



Official Filing Authority of Harris County
Teneshia Hudspeth
County Clerk

Campaign Finance Report



Teneshia Hudspeth
County Clerk
Harris County, TX

FileNo: 2024119
Received By Clerk: 01/19/2024
File Date: January 16, 2024
Office: County Sheriff
Candidate: Cowan, Glenn
Treasurer: Paulson, Luke
Category: Contributions And Expenditures (COH / JCOH)
Delivered By: Certified Mail
Type: COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>MS / MRS / MR</small></td> <td style="width:40%;"><small>FIRST</small></td> <td style="width:20%;"><small>MI</small></td> <td style="width:20%;"></td> </tr> <tr> <td>MR</td> <td>Glenn</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="border-top: 1px dashed black;"></td> </tr> <tr> <td><small>NICKNAME</small></td> <td><small>LAST</small></td> <td><small>SUFFIX</small></td> <td></td> </tr> <tr> <td></td> <td>Cowan</td> <td></td> <td></td> </tr> </table>	<small>MS / MRS / MR</small>	<small>FIRST</small>	<small>MI</small>		MR	Glenn							<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>			Cowan			OFFICE USE ONLY		
<small>MS / MRS / MR</small>	<small>FIRST</small>	<small>MI</small>																						
MR	Glenn																							
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><small>ADDRESS / PO BOX,</small></td> <td style="width:15%;"><small>APT / SUITE #,</small></td> <td style="width:15%;"><small>CITY,</small></td> <td style="width:15%;"><small>STATE,</small></td> <td style="width:25%;"><small>ZIP CODE</small></td> </tr> <tr> <td colspan="5">5318 Wesleyan St #657 Houston, Texas 77005</td> </tr> </table>			<small>ADDRESS / PO BOX,</small>	<small>APT / SUITE #,</small>	<small>CITY,</small>	<small>STATE,</small>	<small>ZIP CODE</small>	5318 Wesleyan St #657 Houston, Texas 77005					Date Received										
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Mr.	Luke																							
<small>NICKNAME</small>	<small>LAST</small>	<small>SUFFIX</small>																						
	Paulson																							
				Amount \$																				
				Date Processed																				
				Date Imaged																				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"><small>STREET ADDRESS (NO PO BOX PLEASE),</small></td> <td style="width:10%;"><small>APT / SUITE #,</small></td> <td style="width:15%;"><small>CITY,</small></td> <td style="width:15%;"><small>STATE,</small></td> <td style="width:15%;"><small>ZIP CODE</small></td> </tr> <tr> <td colspan="5">5103 S. Sheridan Rd #133 Tulsa OK, 74145</td> </tr> </table>				<small>STREET ADDRESS (NO PO BOX PLEASE),</small>	<small>APT / SUITE #,</small>	<small>CITY,</small>	<small>STATE,</small>	<small>ZIP CODE</small>	5103 S. Sheridan Rd #133 Tulsa OK, 74145														
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12 OFFICE	<small>OFFICE HELD (if any)</small>		13 OFFICE SOUGHT (if known) Harris County Sheriff																					
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 8pt; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><small>COMMITTEE TYPE</small></td> <td><small>COMMITTEE NAME</small></td> </tr> <tr> <td style="text-align: center;"><small>GENERAL</small></td> <td><small>COMMITTEE ADDRESS</small></td> </tr> <tr> <td style="text-align: center;"><small>SPECIFIC</small></td> <td><small>COMMITTEE CAMPAIGN TREASURER NAME</small></td> </tr> <tr> <td></td> <td><small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small></td> </tr> </table>				<small>COMMITTEE TYPE</small>	<small>COMMITTEE NAME</small>	<small>GENERAL</small>	<small>COMMITTEE ADDRESS</small>	<small>SPECIFIC</small>	<small>COMMITTEE CAMPAIGN TREASURER NAME</small>		<small>COMMITTEE CAMPAIGN TREASURER ADDRESS</small>												
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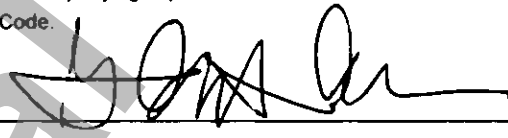
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

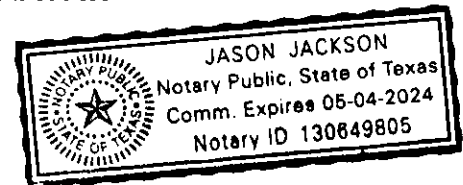
15 C/OH NAME Glenn Cowan		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 35.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 46,160.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,085.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,760.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 41,595.77
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

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Glenn Cowan ^{JO} ~~Jason Jackson~~ this the 16th day of January 2024, to certify which, witness my hand and seal of office.

Jason Jackson ^{Notary}
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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 Glenn Cowan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 46,125.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4,575.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2,100.37
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

Unofficial Copy

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: 7
2 FILER NAME Glenn Cowan		3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2023	5 Full name of contributor out-of-state PAC (ID# _____) Phyllis Svrcek	7 Amount of contribution (\$) 30,000.00
	6 Contributor address; City; State; Zip Code 118 McGee St Crosby, Texas 77532	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/27/2023	Full name of contributor out-of-state PAC (ID# _____) Armando Guerra	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 3323 Hickory Brook Lane Kingwood, Texas 77345	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/2023	Full name of contributor out-of-state PAC (ID# _____) Ellen Delap	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2115 Forest Falls Drive Kingwood, Texas 77345	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/2023	Full name of contributor out-of-state PAC (ID# _____) Tim Googan	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code 1526 Sheltering Oaks Lane Kingwood, Texas 77345	
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Cisco, Inc.

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

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2 FILER NAME Glenn Cowan		3 Filer ID (Ethics Commission Filers)
4 Date 09/03/2023	5 Full name of contributor out-of-state PAC (ID# _____) Haley Broom	7 Amount of contribution (\$) 2,500.00
	6 Contributor address; City; State; Zip Code 6003 Majestic Hill Ct Kingwood, Texas 77345	
8 Principal occupation / Job title (See Instructions) Home Maker		9 Employer (See Instructions) Home Maker
Date 09/03/2023	Full name of contributor out-of-state PAC (ID# _____) Randy Broom	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 6003 Majestic Hill Ct Kingwood, Texas 77345	
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) Southern Tire Mart
Date 08/30/2023	Full name of contributor out-of-state PAC (ID# _____) Roy Mace	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 6111 Royal Point Ct Kingwood, Texas 77345	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/30/2023	Full name of contributor out-of-state PAC (ID# _____) Beth Mace	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 6111 Royal Point Ct Kingwood, Texas 77345	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Glenn Cowan		3 Filer ID (Ethics Commission Filers)
4 Date 07/17/2023	5 Full name of contributor Armando Guerra out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 3323 Hickory Brook Lane Kingwood, Texas 77345	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/17/2023	Full name of contributor Jeffrey McLeran out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 4022 Pecan Knoll Dr Kingwood, Texas 77339	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor Deanna Bostow out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 11708 Oak Brook Court Denton, TX 76207	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2023	Full name of contributor Susan Heimbaugh out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 522 Remington Trail Huffman, TX 77336	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Glenn Cowan		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2023	5 Full name of contributor Theresa Lavorgna out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 301 E DEAN KEETON ST FL 10 322 Temple, TX 76502	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/26/2023	Full name of contributor Cara Huber out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 2114 Misty River Trail Kingwood, TX 77345	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2023	Full name of contributor Cristina Hubbard out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 17014 N Mesa Dr Splendora, TX 77372	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2023	Full name of contributor Susan Heimbaugh out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 522 Remington Trail Huffman, TX 77336	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Glenn Cowan		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2023	5 Full name of contributor out-of-state PAC (ID# _____) KARA CHACHERE	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 6211 S Royal Point Dr, Kingwood, Tx 77345 KINGWOOD, TX 77345		
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 11/10/2023	Full name of contributor out-of-state PAC (ID# _____) Russell Ybarra	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3006 Sunset Blvd Houston, TX 77005		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2023	Full name of contributor out-of-state PAC (ID# _____) Susan Heimbaugh	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 522 Remington Trail Huffman, TX 77336		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2023	Full name of contributor out-of-state PAC (ID# _____) Susan Heimbaugh	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 522 Remington Trail Huffman, TX 77336		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date 08/24/2023	5 Full name of contributor out-of-state PAC (ID# _____) Susan Heimbaugh 6 Contributor address; City; State; Zip Code 522 Remington Trail Huffman, TX 77336	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2023	Full name of contributor out-of-state PAC (ID# _____) Daniel Allen Contributor address; City; State; Zip Code 3715 Clover creek dr Kingwood, TX 77345	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2023	Full name of contributor out-of-state PAC (ID# _____) Mary Ann Rogal Contributor address; City; State; Zip Code 22 Canario Lane Boerne, TX 78006	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2023	Full name of contributor out-of-state PAC (ID# _____) Phyllis Svrcek Contributor address; City; State; Zip Code 118 McGee St Crosby, Texas 77532	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

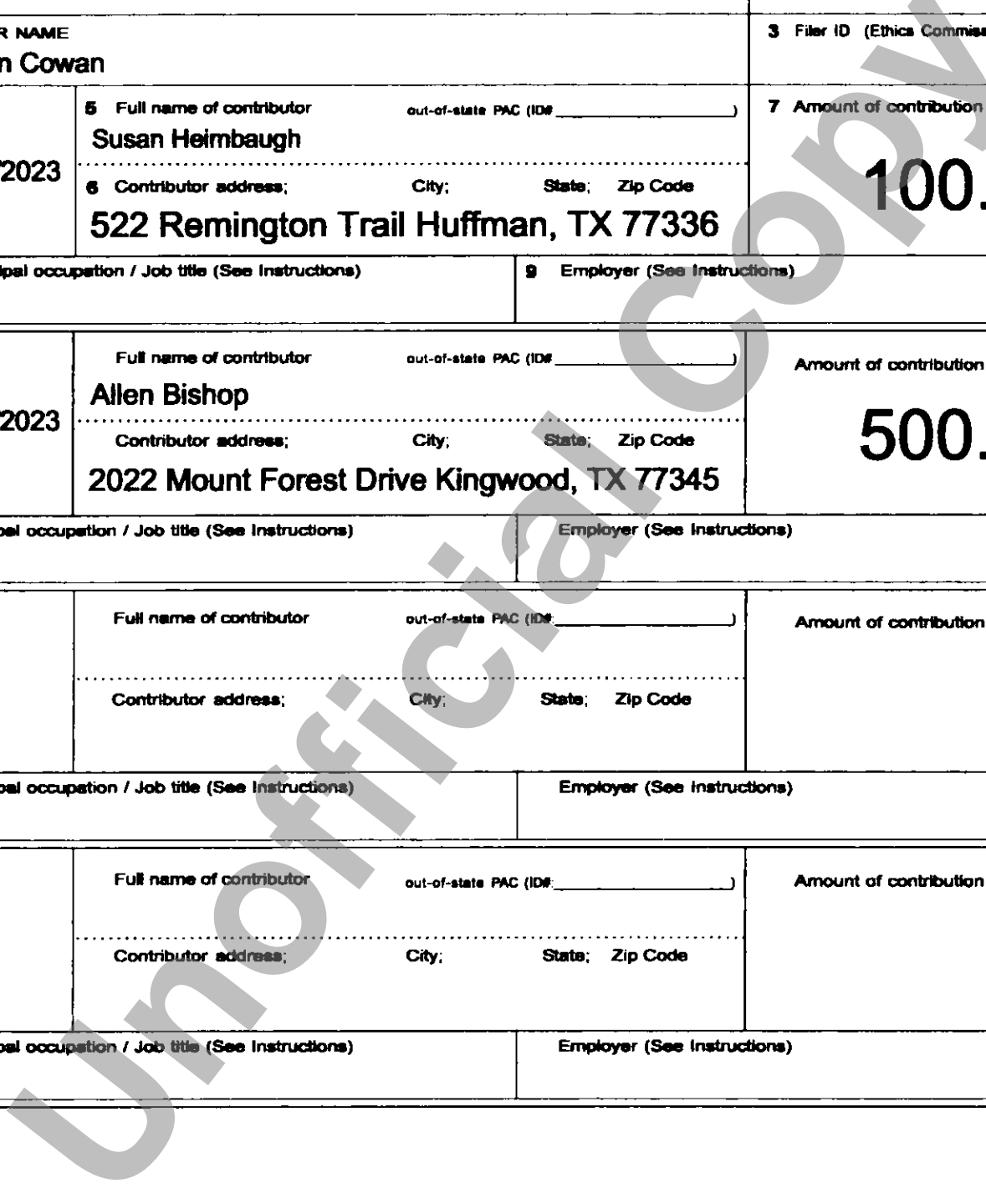
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Glenn Cowan		3 Filer ID (Ethics Commission Filers)
4 Date 07/24/2023	5 Full name of contributor Susan Heimbaugh <small>out-of-state PAC (ID# _____)</small>	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code 522 Remington Trail Huffman, TX 77336	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/06/2023	Full name of contributor Allen Bishop <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2022 Mount Forest Drive Kingwood, TX 77345	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Glenn Cowan	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2023	5 Payee name Patriot Reporting, LLC	
6 Amount (\$) 275.00	7 Payee address; City; State; Zip Code 5103 S. Sheridan Rd, #133 Tulsa, OK 74145	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Accounting/Treasury Services
	(c) Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 10/17/2023	Payee name Patriot Reporting, LLC	
Amount (\$) 550.00	Payee address; City; State; Zip Code 5103 S. Sheridan Rd, #133 Tulsa, OK 74145	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Treasury Services
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 11/17/2023	Payee name Texas Secretary of State	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code P.O. Box 12887 Austin, TX 78711	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description HCRP Primary Candidate Filing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Glenn Cowan	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2023	5 Payee name Edgerton Strategies	
6 Amount (\$) 750.00	7 Payee address; City; State; Zip Code 900 Big Horn Ave Worland Wyoming 82401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description General Consulting
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/17/2023	Payee name Pressler Inc.	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code PO BOX 16428, SUGAR LAND TX, 77496	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Management Services
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/14/2023	Payee name Patriot Reporting, LLC	
Amount (\$) 750.00	Payee address; City; State; Zip Code 5103 S. Sheridan Rd, #133 Tulsa, OK 74145	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Accounting/Treasury Services
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officer/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
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Glenn Cowan	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 12/30/2023	6 Payee name Anedot Inc	
7 Amount (\$) 161.80	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Payment Processing Fees
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought Office held
Date 09/30/2023	Payee name Crime Stoppers of Houston	
Amount (\$) 1,230.76	Payee address; City; State; Zip Code P.O. Box 541654 Houston, TX 77254	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Tickets to Annual Gala
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought Office held

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expenses
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 F4: 2	2 FILER NAME Glenn Cowan	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/18/2023	6 Payee name Houston Region Business Coalition	
7 Amount (\$) 395.00	8 Payee address; City; State; Zip Code 4500 Bissonnet St. Suite 370 Bellaire, TX 77401	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Membership Dues
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense <input type="checkbox"/>	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought Office held
Date 10/18/2023	Payee name Harris County Republican Party	
Amount (\$) 312.81	Payee address; City; State; Zip Code 8588 Katy Freeway, Suite 445 Houston, TX 77024	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Sponsoring Executive GOP Meeting
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officer/holder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name	Office sought Office held

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ADMINISTRATOR
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