CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				
The C/OH Instruction C	≟uîde explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST	MI K	OFFICE USE ONLY
NAME	NICKNAME	LAST KOROUEK	SUFFiX	Date Receive LED B.S.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #; C	CITY; STATE; ZIP CODE	JUL 02 2024 8.52 aim TERRI B. HEFNER
Change of Address	8423 N	MACH ROAD	LAGRANGE TX 789	45CO, ELECTIONS ADMINISTRATOR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979) 7	PHÓNE NUMBER DZ - 1032	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR	DAVID	W.	Receipt # Amount \$
	NICKNAME	LAST BEVER	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / SI		STATE; ZIP CODE
(Residence or Business)		95 CCC P	<u>loulton, TEXAS</u>	77975
8 CAMPAIGN TREASURER PHONE	(36() 40	PHONE NUMBER 01-1588	EXTENSION	
9 REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Day Year / 2024	THROUGH 😝	30 / 2024
11 ELECTION	ELECTION DA	Year Primary General	Runoff Cther Description Special	
12 OFFICE	OFFICE HELD (if any) PRVETTE (COUNTY SHERLIFF	13 OFFICE SOUGHT (IF kno	COUNTY SHEMPF
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. <i>THESE EXPENDITURES</i>	MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
(_,	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME .	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME KOKENEK 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** \$ 5,980.00 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$106,729.23 **BALANCE** OF REPORTING PERIOD OUTSTANDING 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: CANDACE KOETHER Notary ID #128403324 (1) Affidavit My Commission Expires January 29, 2028 NOTARY STAMP/SEAL Keith Korenek Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration My name is __, and my date of birth is _ My address is (street) (city) (state) (zip code) (country) Executed in _____ County, State of _____, on the ___ (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME KEITH KORENEK 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,875.00
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	\$ 3,165.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KORENEK KEITH 5 Payee name 01-09-24 COLUMBUS 6 Amount (\$) 7 Payee address; City; State: Zip Code \$100°30 IFID WEST AT EXIT COLUMBUS 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF RAFFEL DONATION **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 01-11-24 WINCHESTER Amount (\$) City; Zip Code State: 2110g 150 **PURPOSE** MEAL TICHET + RAFFEL EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) Payee address; Zip Code PLATONIA Category (See Categories listed at the top of this schedule) Description PURPOSE OF 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

SCHEDULE F1

Advertising Exposes	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Ove Polling Expense Printing Expense Committee Legal Services Salaries/M	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME KOLENEK		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
01-29-24	ST JOSEPH'S CHURCH ALT	AR SOCIET	7		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$20°°	10 001 0 11	n 77975	<u> </u>		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE					
OF EXPENDITURE	RAFFEL	PONATIO	201		
EXECUTIONS OVE					
•	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01-30-24	SCHULEN BURG VOLUNTE	ER PIRE	DEPT.		
Amount (\$)	Payee address;	City;	State: Zip Code		
\$ 500 an	812 WOLTERS AUE S	CHULENBUR	6 TX 78956		
	Category (See Categories listed at the top of this schedule)	Description			
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PURPOSE		Везольной			
PURPOSE OF			וטען		
1	RAPFEL	DONAT	:		
OF		DONAT	stin, TX, officeholder living expense		
OF	RPPFEL Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name	DONAT	:		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	RPPFEL Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name	DONAT	stin, TX, officeholder living expense		
OF EXPENDITURE Complete ONLY if direct	RPPFEL Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	DONAT	stin, TX, officeholder living expense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	RAPPEL Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	DONAT	stin, TX, officeholder living expense		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	RAPPEL Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	Check if Aus	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh Date 02-12-2024	RPPFEL Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name SCHULBUBURG TR. LIVE: Payee address:	DONAT Check if Aus Office sought STOCIC City;	itin, TX. officeholder living expense Office held		
Complete ONLY if direct expenditure to benefit C/Oh Date 02-12-2024	RAPPEL Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name Payee name SCHUBIBURG TR. LIVE: Payee address:	DONAT Check if Aus Office sought STOCIC City;	otin, TX. officeholder living expense Office held State; Zip Code		
Complete ONLY if direct expenditure to benefit C/OFDate Date \$2-12-2024 Amount (\$)	RPPFEL Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name SCHULBUBURG TR. LIVES Payee address: PO BOX 325 SCHULBUBU	Check if Aus Office sought	otin, TX. officeholder living expense Office held State; Zip Code		
Complete ONLY if direct expenditure to benefit C/Oh Date 02-12-2024 Amount (\$) PURPOSE OF	RPPFEL Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name Payee name SCHUGUBURG TR. LIVE Payee address; PO BOX 325 SCHUEDOL Category (See Categories listed at the top of this schedule)	Check if Aus Office sought STOCIC City; ARG TY Description	Office held State; Zip Code		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02-12-2024 Amount (\$) \$375	RPPFEL Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name SCHULBUBURG TR. LIVES Payee address: PO BOX 325 SCHULBUBU	Check if Aus Office sought STOCIC City; ARG TY Description	otin, TX. officeholder living expense Office held State; Zip Code		
Complete ONLY if direct expenditure to benefit C/Oh Date 02-12-2024 Amount (\$) PURPOSE OF	RPPFEL Check if travel outside of Texas Complete Schedule T. Candidate / Officeholder name Payee name SCHUGUBURG TR. LIVE Payee address; PO BOX 325 SCHUEDOL Category (See Categories listed at the top of this schedule)	Check if Aus Office sought STOCIC City; ARG TY Description	Office held State; Zip Code		
Complete ONLY if direct expenditure to benefit C/OF Date 02-12-2024 Amount (\$) PURPOSE OF EXPENDITURE	RPPFEL Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name SCHULBUBURG TR. LIVE Payee address: PO BOX 325 SCHULBUBU Category (See Categories listed at the top of this schedule) SOLICTATION FUNDRAISING EX	Check if Aus Office sought STOCIC City; ARG TY Description	State; Zip Code		
Complete ONLY if direct expenditure to benefit C/Oh Date 02-12-2024 Amount (\$) PURPOSE OF	RPPFEL Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name SCHULBUBLIE TR. LIVE: Payee address; PO BOX 325 SCHULENDI Category (See Categories listed at the top of this schedule) SOLICIATION FUNDRAISING EX Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Aus Office sought STOCIC City; City; Description Check if Au	State; Zip Code ONATION Stin, TX. officeholder living expense		

SCHEDULE F1

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	tepayment/Reimbursement Overhead/Rental Expense (Expense g Expense ss/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 t	to complete this form.	
1 Total pages Schedule F1	2 FILER NAME KEITH KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	_	
02-20-24	JACK CERNOS	EK	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$25000	FM 155 LAGRA	NGE TX 7	8945
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE			
OF	EVENT EX PENSE	DONATION	_{_{1}}
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date	r dyco namo		
2-26-24	ELLINGER VOLUNTEER	PIRE DE	PT
Amount (\$)	Payee address;	City;	State; Zip Code
\$(00°	PO BOX 13 ETINGE Category (See Categories listed at the top of this schedule)	<u> </u>	938
PURPOSE			
OF EXPENDITURE	DONATION	RAFFE	- -
	Check if travel outside of Texas. Complete Schedule 1	Check if Au	stin, 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		
03-11-24	SACRED HEART CATHOL	ic CHURCH	
Amount (\$)	Payee address;	City;	State; Zip Code
\$25°°	545 EAST PEARL STE	ET LAGRANO	30 TX 78945
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE			
OF EXPENDITURE	DONATION	RAPPE	L
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule	T Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
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SCHEDULE F1

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

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	oense ages/Contract Labor	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 F1:	2 FILER NAME KEITH KORENER		3 Filer ID (Ethics Commission Filers)
4 Date 3-19-24	5 Payee name	TEAM	
6 Amount (\$)	THE TEXAS TOKADOES BRILL To Payee address:	City;	State; Zip Code
\$100°	202 LOEHR ROAD LAGRAN	6E TX 78	745
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	RAFFLE	DONATION)
	(c) Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03-21-24	MACKAYLA GRIPFIN		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 100	3137 PAST ST HWY 159 FAY	IEITEVILLE .	TX 78940
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION	DONATIO	Ŋ
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	itin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4-10-24	PAYETTEVILLE LIONS CLI	<u>ა</u> ც	
Amount (\$)	Payee address;	City;	State; Zip Code
\$1000	PO BOX 399 FAYETTEVILLE		740
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	RAFFLE	PONAT	40.1
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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 complete this form.	
1 Total pages Schedule F1.	2 FILER NAME KEITH KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4-29-24	KEITH KORENTAL		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$250 ts	8 350 WACH RD (a) Category (See Categories listed at the top of this s	LAGUANOTE (b) Description	TX 78945
8	(a) Category (see categories isted at the top of this s	(b) Description	
PURPOSE OF EXPENDITURE	DONATION	DONA	TION
	(c) Check if travel outside of Texas, Complete Sc	hedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		(HOUSE BURNED DOWN)
		_	
5-13-24	JIMMY & CINDY	CARTER BEN	SFIT
Amount (\$)	Payee address;	anso w. wity;	State; Zip Code
\$ 1000	Schulenburg	orneo Daun ^{City}	
	Category (See Categories listed at the top of this se	chedule) Description	
PURPOSE			
OF EXPENDITURE	RAFPEL	Dowf	AU DU
	Check if travel outside of Texas. Complete Se	shortula T Chark if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Dipolitical and addition of the	·		
Date	Payee name		
16-7-24	PAVETTEVILLE VOLUNTOE	in fire Depar	TMENT
Amount (\$)	Payee address;	City;	State; Zip Code
\$20000	PO BOX 65 FAME	HEVILLE TX	78940
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	RAFFEL	DONAT	ion
	Check if Iravel outside of Texas. Complete S	ichedule T. Check if Au	istin, TX, officeholder living expense
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i e	ATTACH ADDITIONAL COPIES	ひと これは ろいれたひひにた AS N	ににんにん

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	complete this form.
1 Total pages Schedule F1:	2 FILER NAME KETTIT KORGNUTK	3 Filer ID (Ethics Commission Filers)
4 Date		
6-13-24	KEITH KOLENEK	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$645°°	8350 MACH RD LAGR	ANGE TX 78945
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	DONATIONS	DOWATIONS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
6-30-24	KEITH KORENEK	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 60°00	8350 MACH RD LAG	RANGE TX 78945
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	DONATION	DONATION
	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
Date	Payee name	
6-25-24	ST PETER PAUL CH	PURCH
Amount (\$)	Payee address;	City; State; Zip Code
\$50.60	CHURCH 7	PLUM TX 78952
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	RAFFEL	RAFFEL
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made & Candidate/Officeholder/Politic Credit Card Payment	Event Expense Ł Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Offing Expense Fravel In District Travel Out Of District Other (enter a category not listed above	
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission F	Filers)
Total pages schedule G.	KEITH KORENEK		
4 Date	5 Payee name		
4-45-24	KEITH KORENEK		
6 Amount (\$)	7 Payee address;	City: State, Zip Cod	je
Reimbursement from political contributions intended	8356 MACH RARD L	AGRANGE TX 78945	
8	(a) Category (See Categories listed at the top of this sche		
PURPOSE OF	Designational	DONATION	
EXPENDITURE	DONATION	DOSFT TON	
. *	(c) Check if travel outside of Texas. Complete Schede	Lie T. 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	Payee name		
Amount (\$)	Payee address;	City; State; Zip Coo	de
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this sche	dule) Description	
EXPENDITURE			
	Check if travel outside of Texas. Complete Scheo		
Complete <u>QNLY</u> if direct expenditure to benefit C/		Office sought Office held	
Date	Рауее лагле		
Amount (\$)	Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended			<u>s</u>
PURPOSE OF	Category (See Categories listed at the top of this sch	edule} Description	*
EXPENDITURE	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name	Office sought Office held	 J
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office addition	·
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	