SCHEDULE A2

The Instruction Guide explains how to complete this fo	rm.	1 Total pages Sch	edule A2:
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:		or (FOR NON-JUDIC	9 In-kind contribution description 1 5" COLOY 1 TO 1 Side of Texas. Complete Schedule IAL)(See Instructions)
4 Contributor's employer/law firm (FOR JUDICIAL)			JDICIAL) (See Instructions) use (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Pate Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description Rowing Chair
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer		le of Texas. Complete Schedule T. LL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributo	r's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm o	f contributor's spous	e (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			9

SCHEDULE A2

			N AND STREET,	
т	he Instruction Guide explains how to complete this for	rm.	1 Total pages Sche	dule A2:
2 FILER NAM	E Keith Korenek		3 Filer ID (Ethics C	commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ \$19	5. W
5 Date 5-12-33	7 Contributor address; City; State; Upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code		9 In-kind contribution description Ray Ri Heritage Ray Ri 22 Revolution lide of Texas. Complete Schedule T. AL)(See Instructions)
	principal occupation (FOR JUDICIAL)			
		13 Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		
5-12-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description Stevenshoode 1301 UIO Single Shot de of Texas. Complete Schedule T.
Principal occu	pation / Job litle (FOR NON-JUDICIAL) (See Instructions)	Employer	FOR NON-JUDICIA	AL)(See Instructions)
Contributor's p	orincipal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUI	DICIAL) (See Instructions)
Contributor's e	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
If o	ATTACH ADDITIONAL COPIES OF TH contributor is out-of-state PAC, please see Instruction	IIS SCHEDUL n guide for a	EAS NEEDED dditional reporting	requirements.

SCHEDULE A2

	The Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A2:	
2 FILER NAI	МЕ		3 Filer ID (Ethics Commission Filers)	
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$\\\\ \(\text{O}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer	r (FOR NON-JUDICIAL)(See Instructions)	
	principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor	ls a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 5-12-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ In-kind contribution description Mode Total Ten Sole Check if travel outside of Texas. Complete Schedule T.	
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIAL) (See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributo	or's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm o	of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
lf .	ATTACH ADDITIONAL COPIES OF TH			

SCHEDULE A2

The instruction Guide explains how to complete this for	m.	1 Total pages Sche	1 Total pages Schedule A2:			
2 FILER NAME		3 Filer ID (Ethics C	commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$				
5 Date 6 Full name of contributor out-of-state PAC (ID#:		9 In-kind contribution description Franse Service Guide Service lide of Texas. Complete Schedule T				
The section of the first test and fi	11. Employer	(OK 11011-00DIO)	AL/(See Institutions)			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JU	IDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)	of contributor's spou	se (if any) (FOR JUDICIAL)				
16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
S-1273 Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ \$ 5,000	In-kind contribution description Bear Hunt The of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICIA	L)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)	Contributo	or's job title (FOR JUI	DICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm o	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
ATTACHADDITIONAL COPIES OF TH	IS SCHEDULE guide for ad	AS NEEDED	requirements.			

SCHEDULE F1

1	EXPENDITURE CATEGO	JRIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense Food/Beverage Expense Food/B	Office Overhead/Rental Expense d/Beverage Expense Awards/Memorials Expense Printing Expense Printing Expense		
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)	
	KEITH KORENEK		o mor is tauned commence.	
4 Date	5 Payee name			
01-25-2023	FLATONIA VOLENTEER F	fire pept		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$2000	PO BOX 95 FLATONIA	TX 78941		
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description		
PURPOSE	- 1			
OF EXPENDITURE	DOMATION			
	(c) Check if travel outside of Texas. Complete Schedu	Chank If Austi	The state of the susans	
- O - I - O - I V II disast			in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held	
	T _			
Date	Payee name			
01-25-2023	FAYETTE COUNTY GO	TEXAN		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1800	6201 DARPEN LOST 1	PAYETTE VILLE TX	78940	
10 - X 2 - 1 - 1 - 1	Category (See Categories listed at the top of this schedu	ule) Description		
PURPOSE	l			
OF EXPENDITURE	DONATION			
	Check if travel outside of Texas, Complete Schedule	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH		Omoo soag	Office field	
Date	Payee name			
	The state of the s		₩ seen than	
02-13-2023	SCHWENBURG JR LIVES	stock show		
Amount (\$)	Payee address; DAWN WENSKE	City;	State; Zip Code	
\$ 100°	PO BOX 325 SCHULEN	SBURG TX 7898	5 6	
	Category (See Categories listed at the top of this schedule			
PURPOSE		3000		
OF	DONATION			
EXPENDITURE	DONKTION			
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
expenditure to beliefit 6/61.		garan and make the same		
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEED	ED	

SCHEDULE F1

-	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credt Card Payment			Solicitation/Fundraising Expense Transportation Equipment 3 Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME KEITH KORENEK		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
04-12-2023	LONG STAR REBELS				
6 Amount (\$)	7 Payee address	City	State Zip Code		
52,091.23	917 PM 153 L	AGRANGE T	x 78945		
8	(a) Category (See Categories listed at the top of this scho	edule (b) Description			
PURPOSE					
OF EXPENDITURE	EVENT EXPENSE	EVENT E	expense		
	(c) Check if travel outside of Texas. Complete Sched	dule 1 Check if Austin	TX officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Рауее пате				
04-14-2023	PAYETIVILLE FIRE	DEPARTMENT			
Amount (\$)	Payee address	City;	State. Zip Code		
\$200=	PO BOX 65 FAYEITEVI	LLE TX 78945	0		
PURPOSE OF	Category (See Categories listed at the top of this sched				
EXPENDITURE	DONATION	DONATIO	N		
	Check if travel outside of Texas Complete Sched	n 1X off-ceholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4-19-23	SCHULENBURG Jr LIVES	STOCK SHOW			
Amount (\$)	Payee address.	City.	State. Zip Code		
\$12500	Po Box 325 SHULENBY	URGI TX 1895L	ρ		
PURPOSE	Category (See Categories listed at the top of this sched	Description			
OF EXPENDITURE	DOWNTION	DONATIO	$\mathcal{M}_{\mathcal{O}}$		
	Check if travel outside of Texas Complete Sched		TX: officeholder living expense		
Complete ONLY 4 disert	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH		Onice sought	Office Held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KEMH KORENEK 4 Date 5 Payee name 05-24-73 Schulenburg PRINTING 6 Amount (\$) 7 Payee address; City; Zip Code State: 78956 705 UPTON AND PO BOX 429 SCHULENBURG TX 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF AUCTION TAGS EVENT EXPENSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. 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 Payee name 05-24-23 ELLINGER CHAMBER OF COMMERCE Payee address: State: Zip Code \$100° 104 WEST COUDLADO ST ELLINGBR TY 78938 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF RAPPEL EXPENDITURE PONATION Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name REBBUS LONE Payee address; City; State; Zip Code \$1089.91 PM 153 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENSE EVENT GUNS POR RAPFLE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. 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

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office of Food-Beverage Expense Polling You Gift/Awards/Memonals Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense Expense g Expense s:Wages-Contract Latior o complete this form. Solicitation/Eundraising Expense Transportation Equipment 3 Related Expense Iravel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1	2 FILER NAME KEITH KOPENEK	3 Filer ID (Ethics Commission Filers)					
4 Date 5-17-2023	5 Payee name PRINTING LLC						
6 Amount (s) \$3,485	7 Payee address	City State Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule EVENT EXPENSE (c) Check if travel outside of Texas. Complete Schedule 1	(b) Description CAPS AND SHIRTS Check if Austin TX afficeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held					
Date 2007	Payee name SCHWENBURG PRINTING						
6-15-7073 Amount (\$) \$129.96	Payee address. Po Box 429 SCHU USNBURG	City; State Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description EVENT EXPENSE THANK YOU CARDS					
	Check if travel outside of Texas Complete Scredule T	Check if Austin: 1X officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
Date 6-16-23	BENS GUN STORE						
Amount (\$) 31048.94	Payee address	City, State, Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description 2 GUNS					
	Check if travel outside of Texas Complete Schedule T	Check if Austin TX officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED					

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Committee Fees Fees Fees Fees Fees Fees Fees	office Overhead/Rental Expense od/Beverage Expense /Awards/Memorials Expense al Services Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor						
4 - 1 Osbadula E4	The Instruction Guide explains i	how to complete this form.	· · · · · · · · · · · · · · · · · · ·					
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)					
4 Date	5 Payee name							
6-17-2023	FAYETTE COUNTY GUN CL	16						
6 Amount (\$)	7 Payee address;	City;	State; Zip Code					
\$1,8300	1538 N.U.S HWY 77	LAGRANGE TE						
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description						
PURPOSE								
OF EXPENDITURE	EVENT EXPENSE	RENTAL OF	GUN RANGE					
	(c) Check if travel outside of Texas, Complete Schedu		n, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
6-20-2023	MARK ZIMME							
Amount (\$)	Payee address;	City;	State; Zip Code					
* 310.95	301 SOUTH A	RNIM MI	OULTON TX 77975					
	Category (See Categories listed at the top of this schedu	ule) Description						
PURPOSE OF EXPENDITURE	EVENT EXPENSE	MEAL						
	Check if travel outside of Texas, Complete Schedule	le T. Check if Austin,	TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
	4,00 44.000,	∪ .91	State, Zip Code					
	Category (See Categories listed at the top of this schedule	le) Description						
PURPOSE								
OF EXPENDITURE								
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, T	FX, officeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held					
expenditure to benefit C/OH			-					
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEED!	ED					

SCHEDULE G

	EVENDITURE CATECO	DIES FOR BOY 9(a)	
. William and the control of the	EXPENDITURE CATEGO Event Expense		
Accounting/Bariking Fees Consulting Expense Contributions/Donations Made By Grt/Awards/Menxinals Expense Candidate/Officeholder/Political Committee Legal Services		.can Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wages/Contract Labor	Solicitation:Eundraising Expense Trainsportation Equipment & Related Expense Traivel In District Traivel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	now to complete this form.	
1 Total pages Schedule G	2 FILER NAME KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01-25-23	FLATONIA VPD		
6 Amount (\$)	7 Payee address	City	State Zip Code
Reimbursement from political contributions intended	PO BOX 95 FLATONIA	TX 7894	
8 PURPOSE OF	(a) Category (Size Categories listed at the top of this sched	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedu	de I Chack I Austro	TX officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH		_	
Date	Payee name		
01-29-23	ELLINGER COFC		
Amount (\$) \$115	Payee address:	-City,	State Zip Code
Reimbursement from political contributions intended	PO BOX 37 ELLINGER	TX 78938	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description	
EXTENSITORE	Check if travel outside of Texas. Complete Schedi	le I Check if Austir	TX officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02-02-23	LAGRANGE ROTARY &	# cur	
Amount (\$)	Payee address	City,	State Zip Code
Reimbursement from political contributions intended	PO BOX 723 Labra	nge TX 7891	45
PURPOSE	Category (See Categories listed at the top of this scha:	fule) Description	
OF EXPENDITURE	DONATION		
	Check if travel outside of Texas Complete Schedu	de I Check if Austin	TX: officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	DED

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions Donations Made Candidate/Officeholder/Politic Credit Card Payment		ated Expense
1 Total pages Schedule G	2 FILER NAME 3 FILER ID (Ethics Commiss KEITH KOLENEK	ion Filers)
4 Date	5 Payee name	
02-04-2023	WINCHESTER SHOW FUND	-
6 Amount (\$) \$ 16.** Reimbursement from political contributions intended	7 Payee address City. State Zip 150 PM 153 LAGRANGE TX 78945	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description DONATION	
	(c) Check if travel outside of Texas Complete Schedule T Check if Austin TX officeholder living expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office h	eld
Date	Payee name	
01-06-2023	SCHULENBURG STICKER	
Amount (\$) \$ 15,12	Payee address: City. State. Zip	Code
political contributions intended	PO BOX 160 SCHWENBURG TX 78956	
PURPOSE	Category (See Categories listed at the top of this schedule) Description	
OF EXPENDITURE	Advertising Expense	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/		neld
Date	Payee name	
03-04-2023	FAYETTE COUNTY SHERIFF POSSE	
Amount (\$)	Payee address. City, State, Zip C	Code
450.00	2141 BLAKEN BURG LANG	
Reimbursement from political contributions intended	-015	
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	DONATION / RAPPEL	
	Check if travel outside of Texas Complete Schedule T ' Check if Austin TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office	neld
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE G

		EXPENDITURE CA	TEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	Fee Foo Gift/ itical Committee Leg	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/ContractLabor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G	G: 2 FILER NAME KEITH KOREWEK				3 Filer ID (Ethics	Commission Filers)	
4 Date 4-24-23	5 Payee name	R SUPPLY					
6 Amount (\$) 5 239. IS Reimbursement from political contributions intended	7 Payee address	ST STATE HW	17 71 L	City; AGRANGE	State; TX 7894	Zip Code	
8 PURPOSE OF EXPENDITURE	CO Check if	Categories listed at the top of th Itavel outside of Texas. Complete Officeholder name	Schedule T.	(b) Description AVCTION I Check if Austin	, TX, officeholder living ex		
Complete ONLY if direct expenditure to benefit C/OH		Officerolder name		Thice sought			
Date 4-27-23	Payee name ROVND - To	P WARRENT	ON FIR	RE DEPART	MENT		
Amount (\$) \$40.00 Relmbursement from political contributions intended	Payee address;	194 ROUND	TOP TX	78954	State;	Zip Code	
PURPOSE OF EXPENDITURE	DONATIO	ategories listed at the top of thi V travel outside of Texas. Complete	12		TTCKETS TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Officeholder name	0	Office sought	(Office held	
Date 5-9-23	Payee name KET	TH KOREN	EK			And the second s	
Amount (\$) \$ 313 · 37 Relmbursement from political contributions intended	Payee address;	YCH ROJ.		city; LAG1	state; RANGE TX	78945	
PURPOSE OF EXPENDITURE	EVENT E	XPENSES			IPTS		
complete <u>ONLY</u> if direct expenditure to benefit C/OH		avel outside of Texas, Complete S Office holder name		ffice sought	TX, officeholder living exp	Office held	
AMERICAN PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE PR	ATTACH AL	DITIONAL COPIES (OF THIS SCH	EDULE AS NEEDE	D		

SCHEDULE G

		EXPEN	DITURE CATE	GORIES	FOR	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mi Candidate/Officeholder/P Credit Card Payment		Fees Office Overthe Food/Beverage Expense Polling Expense Printing Expense Printing Expense		g Expense Travel In District g Expense Travel Out of Dis ssWages/Contract Labor Other (enter a cate			ulpme trict	nt & Related Expense	
1 Total pages Schodule	0. 2 51150 11								
1 Total pages Schedule		KEI	TH KORE	NEK	`		3 Filer ID (Eth	ics C	ommission Filers)
4 Date 5-10-23	5 Payee nar	me M- (1	WEIM	1F.12					
6 Amount (\$)	7 Payee add	dress:		101		City;	State		7la Oada
\$79 94 Reimbursement from political contributions intended	On Pa	X 697	WEIM	ER T	ΓX		State	•	Zip Code
8	(a) Category	(See Categories lis	ted at the top of this sch	edule)	(b) D	escription			
PURPOSE OF EXPENDITURE	EVEN	T EXP	ENSE		IT	EMS for	AUCTION	1	
	(c) c	heck if travel outside	of Texas. Complete Sche	dule T.		Check if Austin,	TX, officeholder living	exper	nse
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholo	ler name		Office	sought		Off	ice held
Date	Payee nam	ө							
5-12-23	JAIN	ME OL	VERA						
Amount (\$)	Payee addr	ess;				City;	State;		Zip Code
\$ 240°nbursement from political contributions intended	1092	MANSF:	IELD ST	CARK	2Wi	XT Cloc	77442		
PURPOSE	Category (See Categories liste	ed at the top of this sche	dule)	De	escription			
OF EXPENDITURE	EVENT	EXPEN	ISE	E	NG	IRAVE (L	UTTING E	SOA	RDS
	Ch	eck if travel outside o	f Texas, Complete Sched	ule T.		Check if Austin,	TX, officeholder living	expens	se
Complete <u>ONLY</u> if direct expenditure to benefit C/0		e / Officeholde	er name	0	office s	sought		Offic	ce held
Date	Payee name	Alle School - Control							
5-13-23		100770	OF COLUMB	SU\$	LAC	GRANGE	TK 789	45	
Amount (\$) 8636.75	Payee addre	988;				City;	State;	Zi	p Code
Relmbursement from political contributions intended	PO BOX 7	195 190 9	TOUTH ISRO	WN S	77	LACIRA	NGE TX	780	145
PURPOSE	Category (Se	ee Categories listed	at the top of this sched	ule)	Des	cription			
	EVENT	EXPE	NSE	H	HALL	- RENTAL	+ MEAL		
	Chec	ck if travel outside of 7	Texas, Complete Schedule	e T.		Check if Austin, TX	C, officeholder living e	xpense	
mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate	/ Officeholder	name	Of	fice so	ought		Offic	e held
	ATTACH	ADDITIONA	L COPIES OF TH	HIS SCH	EDUL	E AS NEEDED)		

SCHEDULE G

		EXPENDITURE CATEG	ORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
l		The Instruction Guide explains	how to complete this form.	•		
	1 Total pages Schedule G	LETTH KORENEK		3 Filer ID (Ethics Commission Filers)		
Ī	4 Date	5 Payee name				
	5-12-23	WALMART LAGRANGE				
ľ	6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
	Reimbursement from political contributions intended	1915 W State Hwy 7				
8	PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description			
	OF EXPENDITURE	EVENT EXPENSE	AUCTION	ITEM		
		(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin,	TX, officeholder living expense		
9		Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH			¥			
	Date	Payee name				
5	1-12-23	WALMARI				
	4mount (\$)	Payee address;	City;	State; Zip Code		
	Reimbursement from political contributions intended	1915 W STHWY TI LAGRA	NGE TX 7894	łs		
	Dunnage	Category (See Categories listed at the top of this sched	The state of the s			
	PURPOSE OF EXPENDITURE	EVENT EXPENSE		PENS		
		Check if travel outside of Texas. Complete Schedul		TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought			
		Н	Sind Jought	Office held		
	Date	Payee name				
	20-23	TEXAS RANGER POWDA	Corr			
d	Amount (\$)	Payee address;	City;	State; Zip Code		
u	Reimbursement from	03 Industrial Loop Sulte 70	00	State, Zip Gode		
L	political contributions intended	PREPR	624			
	PURPOSE	Category (See Categories listed at the top of this schedul				
E	OF EXPENDITURE	DONATION	DOVATI	Go		
_		Check if travel outside of Texas. Complete Schedule	Check if Austin. TX	K, officeholder living expense		
	plete <u>ONLY</u> if direct nditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
		ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED			

SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po Credit Card Payment	Fees Food/Beverage Expense de By Gift/Awards/Memorials Expense	Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G			3 Filer ID (Ethics Commission Filers)		
	KETTH KORENEK		Ther ID (Lines Commission Fliers)		
4 Date	5 Payee name				
5-21-23	MT CALVARY LUTHERAN CHURCH				
6 Amount (\$) \$50.** Relmbursement from political contributions	7 Payee address;	City:	State; Zlp Code		
intended 8	(a) Category (See Categories listed at the top of this sched	(h) Description			
PURPOSE	48	ule) (b) Description			
EXPENDITURE	DONATION	DONATION			
0	(c) Check if travel outside of Texas. Complete Schedule		TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
06-01-23	ELLINGER CHAMBER OF	COMMERCE			
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	POBOX 37 BUENCER	TX 78938			
BUBBBBB	Category (See Categories listed at the top of this schedul				
PURPOSE OF EXPENDITURE	DONATION	DONATION	1		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, 1	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
06-01-23	2023 CENTEX STORM I	IU			
Amount (\$) \$ \(\int \text{D} \). Relmbursement from political contributions intended	Payee address;	City;	State; Zip Code		
PURPOSE	Category (See Categories listed at the top of this schedule) Description			
OF EXPENDITURE	RAPPLE	RAPFLE			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX	K, officeholder living expense		
pmplete <u>ONLY</u> if direct penditure to benefit C/OH	plete ONLY if direct Candidate / Officeholder name Office sought Office he				
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED			

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/P Credit Card Payment	ade By olitical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling I Printing Salaries	epayment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Travel In District Travel Out Of District	pment & Related Expense
1 Total pages Schedule	0. 2 50 50 11		ins now to	complete this form.		
. Total pages Schedule	G: 2 FILER NA				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee nam	101001-01-1				
06-11-23	ST RO	SE SCHOOL				
6 Amount (\$)	7 Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended	400 B	ACK STREET	Schul	BNBURG TX	78956	
8 PURPOSE	(a) Category	See Categories listed at the top of this s	chedule)	(b) Description		
OF EXPENDITURE	Don	NOTE		DOVATION		*
•		neck if travel outside of Texas. Complete Sch	hedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te / Officeholder name		Office sought		Office held
Date	Payee name	9				
06-13-23	U.S.	POST OPPICE				
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
Reimbursement from political contributions intended	1 BEAST	COLORADO ST	- L	AGRANGE -	× 7894	5
PURPOSE	Category (S	see Categories listed at the top of this sci	hedule)	Description	70.0	
OF EXPENDITURE	EVENT	EXPENSE		STAMP	S	
		eck if travel outside of Texas. Complete Sche	edule T.	Check if Austin, T	X, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		e / Officeholder name	(Office sought		Office held
Date	Payee name					
6-8-23	NIGHT	FORCE OPTICS	IN	<u>_</u>		
Amount (\$) = 4 \ 859	Payee addre	ss;		City;	State;	Zip Code
Reimbursement from political contributions intended	336 HA	zen un ora	FINO	To	83544	-
PURPOSE	Category (Se	e Categories listed at the top of this sche	edule)	Description		
OF EXPENDITURE	EVENT	BX6BN2 A				
	Chec	k if travel outside of Texas. Complete Sched	lule T.	Check if Austin, TX	, officeholder living exp	ense
emplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate	/ Officeholder name	0	ffice sought		office held
	ATTACH	ADDITIONAL COPIES OF 1	THIS SCH	IEDULE AS NEEDED		

SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations N Candidate/Officeholder/ Credit Card Payment	Event Expense L Fees Food/Beverage Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Balaries/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 h	low to complete this form.	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule	GE 2 FILER NAME KEITH KOREN	5 r	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	- 1		
6-25-2023	ST PETER + PAUL	CHURCH		
Amount (\$) Reimbursement from political contribution intended	7 Payee address;	Lum TX	State; Zip Code 78952	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	le) (b) Description		
OF EXPENDITURE	DONATION			
9	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description		
and the same	Check if travel outside of Texas. Complete Schedule T			
Complete CALLY is all	0		TX, officeholder living expense	
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Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense	
nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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