### 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  MR KEITH  NICKNAME LAST  KORENE	SUFFIX	OFFICE USE ONLY  Date REFEE 1: 344
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE /		CITY; STATE; ZIP CODE	JAN 0 2 2019  TERRI B. HEFNER D. ELECTIONS ADMINISTRATOR FAYETTE COUNTY, TEXAS  B. S.
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	MS/MRS/MR PATRICIA	4 MI	Date Hand-delivered or Date Postmarked  Receipt # Amount \$
	NICKNAME LAST  LAST  LORENZ  STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUFFIX EK	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	8350 MACH ROA LAGRANGE	20	ZIP GODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 18	THROUGH 12	Day Year 31 /18
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Runoff  Description  Special	ē
12 OFFICE	OFFICE HELD (If arry) SHERIFF	13 OFFICE SOUGHT (if known)	
	<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

			· · · · · · · · · · · · · · · · · · ·			
14 C/OH NAME	ETTH KO	RENEK	15 Filer ID (Ethics Commission Filers)			
POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / DESIGNATION FOR THESE EXPENDITURES MAY MADE AFFECTIONS THE CANDIDATE / DESIGNATION FOR THESE EXPENDITURES MAY MADE AFFECTIONS THE CANDIDATE / DESIGNATION FOR THESE EXPENDITURES MAY MADE AFFECTIONS THE CANDIDATE / DESIGNATION FOR T					
	COMMITTEE TYPE	COMMITTEE NAME				
, 8	GENERAL					
<u> </u>	SPECIFIC COMMITTEE ADDRESS					
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		±				
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 350 00			
EXPENDITURE TOTALS	3. TOTAL P UNLESS	\$				
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 33060.04			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
	DAVID W BEY Notary ID # 1250 My Commission October 18, 2	true and correct and includes all inforunder Title 15, Election Code.  190070 Expires 1020	erjury, that the accompanying report is rmation required to be reported by me			
AFFIX NOTARY STAMP	/SEALABOVE					
Sworn to and subscrib	oed before me, by	the said Keith Korenek	, this the 2nd			
day of Januar	4, 20 19 to	certify which, witness my hand and seal of office.				
D JL	Slep	David W. Beye				
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of officer administering oath			

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME KEITH KORENEK  20 Filer ID (Ethics Co						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 350					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$					
4.	SCHEDULE E: LOANS	\$					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6000					
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	\$					

MONE	TARY POLITICAL CONTE	SCHEDULE A1					
. Th	Instruction Guide explains how to complete the	1 Total pages Schedule A1:					
2 FILER NAME	KEITH K KORENO	K.	3 Filer ID (Ethics Commission Filers)				
7-12-18	5 Full name of contributor out-of-state F  DEAN STAVINOHA  6 Contributor address; City; Sta	7 Amount of contribution (\$)					
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
1-12-18	Full name of contributor out-of-state P.  PAT SMITH  Contributor address; City; Sta		Amount of contribution (\$)				
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ilons)				
<b>Date</b>	Full name of contributor		Amount of contribution (\$)				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	lons)				
Date	Full name of contributor	c (ID#:)	Amount of contribution (\$)				
Principal occup	Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULEAS NE	<b>EDED</b>				
	If contributor is out-of-state PAC, please see insti	ruction guide for additional re	eporting requirements.				

### SCHEDULE G

#### Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Mernorials Expense Consulting Expens Polling Expense Printing Expense Contributions/Donations Made By 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date PO BOX 133 Reimbursement from political contributions 8 (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 3T. JOHNS CHURCH - ST JOHNS 01 7026 FM 957 Reimbursement from political contributions intended **PURPOSE** Gheck if travel outside of Texas. Complete Schedule T. OF EXPENDITURE NTLIBUTION DONATION Candidate / Officeholder name Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

7-5-18	St. MALKS FOUNDATIO	אנו	
Amount (\$)	Payee address; City; State; Zip Code ONE ST. MALK'S PLAC LAGRANGE TX 7892	E	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONTRIBUTION / SONATIVA	(b) Description Check if travel outside of Texas. Check if Austin, TX, officeholds	(1.00)
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift Awards/Memorials Expense

Loan Repayment Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Warns: Contract Labor Solicitation Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Controutions/Donations Made Candidate Officeholder/Politi CreditCarePayment	ical Committee Legal Services Si	rinting Expense alaries Wages Contract Labor	Travel Out Of District Other (enter a category not listed above)
≅	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule G:	2 FILER NAME KEITH K. KORE	ENEK	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
1-1-10	AMERICAN CANCER.	SOCIETY	
6 Amount (\$)  150  Restributes orment from political contributions intended	7 Payee address: City: State; Zip Go 4401 LILAC VICTORIA TX 7		
8	(a) Category (See Categories listed at the top of this schedul	ei (b) Description	
PURPOSE		Check if ravelous de i	of Texas. Complete Schedule T.
A CONTRACTOR OF THE CONTRACTOR	CONTRIBUTION / DONATION		afticeholder living expense
9 Complete ONLY if direct expenditure to benefit Cro	Candidate / Officeholder name ਹਮ	Office sought	Office held
, , , , , , , , , , , , , , , , , , ,		nd mer i i i ar ila minusi i i ini i in nila hakasakena iri arasaken pa masa kena i kela	
Date	Payee name		
7-15-18	CARMINE VOLFILE	DEPT	
Amount (\$) OO		de	
100	P. O. BOX 217		
Reimbursement from political contributions intended	CARMINE TX 78	932	·
·	Calegory (See Categories listed at the top of this senedule		
PURPOSE	-	r=-1	Toxas, Complete Schedule T.
OF EXPENDITURE	CONTRIBUTION DONATION	1 * 9	officenoider fiving excense
Complete ONLY if direct expenditure to benefit C.C.	Candidate / Officeholder name	Office sought	Office held
Date	Payer namy FRIENDS OF		
7-19-18	NATL RIFLE ASSO	OCTATION	
Amount (\$) 60	Payee address: City: State: Zip Coo	de	
200	11250 WAPLES MILL	RD	
Reimbursement from political contributions intended	FAIRFAX VA 22	030	
PURPOSE	Category Son Categories listed at the top of this schedule	r ,	
OF		Check !baveloutside c	Texas, Complete Schedule T.
	CONTRIBUTION / DONATION	Check I Austr TV	officetoldar living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEFDE	,

### SCHEDULE G

### **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 Gilt Awards: Memorials Expense Loan Repayment Rembursoment Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagos Contract Labor Solicitation: Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Care Payment	The Instruction Guide explains how to complete this form.  Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME KETTH K. KORENEK  3 Filer ID (Ethics Commission Filers)
8-1-18	DEPT DEFT
6 Amount (\$) 00  / Reimbursement from political contributions	7 Payee address: City: State; Zip Code  8810 Km 153  WINCHESTER TX 78945
Intended  8 PURPOSE OF EXPENDITURE	(a) Category (Sas Categories listed at the top of this schodule)  (b) Description  [
9 Complete <u>QNLY</u> if direct expenditure to benefit C	
9-4-18	Payee name  ARTS FOR RURAL TEX AS Payee address: City: State; Zip Code
Amount (\$)  Roimbursement from political contributions intended	Payee address: City: State: Zip Code  PO BOX 33  FAYETTEVILLE TY 79940
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this senedule: (b) Description  Check-travelouside of Texas. Complete Schedule T.  CONTRIBUTION / DONNETON . i Check-it Austre TX afficeholder from expense
Complete QNLY if direct expenditure to benefit Co	
8-5-18	ST-PAULS LUTHERAN CHURCH
Amount (\$) 00 2/0 Reimbursement from political contributions intended	Payee address; City: State: Zip Code  427 S. WASHINGTON  LAGRANGE TX 78945
PURPOSE OF EXPENDITURE	Category See Calegories listed at the top of this schedule: (b) Description  Check Pavel outside of Texas. Complete Schedule T.  Check Pavel outside of Texas. Complete Schedule T.  Check Pavel outside of Texas. Complete Schedule T.  Check Pavel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Adventising Expense Event Expense Loan Repayment Reimbursament Office Overhead/Rental Expense Solicitation Fundraising Expense Transportation Equipment & Related Expense Accounting Banking Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries Wages Contract Labor Other tenter a category not listed above) Candidate Officeholder/Political Committee Legal Services Credit Caro Payment The instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 File: ID (Ethics Commission Filers) 4 Date FAYETTE COUNTY SHERIFF BENEVOLTENT SOCIETY 1646 N- JEFFERSON LAGRANGE TX 78945 Rembursement from political contributions intended 8 (a) Category 'See Categories listed at the top of this schedule: **PURPOSE** Check if travelouts do of Texas. Complete Schedule T OF CONTAIDUTION/DOVATION EXPENDITURE Check if Austin, 1X officeholder living expanse Complete ONLY if airect Candidate / Officeholder name Office held Office sought expenditure to benefit CrOH COUNTY KAIR Amount (\$) political contributions (b) Description Category (Son Categories listed at Incitop of this schedule: **PURPOSE** Check diravelous doct Tavas. Complete Schodule T OF EXPENDITURE \_\_ | Check if Austin TX officenolder living expense CONTRIBUTION DONATION Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to heriefit C/OH Date FAYETTE COUNTY SHELLIFF BENEVOLENT SOCIETY LAGRANGE TX 18945 Reimbursement from political contributions intended (b) Description Category . See Categories listed at the top of this schedule. **PURPOSE** Chack triavel outside of Texas, Complete Schedule T. OF EXPENDITURE CONTRABUTION/DONATAON Check I Austr 17 officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a) nt Expense Loan Repayment/Reimburseme

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (out of District

Candidate/Officeholder/Poli Credit Card Payment		s Sala ction Guide explains how	ries/Wages/Contract Labor r to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME KEITH	K KOREN	IEK	3 Filer ID (Ethics Commission Filers)
4 Date 8-26-18	5 Payee name		40 DUS CHU	ech
300 Amount (\$)	7 Payee address;	City; State; Zip Code 1 ANCHEST	9	
Reirnbursement from political contributions intended	CISTE	en TX	FLATONIA	Tx 78941
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories II  CONTRIBUTION			of Texas. Complete Schedule T. , officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officero	older name	Office sought	Office held
Date	Payee name	1		
8-26-18	ST. MARY.	<u>.′</u>		
125 00	Payee address;	City; State; Zip Code 57		
Reimbursement from political contributions intended	ELLINGE.		8940	
PURPOSE	Category (See Categories IIs	sted at the top of this schedule)	(b) Description	
OF EXPENDITURE	CONTRIBUTION	LOWATION		of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeho	der name	Office sought	Office held
9.2.18	Payee name	a) & CHUK	CH	
Amount (\$)	Payee address;	City: State: Zip Code		
250	205 €	N'S CHUK City; State; Zip Code BELL STR	EET	,
Reimbursement from political contributions intended	FAYETTEV	THE TX	78940	
PURPOSE OF	Category (See Categories lis	ted at the top of this schedule)	(b) Description	of Texas. Complete Schedule T.
	CONTRIBUTION	MAN ATTEN		officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehol	der name	Office sought	Office held
	ATTACH ADDITIO	NAL COPIES OF THIS	SCHEDULE AS NEEDE	D

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 2 FILER NAME KEITH K KORENEK Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Date HOLY CLOSS LUTHERAN CHURCH 7 Payee address; City; State; Zip Code PO BOX 6 9 6 Amount (\$) Reimbursement from political contributions WARDA, TX 78960 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE ONTEIBUTION DUNATION Candidate / Officeholder name Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date ST. WENCESLAUS-HOLMAN Payee address; City; State; Zip Code Reimbursement from political contributions intended PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense ONTRIBUTION/DONATION Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Reimbursement from DRETTER, TX 78986 political contributions PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** CONTRIBUTION DONATION Candidate / Officeholder name Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

## EVENT Expense Event Expense Loan Repayment/Reimburseme

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memortals Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	tical Committee	Legal Services The Instruction	on Guide explair		ges/ContractLabor mplete this form.	Other (enter a	category not listed above)
1 Total pages Schedule G	2 FILER NA	KEITH	V.	KOREI	ale v	3 Filer ID	(Ethics Commission Filers)
4 Date 10-9-18	5 Payee nan	ne o	SARY	CORCI	VCK		
6 Amount (\$) FC  Aeimbursement from political contributions intended	7 Payee add		ty; State: Zir 2430 Tx)		15- 1A	GRANGE	5. TX
PURPOSE OF EXPENDITURE  9 Complete ONLY if direct	CONTRI Candida	See Categories listed  BUTION  te / Officeholde	DONATIO	ומפ	Description Check if travel ou	tside of Texas. Complete	Schedule T.
expenditure to benefit C/0	OH .						Office held
10-10-18	Payee nam TEXA		MEN'S	LEA	16 VE		
Amount (\$)  Reimbursement from political contributions intended	Payee addr P(		y; State; Zip		145		
PURPOSE OF EXPENDITURE		BUTTON	,			side of Texas. Complete of Texas.	
Complete ONLY if direct expenditure to benefit C/O	Candidat	e / Officehofder			ice sought		Office held
10-13-18	S7. M	TARK'S	FOUR	BATI	ON		
Amount (\$)  Reimbursement from political contributions intended		ST. 11 LANGE	- State: Zie (	Code	E		
	Category (Se	e Categories listed at	ATTON		Description Check if travel outs	de of Texas. Complete S	ACCOUNT OF THE PARTY OF THE PAR
Complete ONLY if direct expenditure to benefit C/OF	Candidate	/ Officeholder	name	Offic	ce sought		Office held
	ATTACH	ADDITIONAL	COPIES OF 1	THIS SCHE	DULE AS NEE!	DED	

### SCHEDULE G

1			EXPERDITOR	iL CAIEGON	ES FOR BOX o(a)	Α	
ı	Advertising Expense Accounting/Banking Consulting Expense Contributions/Operations Mad Candidate/Officeholder/Poli	Fo Fo eBy Gi	vent Expense ses cod/Beverage Expense ift/Awards/Memorials E egal Services	Office Pollin Expense Print	Repayment/Reimbursement o Overhead/Rental Expense ng Expense ng Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	Credit Card Payment	;	The Instruction Gui	de explains how	to complete this form.		
L	Total pages Schedule G		EITH .	K Koi	LENEK	3 Filer ID (Ethics Commission Filers)	
	10-15-18			ANSSEA	U ANIMAL	SHELTER	
6	Amount (\$) 00	7 Payee address	s; City; 5	State; Zip Code	, , , , , , , , , , , , , , , , , , , ,		
	Peimbursement from	24	O SVOBO	DDA LA	INE		
	political contributions intended	LAG	RANGE	TX	18945		
8	PURPOSE	(a) Category (See	Categories listed at the t	op of this schedule)	(b) Description		
	OF	\ \tag{\tau}			Check if travel outside	e of Texas. Complete Schedule T.	
	EXPENDITURE	CONTRIBU	720W/001	NATION	Check if Austin, T	C, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/	Candidate	/ Officeholder nan	ne	Office sought	Office held	
_	Date	Payee name	est.				
	10-15-18		WIA LI	EVESTOC	K SHOW		
	Amount (\$) 00	Payee addres	BOX 18	tate; Zip Code			
	Reimbursement from political contributions intended	FLATON	IA. TX	7894	/		
	PURPOSE	Category (See	Categories listed at the to	op of this schedule)	(b) Description		
	OF EXPENDITURE		,			of Texas. Complete Schedule T.	
_			TEON/DON		Check if Austin, 1X	, office-holder living expense	
	Complete ONLY if direct expenditure to benefit C/0		/ Officehőldér nam	ie	Office sought	Office held	
	Date	Payee name				- in the second	
	10-19-18		E COU		EEA		
	Amount (\$)	Payee address		ate; Zip Code			
	20	255	SVOBO	DA LAI	VE		
	Reimbursement from political contributions intended	LA6	RANGE	Tx 7	8945		
	PURPOSE	Category (See C	Categories listed at the to	p of this schedule)	(b) Description	v	
	OF EXPENDITURE			Ĭ.		of Texas. Complete Schedule T.	
		CONTRIBU	CAP / PULL	ALTON		officeholder living expense	
	Complete <u>QNLY</u> if direct expenditure to benefit C/C		Officeholder nam	ė	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE G

Revised 9/8/2015

#### Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Food/Severage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date PO BOX 744 Reimbursement from political contributions intended -8 (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE ONTRIBUTIONS/OONATION Check if Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date City; State; Zip Code Amount (\$ 200 N. FRANKLIN ST. Relmbursement from political contributions intended PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE QUNTRIBUTIONS/BUNATION Licheck if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH LLINGEL CHAMBEL OF CONNELCE City; State; Zip Code P.O. BOX 37 ELLINGER TX 78938 political contributions Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense DISTRIBUTION/DONATION Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Forms provided by Texas Ethics Commission www.ethics.state.tx.us

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By **Printing Expense** 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 G: 2 FILER NAME Date 10.28-18 S Payee name 10.28-18 WETMAR VOL FIRE DEPT Amount (\$) 00 7 Payee address; City; State; Zip Code 3 Filer ID (Ethics Commission Filers) 210 E MAIN political contributions 8 (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense CONTRIBUTION/DONATION Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date FREYBURG UNITED WIETHODIST Payee address; City; State; Zip Code 4520 FM 2238 political contributions intended PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE CONTRIBUTION/DONATION Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date SCHULENBURG ISD FOR PAT Payee address; City; State; Zip Code Pro Box 6 SCHULENBURG TX 78956 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) PURPOSE \_\_ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE CONTRIBUTION/DONATION ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name CJ LEHMAN FUND Payee address; City; State; Zip Code 1646 N JEFFERSON Reimbursement from (b) Description 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE DONATION/CONTRIBUTION Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date LAGRANGE SHOW FUND Payee address; City: State; Zip Code Amount (\$) LAGRANGE TX 789KS political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense DONATION CONTRIBUTION Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE \_\_ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED