexandra Elizondo	PAC (ID#:)	7 Amount of contribution (\$)		
10/19/2023	6 Contributor address; City; 2412 Reba Dr., Houston, TX	State; Zip Code	250.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state Joseph Greenberg	9 PAC (ID#:)	Amount of contribution (\$)		
10/16/2023	Contributor address; City;	State; Zip Code	1,000.00		
	6442 Rutgers Ave., Houston	, 1X., 77005			
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Instruction Alta resources	tions)		
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)		
00/00/0000	Linette Roach		400 00		
08/23/2023	Contributor address; City;	State; Zip Code	100.00		
	7010 Centre Grove Dr., Hou	ston, TX., 77069			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date		e PAC (ID#:)	Amount of contribution (\$)		
08/13/2023	Torrence McKnight		250.00		
	Contributor address; City; 50vecote Trail, Suwanee, G	State; Zip Code A., 30024	250.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	IEEDED		

SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME William "R	Randy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2023	5 Full name of contributor out-of-state PA Martin Raxton 6 Contributor address; City; 4469 Cabinwood Turn, Dougla	7 Amount of contribution (\$)	
8 Principal occu Portfolio Ope	pation / Job title (See Instructions) ration Lead	9 Employer (See Instruct	tions)
Date 08/22/2023	Full name of contributor out-of-state PA Texans United for the future Contributor address; City; 5350 Bellaire Blvd., Suite 2283, Bell	State; Zip Code	Amount of contribution (\$) 2,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 07/19/2023	Full name of contributor David Godsey Contributor address; City; 1001 Red Wing Ct., Mansfield,	State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruction Godsey-Martin	tions)
Date 07/19/2023	Full name of contributor out-of-state PA Sean Bradley Contributor address; City; 5434 Malaya Street, Denver, C	C (ID#:) State; Zip Code	Amount of contribution (\$) 50.00
Principal occup Consultant	oation / Job title (See Instructions)	Employer (See Instruct Bradley Capital Ent	0
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SCHEDULE A1

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

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:
2 FILER NAME William "R	andy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:			7 Amount of contribution (\$)
08/09/2023	6 Contributor address; City; 720 North Post Oak Rd., Suite 124, Hou	State; Zip Code uston, TX 77024	500.00
8 Principal occup Architect	oation / Job title (See Instructions)	9 Employer (See Instruction Smith & Co.	itions)
Date	Full name of contributor out-of-state Raquel Olivier	e PAC (ID#:)	Amount of contribution (\$)
08/02/2023	Contributor address; City; 17318 Atherington Pl., Sprin	State; Zip Code g, TX 77370	1,000.00
Principal occup Consultant	ation / Job title (See Instructions)	Employer (See Instruction Olivier-Inc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)
08/09/2023	David Rowe Contributor address; City; State; Zip Code 11931 Wickchester LN, Suite 205, Houston, TX 77043		1,000.00
Principal occup Architect	eation / Job title (See Instructions)	Employer (See Instruction Durotech	stions)
Date	Full name of contributor out-of-stat	re PAC (ID#:)	Amount of contribution (\$)
08/02/2023	Contributor address; City; 11 Greenway Plaza, 22nd Fl., Ho	State; Zip Code	1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COD	IES OF THIS SCHEDIII E AS A	JEEDED

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SCHEDULE A1

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

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The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME William "R	andy" Bates, Jr.			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Robert Tudor		7 Amount of contribution (\$)	
09/27/2023	6 Contributor address; 1405 South Blvd, Hou	city; iston, Tex	State; Zip Code	1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Robert Collier	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
09/26/2023	Contributor address; 14707 Arbor Trace Ln	city;	State; Zip Code n, Texas 77396	500.00
Principal occup General Coul	pation / Job title (See Instructions)	,	Employer (See Instruc Ralley Networks, In	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
09/14/2023	Clifford Franklin Contributor address; 802 N. 1st Street, St.			500.00
Principal occu Advertisting	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
09/13/2023	Contributor address;	City;	State; Zip Code	250.00
	1003 Cedarbrook Lar	ie, Penns	Employer (See Instruc	tions)
Chief Divers	pation / Job title (See Instructions) ity Officer		Dailchi Sankyo	cuonsy
				WEEDED
	ATTACH ADDITION	DNAL COPIES	OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
² FILER NAME William "R	andy" Bates, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
09/12/2023	6 Contributor address; City; State; Zip Code 3030 Commerce St., Houston, TX 77003	500.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/05/2023	Contributor address; City; State; Zip Code 5006 Charriton Dr., Houston, Texas 77039	500.00
Principal occup Economist	ation / Job title (See Instructions) Employer (See I Bureau of Labo	A CONTRACTOR OF THE PROPERTY O
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/03/2023	Scott McClelland Contributor address; City; State; Zip Code 5622 Lynbrook, Houston, Texas 77056	1,000.00
Principal occup	ation / Job title (See Instructions) Employer (See I	nstructions)
Date 09/27/2023	Full name of contributor Out-of-state PAC (ID#: Troy Pradia Contributor address; City; State; Zip Code	
	2402 Rosedale Street, Houston, Texas 7700	
Attorney	ation / Job title (See Instructions) Employer (See Incomplete Cox Pradia Law	205

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SCHEDULE A1

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

			-				
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:						
2 FILER NAME William "R	andy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC Michael Dubose	(ID#:)	7 Amount of contribution (\$)				
11/03/2023	6 Contributor address; City; 9910 Nature Mill Road, Alpharetta, C		250.00				
8 Principal occu		9 Employer (See Instructi	ons)				
Date 09/25/2023	Full name of contributor out-of-state PAC Alton Smith	(ID#:)	Amount of contribution (\$)				
09/23/2023	Contributor address; City; 8035 Zimmermann, Houston, T	State; Zip Code	50.00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)				
Date		(ID#:)	Amount of contribution (\$)				
09/23/2023	John Tillman Contributor address; City; 10306 Lookout Ln,. Ct., Cypres	State; Zip Code S, TX 77433	200.00				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
07/19/2023	Contributor address; City; 23 Palm Blvd., Missouri,	State; Zip Code	500.00				
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)						
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)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME William "Randy" Bates, Jr.		3 Filer ID (Ethics	Commission Filers)
4 Date 07/28/2023	5 Payee name The Daniels Group			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3,000.00	1401 Cleburne Street, Houston, Texas	s 77004		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expenses	Advertising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	1. May 1. 1. 1780	Office held
Date	Payee name			
08/11/2023	Harris County Latino Democrats	We are the second of the secon		
Amount (\$)	Payee address;	City;	State;	Zip Code
30.00	3213 Houston Ave., Houston, Texas	77009		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Membership	Dues		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	- Carlos		handing seed
09/01/2023	Texas Democrats			
Amount (\$)	Payee address;	City;	State;	Zip Code
335.00	P.O.Box 15707, Austin, Texas 78761			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expenses	Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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
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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME William "Randy" Bates, Jr.		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
09/10/2023	Cynthia Bailey	Olt	States	Zip Code
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
800.00	7830 Flintridge, Houston, Texas 7702	20		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expenses	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/17/2023	Campaign Strategies		the law of	
Amount (\$)	Payee address;	City;	State;	Zip Code
3,470.00	916 Fugate, Houston, Texas 77009			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expenses	Mailout		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/17/2023	The Daniels Group			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	1401 Cleburne Street, Houston, Texa	as 77004		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expenses	Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	A CONTRACTOR OF THE CONTRACTOR	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	20 20 20 20 20 20 20 20 20 20 20 20 20 2

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 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

Credit Card Payment	al Committee	Legal Services The Instruction Guide expl		ages/Contract Labor omplete this form.	Other (enter a categor	ory not listed above)
1 Total pages Schedule F1:		AME 'Randy" Bates, Jr.	West West West West West West West West	St. 2	3 Filer ID (Ethic	s Commission Filers)
4 Date 10/15/2023	5 Payee na				4	
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code
100.00	9944 W.	Montgomery Rd., H	ouston, 7	TX 77088		
8	(a) Categor	y (See Categories listed at the top of t	his schedule)	(b) Description		
PURPOSE	Gift			Church contri	bution	
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Comple	te Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee na	ame		A44		
10/23/2023	New Life	e Tabernacle COGIC				
Amount (\$)	Payee ac	ddress;		City;	State;	Zip Code
100.00	New Life	e Tabernacle COGIC	c, 3021 D	e Soto St., Ho	uston, Texas	77091
	Category	/ (See Categories listed at the top of the	is schedule)	Description		
PURPOSE	Category Gift	/ (See Categories listed at the top of the	is schedule)	Description Church Dona	tion	
PURPOSE OF EXPENDITURE		/ (See Categories listed at the top of the	is schedule)		tion	
OF		/ (See Categories listed at the top of the complete of the complete check if travel outside of Texas. Complete		Church Dona	tion	g expense
OF	Gift			Church Dona		g expense Office held
OF EXPENDITURE Complete ONLY if direct	Gift	Check if travel outside of Texas. Comple late / Officeholder name		Church Dona		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol	Candid	Check if travel outside of Texas. Comple late / Officeholder name		Church Dona		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of	Candid H Payee n Souther Payee a	Check if travel outside of Texas. Complete late / Officeholder name ame n Blue Strategies	te Schedule T.	Church Dona		
Complete ONLY if direct expenditure to benefit C/Oh Date 11/02/2023	Candid H Payee n Souther Payee a	Check if travel outside of Texas. Comple late / Officeholder name ame n Blue Strategies	te Schedule T.	Church Dona Check if Aus Office sought	ttin, TX, officeholder livin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 11/02/2023 Amount (\$)	Candid H Payee n Souther Payee at 916 Fug	Check if travel outside of Texas. Complete late / Officeholder name ame n Blue Strategies	te Schedule T.	Church Dona Check if Aus Office sought	ttin, TX, officeholder livin	Office held
Complete ONLY if direct expenditure to benefit C/OF Date 11/02/2023 Amount (\$) 1,112.60 PURPOSE OF	Candidate Payee not Souther Payee as 916 Fug	Check if travel outside of Texas. Completed to the complete of	77009	Church Dona Check if Aus Office sought City;	ttin, TX, officeholder livin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Of Date 11/02/2023 Amount (\$) 1,112.60 PURPOSE	Candidate Payee not Souther Payee as 916 Fug	Check if travel outside of Texas. Completate / Officeholder name ame n Blue Strategies ddress; ate, Houston, Texas	te Schedule T. 77009 his schedule)	Church Dona Check if Aus Office sought City; Description Mailout	ttin, TX, officeholder livin	Office held Zip Code
Complete ONLY if direct expenditure to benefit C/Off Date 11/02/2023 Amount (\$) 1,112.60 PURPOSE OF EXPENDITURE	Candida H Payee n Souther Payee at 916 Fug Category Advertis	Check if travel outside of Texas. Completate / Officeholder name ame n Blue Strategies ddress; ate, Houston, Texas / (See Categories listed at the top of the sing Expenses Check if travel outside of Texas. Completate	te Schedule T. 77009 his schedule)	Church Dona Check if Aus Office sought City; Description Mailout	stin, TX, officeholder livin	Office held Zip Code
Complete ONLY if direct expenditure to benefit C/OF Date 11/02/2023 Amount (\$) 1,112.60 PURPOSE OF	Candida Payee no Souther Payee at 916 Fug Category Advertise	Check if travel outside of Texas. Completed to the Conflict of Texas. Completed and the Complete of Texas. Completed and the Complete of the Complete of the Complete of the Complete of the Complete outside	te Schedule T. 77009 his schedule)	Church Dona Check if Aus Office sought City; Description Mailout	stin, TX, officeholder livin	Office held Zip Code

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 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

A AMERICA SE	The Instruction Guide explains how to d	complete this form.	T-1	
1 Total pages Schedule F1:	2 FILER NAME William "Randy" Bates, Jr.		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
11/02/2023	Southern Blue Strategies		2.1	7. 6.1
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,842.70	916 Fugate, Houston, Texas 77009	503 C		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expenses	Mailout		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Ausi	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			And to Annual to the Control of the
11/06/2023	Living Word Fellowship Church			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.00	7350 T.C. Jester, Houston, Texas 77	7088		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift	Church Dona	tion	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/08/2023	Southern Blue Strategies			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,296.80	916 Fugate, Houston, Texas 77009			
When some and the second secon	Category (See Categories listed at the top of this schedule)	Description	CIII TUMER TO THE	The fire system is a second
PURPOSE OF EXPENDITURE	Advertising Expenses	Mailout		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

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 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
Others (extense extenses up this tod above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME William "Randy" Bates, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2023	5 Payee name Costrama Willis		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250.00	4626 Aledeo, Houston, Texas 77051		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Thansgiving d	linners
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/17/2023	Cythia Bailey		
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	7830 Flintridge, Houston, Texas 7702	28	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expenses	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/29/2023	Telos CDC		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	4315 Bayor Vista Drive, Houston, Tex	kas 77091	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Senior Citizen	Gala
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

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 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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		en protection in the experience of development from the experience of the contract of the cont
1 Total pages Schedule F1:	2 FILER NAME William "Randy" Bates, Jr.		3 Filer ID (Ethics	Commission Filers)
4 Date 12/14/2023	5 Payee name Steve Mead			
6 Amount (\$) 229.00	7 Payee address; P.O. Box 11009, Houston, Texas 772	City; 293	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/01/2023	ACT Blue			
Amount (\$) 23.49	Payee address; P.O. Box 441146, Somerville, MA 02	City; 144	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Fees		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 09/01/2023	Payee name ACT Blue			
Amount (\$) 30.75	Payee address; P.O. Box 441146, Sumerville, MA 02	City; 144	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		30.50
PURPOSE OF EXPENDITURE	Banking	Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	itin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	CO DOMESTICS	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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
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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Outor (ornor a carego	, riotiloca asovo,
1 Total pages Schedule F1:	2 FILER NAME William "Randy" Bates, Jr.		3 Filer ID (Ethics	Commission Filers)
4 Date 10/01/2023	5 Payee name ACT Blue			
6 Amount (\$) 38.25	7 Payee address; P.O. Box 441146, Sumerville, MA 02	City; 144	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Fees		Standard Control of the Control of t
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	The state of the s		
11/01/2023	ACT Blue			
Amount (\$)	Payee address;	City;	State;	Zip Code
82.50	P.O. Box 441146, Sumerville, MA 02	144		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	and the second s	Office held
Date	Payee name			St. B. St. St. St. St. St. St. St. St. St. St
12/01/2023	ACT Blue			
Amount (\$) 3.75	Payee address; P.O. Box 441146, Sumerville, MA 02	City; 144	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 NEI	EDED	