FORM C/OH COVER SHEET PG 1 CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. OFFICE USE ONLY М FIRST MS / MRS / MR Date Received 3 CANDIDATE/ KAITH **OFFICEHOLDER** MR SUFFIX FILED LAST NAME NICKNAME KORONGK ZIP CODE JUL 05 2023 STATE: APT / SUITE #; ADDRESS / PO BOX; CANDIDATE / 78945 **OFFICEHOLDER** 8350 MACH ROAD LAGRANGE Date Hand-JANDAN OF BANKATON MAILING **ADDRESS** EXTENSION FAYETTE COUNTY, TEXAS Change of Address PHONE NUMBER AREA CODE CANDIDATE/ Amount \$ Receipt # **OFFICEHOLDER** MI PHONE FIRST MW Date Processed W MS / MRS / MR AVID 6 CAMPAIGN SUFFIX TREASURER MR Date Imaged LAST NAME NICKNAME BEYER ZIP CODE STATE: STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; 84 CR 95 CCC CAMPAIGN TREASURER MOULTON TX 77975 ADDRESS EXTENSION (Residence or Business) PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 15th day after campaign PHONE treasurer appointment (Officeholder Only) Runoff 30th day before election 9 REPORT TYPE January 15 Final Report (Attach C/OH - FR) **Exceeded Modified** 8th day before election Reporting Limit July 15 Year Day 2023 Year 130 Month 06/ 10 PERIOD THROUGH 2023 COVERED 01 01 ELECTION TYPE ELECTION DATE Other Runoff Description 11 ELECTION Primary Year Day Month Special General 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES. MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. OFFICE HELD (if any) 12 OFFICE 14 NOTICE FROM POLITICAL COMMITTEE NAME COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL COMMITTEE CAMPAIGN TREASURER NAME \dditional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) KEITH KORENEK 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS \$122,751.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 4. **TOTAL POLITICAL EXPENDITURES** \$ 21,592.95 CONTRIBUTION \$ 118,920.18 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD **18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: Notary ID 4128403324 My Commission Expires (1) Affidavit

NOTARY STAMP/SEAL					
Sworn to and subscribed before me by _	Keith Korene	CKt	his the 2	day of	lune.
20 23, to certify which, witness m					
Candous Kiethy	Candace K	vether	F	ldmin. As	st.) Notani
Signature of officer administering oath	Printed name of officer a	dministering oath	·	Title of office	r administering oath
	OR				
(2) Unsworn Declaration					
77					
My name is		, and my date of	birth is		
My address is					
(s	treet)	(city)	(state)	(zip code)	(country)
Executed in County,	State of, or	n the day of _		, 20 (year)	
			(month)	(year)	
		Signature of	Candidate/Offi	ceholder (Decla	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

FILER NAME 20 Filer ID (Ethics C	ommission Filers)
KGITH KORENEK	
	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 107.491.60
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 107,491.60
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
SCHEDULE E: LOANS	\$
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,795.04
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 12,797.91
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE A1

If the requ	lested information is not appli	cable, DO NOT	include this page in th	ne report.
TI	ne Instruction Guide explains he	ow to complete th	nis form.	1 Total pages Schedule A1:
2 FILER NAM		JEK		3 Filer ID (Ethics Commission Filers)
03-01-23	5 Full name of contributor JERRY & DONNA	out-of-state P	State; Zip Code	7 Amount of contribution (\$) \$ 1000 °
8 Principal occ	upation / Job title (See Instructions	3)	9 Employer (See Instru	octions)
Date 03-06-23	Full name of contributor TOM H HILL Contributor address;	□ out-of-state PA City;	State; Zip Code	Amount of contribution (\$) \$2,500
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor JASON HAHN	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03-06-23	Contributor address;	City;	State; Zip Code	\$1,000
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	20 000 00000000000000000000000000000000	Amount of contribution (\$)
3-13-23	Contributor address;	City;	State; Zip Code	\$10000
Principal occupa	ition / Job title (See Instructions)		Employer (See Instructi	ions)
	ATTACH ADDITION	ONAL COPIES OF please see instruc	THIS SCHEDULE AS NE	EDED porting requirements.

SCHEDULE A1

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

The	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	K. KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
03-13-23	ROY & ANGIE RICHTER 6 Contributor address; City; PO BOX 188 FLATINIA T	State; Zip Code	\$10000
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date 03-07-23	GORY & BETTY FRITSCH Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

Th	e Instruction Guide explains ho	ow to complete	this form.	1 Total pages Schedule A1:
2 FILER NAM	KETTH KORENEK			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	DELGAO		7 Amount of contribution (\$)
03-14-2023	6 Contributor address;	City;	State; Zip Code	\$2,500
8 Principal occi	upation / Job title (See Instructions		9 Employer (See Instru	ctions)
Date	Full name of contributor T. L. LARSON	Out-of-state P	AC (ID#:)	Amount of contribution (\$)
3.51.505	Contributor address;	city; Schulen	State; Zip Code	\$ 2,000°
Principal occup	etion / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	.C: (ID#:)	Amount of contribution (\$)
3-29-263	PAVID HOOSE Contributor address;	CHULE	Stato; Zlp Code	≠2,500°°
Principal occupa	tion / Job title (See Instructions)	1	Employer (See Instruct	ions)
Date	Full name of contributor WAYNE PENELLO	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
-20-2013	Contributor address;	City;	State; Zlp.Code	\$2,500
rincipal occupat	ion / Job title (See Instructions)	***************************************	Employer (See Instruction	ons)

SCHEDULE A1

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

ii tiio roqu	osted information is not app	ilicable, DO NO I	include this page in th	e report.
Th	e Instruction Guide explains h	now to complete t	this form.	1 Total pages Schedule A1:
2 FILER NAM	E ETH KORENEK			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor John R. Colson	out-of-state	PAC (ID#:	7 Amount of contribution (\$)
B-30-7023	6 Contributor address;	City;	State; Zip Code	\$ 2,500 00
8 Principal occi	upation / Job title (See Instruction		9 Employer (See Iristru	otions)
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)
04-05-2023	Contributor address:	City;	State: Zip Code	\$ 1,500
Principal occup	ation / Job title (See Instructions)	The state of the s	Employer (See Instruc	tions)
Dale	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4-04-2023	Contributor address;	City;	State; Zip Code	\$2,500 00
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	ions) .
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4-12-2023	Contributor address;	City;	State; Zip Code	\$250
Principal occupat	ion / Job title (See Instructions)	NOSI POINT	Employer (See Instruction	ons)
If	ATTACH ADDITI		F THIS SCHEDULE AS NE	

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Revised 8/17/2020

SCHEDULE A1

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

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Th	e Instruction Guide explains he	ow to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAM	E KEITH KOPEA	JEK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor RANDA LL NOV		PAC (ID#:	7 Amount of contribution (\$)
04-12-2023		City;	State; ZIp Code	\$550°
6 Principal occi	upation / Job title (See Instructions	1)	9 Employer (See Instru	octions)
Date	FUII name of contributor FRED ROBERTS +		AC (ID#:) SEI FELT	Amount of contribution (\$)
04-13-2023	Contributor address;		State; Zlp Code	\$5 00°°
Principal occup	ation / Job title (See Instructions)		Employer (Soe Instruc	itions)
Date	Full name of contributor MARK YOUENS	[] out-of-state PA	C (ID#:)	Amount of contribution (\$)
)4-I4 <i>3</i> 023	Contributor address;	City;	State; Zip Code	\$5000
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	\$ (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	-
Principal occupat	tion / Job title (See Instructions)		Employer (See Instructi	ons)
I	ATTACH ADDITIO		F THIS SCHEDULE AS NE	

SCHEDULE A1

If the requ	ested information is not applicable, DO NOT	include this page in th	ne report.
Th	ne instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
2 FILER NAM	E KEITH KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date 4 - 12-23 8 Principal occidents	5 Full name of contributor Out-of-state RTCHARD FTLTP 6 Contributor address; City; Upation / Job title (See Instructions)	State; Zip Code State; Sip Code 9 Employer (See Instru	7 Amount of contribution (\$) \$ 2500.00 Indications)
Date 4-12-23	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	etions)
Date 4-18-23	Full name of contributor out-of-state PARON SMITH Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$ 2,500.00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ilions)
4-18-25	Full name of contributor out-of-state PAC ROY BRENT & LOURIE WHIS Contributor address; City;		Amount of contribution (\$) \$-2500.00
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructi	
I	ATTACH ADDITIONAL COPIES O f contributor is out-of-state PAC, please see Instru		

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SCHEDULE A1

II ale led	To requested information is not applicable, DO NOT include this page in the report.					
Т	he instruction Guide explains how to complete	this form.	1 Total pages Schedule A1:			
2 FILER NAM	"KEITH KORENEK		3 Filer ID (Ethics Commission Filers)			
4 Date 4 -26-23	5 Full name of contributor Out-of-state COREY LAYNE FAMIL 6 Contributor address; City; 10 South State upation / Job title (See Instructions)		7 Amount of contribution (\$) \$ 500.00			
Principal occup	Full name of contributor		Amount of contribution (\$) \$ 2500.00			
Date - 24-23	Full name of contributor cut-of-state PARVSSELL + AMY MORGIAN Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$) \$ 250.00			
Principal occupat	tion / Job title (See Instructions)	Employer (See Instruct	ions)			
Date [- 25-23]	Full name of contributor Out-of-state PAC CONTRIBUTES CALLAWAY Contributor address; City; CONTRIBUTED ROLFAVETT		Amount of contribution (\$) \$\frac{4}{500}.00			
Principal occupation	on / Job title (See Instructions)	Employer (See Instruction	ons)			

SCHEDULE A1

II the requ	ested information is not applicable	e, DO NOT include this page in the	e report.
Th	e Instruction Guide explains how to	complete this form.	1 Total pages Schedule A1:
2 FILER NAM	KEITH KORENE	.K	3 Filer ID (Ethics Commission Filers)
4 Date 5-4-23	BRIAN DARTLEK 6 Contributor address;	out-of-state PAC (ID#:) City; State; Zip Code	7 Amount of contribution (\$) \$ 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 5-2-23 Principal occupa	JEWELL PIERCE	cut-of-state PAC (ID#:) City; State; Zip Code Employer (See Instruction	Amount of contribution (\$) \$ 2500.00
1-30-23	TEVEN & JACKIE	City; State; Zip Code	Amount of contribution (\$)
Principal occupati	OBOX 199 FLATOR on / Job title (See Instructions)	Employer (See Instruction	ns)
Date	HYNORDD SANDI	it-of-state PAC (ID#:) WARKEN ty; State; Zip Code	Amount of contribution (\$)
Principal occupation	ANER 29 SCHULEN 1 Job title (See Instructions)	BURG Ty 1995U	9)

SCHEDULE A1

If the re	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 NA	ME KEITH KORENEK		3 Filer ID (Ethics Commission Filers)				
4 Date 5-1-23	5 Full name of contributor		7 Amount of contribution (\$) \$200 °°				
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Insta	actions)				
Date 5-1-23	PO BOX 939 FLATONIA	State; Zip Code	Amount of contribution (\$) \$50000				
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	otions)				
Date 5-1-23 Principal occup	Full name of contributor	State; Zip Code LA CK ANICO Employer (See Instruct	Amount of contribution (\$)				
Date - 24-23	Full name of contributor Out-of-state PA	C (ID#:) State; Zip Code	Amount of contribution (\$)				
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)				

SCHEDULE A1

If the reque	sted information is not applic	cable, DO NOT	include this page in t	he report.
The	Instruction Guide explains ho	ow to complete t	his form.	1 Total pages Schedule A1:
2 FILER NAME	KEITH KON	RENEK		3 Filer ID (Ethics Commission Filers)
5-1-23 8 Principal occup	5 Full name of contributor STLLY & SAM 6 Contributor address; 2002 (ANTERNO) ation / Job title (See Instructions)	LUNS City:	State; Zip Code PHUGENUM 9 Employer (See Instri	7 Amount of contribution (\$) 500°
	Full name of contributor MTCHAEL CLAY Contributor address; 309 BRUSH R on / Job title (See Instructions)	Out-of-state PA	State; Zip Code	Amount of contribution (\$) \$\begin{align*} & \lambda \text{OO} \text{O} \t
3 1 43	Full name of contributor AVRIE BROWN Contributor address; Of The GERM n / Job title (See Instructions)	OUT-of-state PAG	State; Zip Code Employer (See Instruct	Amount of contribution (\$)
5-8-23 P	Full name of contributor ORERT PARRY Contributor address; STRATRE CIVE / Job title (See Instructions)	Out-of-state PAC (State; Zip Code A CONTROL OF THE CO	Amount of contribution (\$) \$ 5000 ons)
	ATTACH ADDITION			

SCHEDULE A1

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

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	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAI	KEITH KORENEK	3 Filer ID (Ethics Commission Filers)		
5-12-23	5 Full name of contributor	7 Amount of contribution (\$)		
8 Principal occupation / Job title (See instructions) 9 Employer (See instructions)				
Date	Full name of contributor	Amount of contribution (\$)		
5-10-23	BRIAN & WARKUS WILSON Contributor address; City; State; Zip Code 5350 WORTH US 77 LAGRANGIE 78945	\$100000		
Principal occup	pation / Job title (See Instructions) Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
5-13-23	Contributor address; City; State; Zip Code 2401 W. St. Hwy 71 LAGRANGE TX 78945	\$275. ⁵		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:) DAUID WABNEGGER	Amount of contribution (\$)		
(CP_C).	Contributor address: City: State; Zip Code II Town & CHUNTRY NW #-370 Haysby TX 775217	\$1,58000		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE ASSISTA			

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NA	ME KEITH KORI	ENEK	3 Filer ID (Ethics Commission Filers)
4 Date 5-/3-23	5 Full name of contributor Tuffy Hale 6 Contributor address; City; Cupation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$)
	special 7 000 dile (366 instructions)	9 Employer (See Instruc	tions)
Date 5-13-23	Full name of contributor out-of-state Bradley Neville Contributor address; City;	PAC (ID#) State; Zip Code VII QC (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 5-13-23	Full name of contributor out-of-state Proceeding Lay Contributor address; City;	S.O. State of the second	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC Contributor address; City:		Amount of contribution (\$)
Principal occupati	on / Job title (See Instructions)	Employer (See Instruction	18)

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 N	KEITH KORE	NEK	3 Filer ID (Ethics Commission Filers)
5-/3-d3	5 Full name of contributor out-of-state Zach + Katlin Harris 6 Contributor address; City;		7 Amount of contribution (\$)
6. Principal o	ocupation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date	Full name of contributor Out-of-state P	AC (ID#:)	Amount of contribution (\$)
5-13-23	Contributor address; City:	State; Zip Code	\$800.00
Principal occ	ipation / Job title (See instructions)	Employer (See Instruct	lons)
Date 513-33 Principal occup	Full name of contributor out-of-state PAGE Brad Schielack Contributor address; City; Contributor address; City; Contributor address; City; Contributor address; City;	State: Zip Code Employer (See Instruction	Amount of contribution (\$)
	•		
Date 5-13-23	Full name of contributor out-of-state PAC Rachel McCasurt Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)
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SCHEDULE A1

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

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2 FILER NA	ME KEITH KORE	NEK	3 Filer ID (Ethics Commission Filers)
4 Date 5-/3-23	Olty)	State; Zip Code	7 Amount of contribution (\$)
		·	
Date 5-/3-23	Full name of contributor out-of-state PAC Kerneth Charanec	C (ID#:	Amount of contribution (\$)
		State; Zip Code	335.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
5-13-23	Sprian Wilson Contributor address; City; 1931 Canal bate Winners	State; Zip Code	\$ 550.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons) .
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
5.13-03	Contributor address; City;	State; Zip Code	*.275·00
	300 FK 1809 Chadnes 1	x 78942	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ne)

SCHEDULE A1

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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAM	KEITH KO	ENEK	3 Filer ID (Ethics Commission Filers)
5-13-23 8. Principal occur	5 Full name of contributor out-of-state Robert Farry 6 Contributor address; City; pation / Job title (See Instructions)	9 Employer (See Instruction	7 Amount of contribution (\$) 4 150, 00
Date 5.13.33	Full name of contributor	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ns)
4	Full name of contributor out-of-state P Cwel Flerce Ir Contributor address; City; Short Record on / Job title (See Instructions)	State; Zip Code Employer (See Instruction	Amount of contribution (\$) 4 475.00
19.0	Full name of contributor Out-of-state PA Nark's Heating the Contribution Contributor address; City; 3 PM 153 Smithville, Ty n / Job title (See Instructions)	19. 4	Amount of contribution (\$)

SCHEDULE A1

If the req	uested information is not applicable,	DO NOT include this page in	the report.
7	he Instruction Guide explains how to c	1 Total pages Schedule A1:	
2 FILER NAM	2 FILER NAME KEITH KORENEK		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$) \$ \$ \$50.00	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instr	uctions)
5-13-23	Stanley Smith II	ut-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instru	octions)
Date 5-13-23	Contributor address; CH	of state PAC (ID#:) by: State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruc	(enolfs)
Date		of-state PAC (ID#:)	Amount of contribution (\$)
5-13-27	Drank Winkler Contributor address; City O ROV 9 SO		\$125.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			