# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	1 Total pages filed:				
2 CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY			
NAME	Mr. Wesley O	Filer ID #			
	Nickname Labt suffix	RECEIVED			
3 CANDIDATE MAILING ADDRESS	ADDRESS /PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE  15532 Hwy 159 West Industry, TX  78944	JUL 1 1 2024 AUSTIN COUNTY Date Handsterfeich (1921) Sixed			
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$			
	(979) 251-0194	Date Processed			
6 OFFICE HELD (if any)		Date imaged			
6 OFFICE SOUGHT (If known)	Justice of Peace Pet 2				
CAMPAIGN TREASURER NAME	M8/MR8/MR FIR8T MI NICKNAME	LAST SUFFIX			
8 CAMPAIGN TREASURER STREET ADDRESS	13292 State Hwy 159 West New	$U_{lm_1}TX$ 78950			
(residence or business)					
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (979) 421-095				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas Government Code.			
	I am aware of my responsibility to file timely reports a the Election Code.	s required by title 15 of			
	I am aware of the restrictions in title 15 of the Election of from corporations and labor organizations.	Code on contributions			
		6/28/2024			
	Signature of Candidate	Date Signed			
GO TO PAGE 2					

## **CODE OF FAIR CAMPAIGN PRACTICES**

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

| 6/28/2024 | Stignature | Date

Forms provided by Texas Ethics Commission www.eth

www.ethics.state.tx.us

Revised 1/1/2021

J. C.

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY
RECEIVED
JUL 11 2024
AUSTIN COUNTY ELECTIONS
Date Hand-dallvared or Postmarked
Date Processed
Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER  CANDIDATE  If filling as a candidate, complete boxes 3 - 6, then read and sign page 2.	POLITICAL COMMITTEE  If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) FIRST	MI
TELEVIE IIIE ONTHAI)	Mr. Wesley	O'brien
	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	Peschal	
4 TELEPHONE NUMBER	AREA CODE PHONE NUMBER	EXTENSION
OF CANDIDATE (PLEASE TYPE OR PRINT)	(979) 251-0194	
5 ADDRESS OF CANDIDATE	STREET/PO BOX; APT/SUITE#; CIT	ry: STATE: ZIP CODE
(PLEASE TYPE OR PRINT)	15532 Huy 159 West In	B 2 ( ) (
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Justice of Peace	Pc+ 2
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)		
8 NAME OF CAMPAIGN	TITLE (Dr., Mr., Ms., etc.) FIRST	МІ
TREASURER (PLEASE TYPE OR PRINT)	Lisq	
1 heros in roundary	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
1	Kaspar	
THE PROPERTY OF THE PROPERTY O		

# CANDIDATE MODIFIED REPORTING DECLARATION

11 CANDIDATE NAME	Wesley Peschel
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,080 in political contributions or make more than \$1,080 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to which declaration applies  Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>

or mall to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFlieAReport.php

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICEHOLDER NAME  4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	MS / MRS / MR  MY,  NICKNAME  ADDRESS / PO BOX;  1326 In  AREA CODE  (979)  MS / MRS / MR  NICKNAME	Wesley LAST Peschel	city; sta Chdushy	MI O SUFFIX TE; ZIP CODE TXX T8944	Date Received	EUSEONLY  CEIVE  JUL 15 2024  STIN COUNT ELECTIONS  d or Date Postmarked
OFFICEHOLDER NAME  4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	MY, NICKNAME  ADDRESS / PO BOX; 1326 IN  AREA CODE (979)  MS / MRS / MR  NICKNAME	Wesley  LAST PESCHEL  APTISUITE #;  dustry Rd  PHONE NUMBER  351-0194  FIRST  LAST  LAST	Tholismy i	SUFFIX TE: ZIP CODE TXX 78944 ENSION	Date Received	JUL 15 2024 STIN COUNT ELECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX;  1326 In  AREA CODE (979)  MS / MRS / MR NICKNAME	APT / SUITE #;  dustry Rd  PHONE NUMBER  35/-0/94  FIRST  LAST	Tholismy i	TE; ZIP CODE TX 78944 ENSION	AUS E	STIN COUNT ELECTIONS d or Date Posimarked
OFFICEHOLDER MAILING ADDRESS  Change of Address  CANDIDATE/ OFFICEHOLDER PHONE  CAMPAIGN TREASURER NAME	AREA CODE (979)  MS / MRS / MR NICKNAME	PHONE NUMBER 351-0194  FIRST LAST	Tholismy i	Tx) 78944  ENSION	Date Hand-delivere	STIN COUNT ELECTIONS d or Date Posimarked
5 CANDIDATE/ OFFICEHOLDER PHONE ( 6 CAMPAIGN TREASURER NAME	MS / MRS / MR MYS. NICKNAME	351-0194 FIRST W54 LAST	EXT	MĻ	Date Hand-delivere	d or Date Posimarked
OFFICEHOLDER PHONE (  CAMPAIGN TREASURER NAME	MS / MRS / MR MYS. NICKNAME	351-0194 FIRST W54 LAST	EXT	MĻ		
TREASURER	NICKNAME STREET ADDRESS (I	LISA LAST L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Receipt #	Amount \$
7. CAMBAIGN	NICKNAME STREET ADDRESS ((	LAST	****************		Date Processed	
7 CAMPAIGN TREASURER	STREET ADDRESS (I		_	SUFFIX	Date Imaged	
ADDRESS /		He Huy 159 W	SUITE #;	tew Ulm	STATE;	zip code -78950
(Residence or Business)	Keridu	l'L				
TREASURER	AREA CODE (979)	PHONE NUMBER 421-0095	•	ENSION	· ·	
REPORT TYPE	January 15	30th day before	election	Runoff		after campalgn appointment Jer Only)
Ē	July 15	8th day before e	lection	Exceeded Modified Reporting Limit	Final Rep	ort (Altach C/OH - FR)
O PERIOD COVERED	Month 7	Day Year / 11 / 2024	THROUGH	Month  7	Day Ye.	
11 ELECTION	Month Day	Year Primary		ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (If any)	IONE	13 OFF	FICE SOUGHT (IT KNOWN	-	
POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQI	ES MAY HAVE BEEN M	IADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			·	· · · · · · · · · · · · · · · · · · ·
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		****	
		COMMITTEE CAMPAIGN T	REASURER ADDRES	ss		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Wesley Perchel		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC     PLEDGES, LOANS, OR GUAR     CONTRIBUTIONS MADE ELECT		\$ 0.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS INS, OR GUARANTEES OF LOANS	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$ 0,00
	4. TOTAL POLITICAL EXPEN	PITURES	\$ 0,00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O	F ALL OUTSTANDING LOANS AS C IG PERIOD	\$ 0.00
	swear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,		ue and correct and includes all information
			and the state of t
		·	
		Signature of C	andidate or Officeholder
		Oignature of Oi	and date of officerolog.
	Please com	olete either option below	N:
(1) Affidavit			
(1) Allidavit			
NOTARY STAMP/SEA	AI		
NOTART STANIE / SE	1L.		
Sworn to and subscribed	i before me by	this the	day of,
	y which, witness my hand and seal of office.		
20, (Ocerally	y which, withess my hand and sear of onice.		
Signature of officer administr	ering oath Printed name of of	ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	ion		
My name is	des Peschel	, and my date of birth i	s2/18/82
My address is	6 Industry Rd	. Industry	TX. 72944 Audin
,	(street)		(state) (zip code) (country)
Franks   1	14		
Executed in	County, State of /	, on the _/>day of _F_re (mont	6 , 20 <u>2 4</u> . (year)
1		Signature of Cand	idate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

19	19 FILER NAME Westey Peschiel 20 Filer ID (Ethics Co					
21	21 SCHEDULE SUBTOTALS (NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$0.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0 . 00				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0,00				
4.	SCHEDULE E: LOANS	\$ 0,00				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00				
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0,00				
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	\$ 0,00				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0,00				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00				

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filler ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. М MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER 0 Mr Wesley NAME SUFFIX NICKNAME LAST Peschel 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE OCT 07 2024 1326 Industry Rd Industry, Tx 78944 **OFFICEHOLDER MAILING** AUSTIN CO. TAX **ADDRESS** SSESSOR-COLLECTOR Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (979 251-0194 PHONE Receipt # Amount \$ FIRST MS / MRS / MR 6 CAMPAIGN TREASURER Lisa Mrs A Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Kaspar STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER 13292 State Hwy 159 West New Ulm, Tx 78950 **ADDRESS** (Residence or Business) AREA CODE EXTENSION PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 421-0095 ( 979 9 REPORT TYPE 15th day after campaign 30th day before election Runolf January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Year Month Dav COVERED 9 26 24 **THROUGH** ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Year General Special 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE JP pct 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Wesley Peschel			<b>16</b> Filer ID (	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECT		N \$	3,950.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	, \$	3,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$	3,427.13
	4. TOTAL POLITICAL EXPEND	DITURES	\$	3,427.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY \$	522.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS O	S \$	0.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury,	that the accompanying report is tr	ue and correct	and includes all information
	quired to be reported by me under Title 15,		and the same of th	
		Signature of C	andidate or O	Ricenolder
		. '		
	Please comp	olete either option belo	w:	
:				
(1) Affidavit				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by	this the	e da	ay of,
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	pring oath Printed name of o	ficer administering oath	Title	of officer administering oath
		OR		
(2) Unsworn Declarati	on			
My name is Wesley F	Peschel	, and my date of birth	is 02/18/19	182
My address is 1326 In	dustry rd		Гх 789	44
, 444.000 10	(street)	(city)	(state) (zip	code) (county)
Executed in Austin	County, State of Texas	, on the 6day of 10		024 (Vear)
***************************************		Signature of Cano	Hidata/Officehol	der (Declarant)
		- Signature of Cano	adate/Onicenol	nei (necigialii)

## **SUBTOTALS - C/OH**

	sley Peschel	0 Filer ID (Ethics Con	nmiss	lon Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,950.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	4. SCHEDULE E: LOANS			0.00
5,	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7,	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	0.00

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

1	ted information is not applicable, be not in-		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Wesley Po	eschel		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Wesley Peschel		7 Amount of contribution (\$)
08/05/2024	6 Contributor address; City; 1326 Indusry rd Indusry,	State; Zip Code Tx 78944	400.00
8 Principal occu Firefighter/Pa	pation / Job title (See Instructions) tramedic	9 Employer (See Instruct) City of Houston	ons)
Date	Full name of contributor out-of-state PAC Skip McBride	; (ID#:)	Amount of contribution (\$)
08/27/2024	Contributor address; City; 807 Old Lake rd Houston	State; Zlp Code 1, Tx 77057	500.00
Principal occup Attorney	nation / Job title (See Instructions)	Employer (See Instructi Self	ons)
Date		; (ID#:)	Amount of contribution (\$)
08/30/2024	Wesley Peschel  Contributor address; City;  1326 Indusry rd Indusry,	State; Zip Code Tx 78944	1,700.00
Principal occup Firefighter/Pa	oation / Job title (See Instructions) aramedic	Employer (See Instruct City of Houston	ions)
Date		C (ID#:)	Amount of contribution (\$)
09/04/2024	Peggy Peschel  Contributor address; City;  1328 Indusry Rd Industr	State; ZIp Code y, Tx 78944	500.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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.

	ned information to not applicable; 55 in		
The	Instruction Guide explains how to comple	ate this form.	1 Total pages Schedule A1:
2 FILER NAME Wesley Pe	eschel		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor contributor Contributor		state PAC (ID#:)	7 Amount of contribution (\$)
09/10/2024	6 Contributor address; City; 25368 Squirrel rd New Ulm	State; Zlp Code	750.00
8 Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instruc	
Dale	Full name of contributor out-of-s	state PAC (ID#:)	Amount of contribution (\$)
09/16/2024	Contributor address; City; 580 Industry rd Indus		100.00
Principal occup retired	 pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor out-of-s	-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	Slate; Zip Code	
Principal occup	 pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor out-of-	-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	

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

Event Expense Fees Food/Beverage Expense GifVAwards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/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 Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Wesley Peschel		3 Filer ID (Ethic	s Commission Filers)
4 Date 09/03/2024	5 Payee name UZ marketing		-	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
2,444.21	5900 Bingle rd Houston, Tx 77092			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	Signage		
	(c) 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/OF	Candidate / Officeholder name  **Wesley Peschel**	Office sought JP pct2		Office held
Date	Payee name			
09/23/2024	UZ marketing			
Amount (\$)	Payee address;	City;	State;	Zip Code
483.92	5900 Bingle rd Houston, Tx 77092			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising expense	Signage		
OF EXPENDITURE				
	Check if travel outside of Texes. Complete Schedule T.	Check if Aust	itin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/25/2024	Branded Designs			
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	236 S Front st Bellville, Tx 77418			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising expense	Signage		
	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/Oł	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	



Filer name

# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OF OFFICE	DEF ONLY		
Date Received			
አ 505¢	OCL OL		
Date Hand-delivered or Date Postmarked			
Receipt #	Amount \$		
Date Processed			
Date Imaged			

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I
  contract, uses computer equipment to keep current records of political contributions, political
  expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>CFR</u> report due on <u>10 / 7/24</u>. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

### Please complete either option below:

Wesley Peschel

(1) Affidavit			
NOTARY STAMP/SEAL		( Signature	of Filer
Sworn to and subscribed before me by		this the	day of
Signature of officer administering oath	Printed name of officer administering oath  OR		Title of officer administering oath
(2) Unsworn Declaration  My name is Westey Pesch  My address is 13 2 6 Endustry (street)  Executed in Austin County, State of	, and my date of Rol Industry (city) of TL, on the 6 day of	,,,,,,	. 20 24. (year)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete thi	s form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST Mr Wesley		OFFICE USE ONLY		
NAME	NICKNAME LAST Pesch	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / S 1326 Industry Rd Indus		RECEIVED OCT 28 2024		
Change of Address			<u></u>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUME (979 ) 251-019		Anti-Band Addition of the Presimarked ELECTIONS Receipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR FIRST Mrs Lisa	т мі	Date Processed		
NAME	nickname Last Kasp		Date imaged		
7 CAMPAIGN TREASURER ADDRESS	street ADDRESS (NO PO BOX PLEAS 13292 State Highway 1	se); APT / SUITE #; CITY: I 59 west New Ulm, Tx 78950	STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	( 979 ) 421-00				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th	n day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day 9 / 27 /	Year Month 24 THROUGH 10			
11 ELECTION	ELECTION DATE  Month Day Year  11 / 5 / 24	Primary Runoff Other Description  General Special	E		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF know JP pct 2	vn)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES				
COMMITTEL(S)	COMMITTEE TYPE COMMITTEE N				
Additional Pages	Additional Pages COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE C	CAMPAIGN TREASURER NAME			
	COMMITTEE	CAMPAIGN TREASURER ADDRESS			
		GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID	(Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL     PLEDGES, LOANS, OR GUARAN     CONTRIBUTIONS MADE ELECTION	ITEES OF LOANS, OR	\$	9,150.00	
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS		\$	9,150.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$	9,443.10	
	4. TOTAL POLITICAL EXPENDIT	URES	\$	9,443.10	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	DNS MAINTAINED AS OF THE LA	ST DAY \$	228.77	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		FTHE \$	0.00	
	L. wear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, Ele		ue and correc	et and includes all information	
	<b>,</b>				
		Signature of C	andidate or (	Officeholder	
	Please compl	ete either option belo	w:		
(1) Affidavit					
•					
NOTARY STAMP/SEA	<b>L</b>				
Sworn to and subscribed	before me by	this the		day of,	
	which, witness my hand and seat of office.			•	
, , , , , , , , , , , , , , , , , , , ,	,				
Signature of officer administ	ering oath Printed name of offic	er administering oath	Ti	itle of officer administering oath	
		OR			
(2) Unsworn Declarat	lon				
My name is Wesley I	Peschel	, and my date of birth	<sub>is</sub> <u>02/18/1</u>	982	
My address is 1326 In	dustry rd	, <u>Industry</u>	Гх , <u>78</u>	944 , <u>US</u> .	
Augtin	(street)	*****		p code) (country)	
Executed in Austin	County, State of Texas	, on the 27 day of Octo		20 <sup>24</sup> (year)	
		Signature of Cano	didate/Officeh	older (Declarant)	
1				,	

## SUBTOTALS - C/OH

	ey Peschel	20 Filer ID (Ethics Con	nmission Filers)
21 SCH	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,150.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	4. SCHEDULE E: LOANS		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 9,443.10
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			\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

### 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:
2 FILER NAME Wesley Pe	eschel	3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2024	5 Full name of contributor out-of-state PAC (ID#:) Debra & Dale Kollman 6 Contributor address; City; State; Zip Code 21068 FM 1094 New Ulm Tx 78950	7 Amount of contribution (\$)
8 Principal occup retired	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:)  Wesley Peschel  Contributor address; City; State; Zip Code  1326 Industry rd Industry, Tx 78944	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)  Employer (See Instruc	tions)
Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:)  Wesley Peschel  Contributor address; City; State; Zip Code  1326 Industry rd Industry, Tx 78944	Amount of contribution (\$)  1,600.00
Principal occuj	pation / Job title (See Instructions)  Employer (See Instructions)	etions)
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:)  Wesley Peschel  Contributor address; City; State; Zlp Code  1326 Industry rd Industry, Tx 78944	Amount of contribution (\$)  400.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	

### 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	s form.	1 Total pages Schedule A1:
2 FILER NAME Wesley Pe	eschel		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Douglas Elliot  10/08/2024 6 Contributor address; City; State; Zlp Code  25368 Squirrel rd New Ulm, Tx 78950		7 Amount of contribution (\$)  1,000.00	
8 Principal occup Attorney	oation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 10/11/2024	Full name of contributor out-of-state PA Brent Southwell  Contributor address; City; 7902 Hoppe Sister Rd New Uli	State; Zlp Code m, TX 78950	Amount of contribution (\$)  2,000.00
Principal occup Business owr	ation / Job title (See Instructions) 1er	Employer (See Instruct	tions)
Date 10/11/2024	Full name of contributor out-of-state PA  Donald & Gwen Spiess  Contributor address; Clty;  600 FM 109 Brenham	State; Zip Code  1, Tx 77833	Amount of contribution (\$)
Principal occup	oation / Job title (See instructions)	Employer (See Instruc	tions)
Date 10/21/2024	Full name of contributor out-of-state P/Wesley Peschel  Contributor address; City;  1326 Industry Rd Industry, Tx	State; Zip Code	Amount of contribution (\$)  950.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	btlons)
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDUL F AS N	NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### **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 Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W		Travel in District Travel Out Of District Other (enter a categor	
Credit Card Payment		The Instruction Guide explains				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	ame				
09/30/2024	Branded	d Designs				
6 Amount (\$)	7 Payee ac	ddress;		City;	State;	Zip Code
3,321.82	236 S Fi	ront st Bellville, Tx 774	18			
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE	Advertis	sing expense		Signage, kooz	ies, brochure	s, buttons
OF EXPENDITURE				-		
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-		late / Officeholder name y Peschel		Office sought JP2	100	Office held
Date	Payee na	ame				
10/01/2024	UZ Mark	keting				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1,763.52	5900 Bii	ngle rd Houston, Tx 77	092			
	Category	y (See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	Adverti	sing expense		signage		
CXI CIVOITORE		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candio	late / Officeholder name		Office sought		Office held
expenditure to benefit C/Oł		ey Peschel	•	JP2		
Date	Payee n	ame				
10/04/2024	Bellville	Times				
Amount (\$)	Payee a	·		City;	State;	Zlp Code
393.00	106 Eas	t Palm Bellville, Texas	77418			
	Category	y (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	sing expense		news paper ar	ticle	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct	Candid	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OI	<sup>H</sup> Wesle	ey Peschel	J	P2		
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

### 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 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 Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Wesley Perchel		3 Filer ID (Ethics	: Commission Filers)
4 Date 10/11/2024	5 Payee name Bellville Times			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
128.00	106 East Palm Bellville, Texas 77418			•
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	News paper A	.D	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  **Burney Candidate / Officeholder name**  **Burney Candidate / Officeholder name**	Office sought JP2		Office held
Date	Payee name			
10/15/2024	KTEX 106.1			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,352.00	223 East Main St. Brenham, TX 7783	33		
	Category (See Categories listed at the top of this schedule)	Description		-
PURPOSE	Advertising expense	Radio AD		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	) expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Wesley Peschel	JP2		
Date	Payee name			
10/16/2024	Branded designs			
Amount (\$)	Payee address;	City;	State;	Zip Code
643.60	236 S Front st Bellville, Tx 77418			
	Category (See Categories listed at the top of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Advertising expense	Koozies, Broch	hures, sticker	S
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living	) expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oi	Wesley Peschel	JP2		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

Event Expense Fees Food/Beverage Expense Girt/Awardsoon Loan Repayment/Relmbursement 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

Contributions/Donations Made By Candidate/Officeholder/Political		ng Expense ies/Wages/Contract Labor	Travel Out Of District 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 Wesley Peschel		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/11/2024	Bellville Times		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
688.50	106 East Palm Bellville, Tx 77418		
8	(a) Category (See Categories listed at the top of this schedul	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	News Paper A	AD ·
	(a) Check if travel outside of Texas, Complete Schedule	T. Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oi		JP2	
Date	Payee name		
10/21/2024	Huff Brewing Company		
Amount (\$)	Payee address;	City;	State; Zip Code
227.66	11 E. Main St. Bellville, Texas 774	18	
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meet and Gre	eet drinks and food
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	lin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Wesley Peschel	JP2	
Date	Payee name		
10/21/2024	The Kenny Store		
Amount (\$)	Payee address;	City;	State; Zip Code
925.00	811 South Loop 497, Kenney, TX	77452	
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meet and Gre	et drinks and food
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Wesley Peschel	JP2	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED