CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	n Guide explains he	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	FIRST KEITH K LAST KORENEK	MI	Date Received ALL STREE CONTRACT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B		CITY; STATE; ZIP ČODE	4202 20 NAL
Change of Address	8423 N	ACH ROAD LAG	PRANGE TX 78945	EILED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER - 702 - 1032	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST DAVID LAST	MI V SUFFIX	Receipt # Amount \$ Date Processed
		BEVER	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	100000	(NO PO BOX PLEASE); APT / SU	IITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	84 CR	95 CCC M	WULTON TX	77975
8 CAMPAIGN TREASURER PHONE	area code (36() L	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Reporting Limit	
COVERED	07	Ol /2023	THROUGH	Day Year 31 / 2023
11 ELECTION	ELECTION D	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known)	
	FAYETTE CO		FAYETTE COUNTY	SHERLIFP
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATE	S AND OFFICEHOLDERS ARE REQUIRE	AAY HAVE REEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		1.00 Sec
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO P	AGE 2	

Forms provided by Texas Ethics Commission

Revised 11/15/2022

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 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.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	IONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$3,665.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	NS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR	RNED \$	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRONI	S OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPR	ENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 5,960.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS N OF REPORTING PERIOD	MAINTAINED AS OF THE LAST DA	\$ 5,960.95 * \$ 112,709.23
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI 		: \$
	wear, or affirm, under penalty of perjury, that the uired to be reported by me under Title 15, Election		correct and includes all information
		1/1/1/	6
		Signature of Candida	V
	r lease complete e	either option below:	
(1) Affidavit	CANDACE KOETHER Notary ID #128403324 My Commission Expires January 16, 2024		Ч.
NOTARY STAMP/SEAL	Kaillo Varan	2	1
Sworn to and subscribed to 20 7 H to cortifue		this the	day of <u>January</u> ,
Cambre Ke	the candace	Koether	Admin. Asst.
Signature of officer administeri	ng oath Printed name of officer admi	inistering oath	Title of officer administering oath
(2) Unsworn Declaratio			
My name is		, and my date of birth is	
			·
	(street)	(city) (state)	(zip code) (country)
Executed in	County, State of, on t	he day of (month)	, 20 (year)
		Signature of Candidate/O	fficeholder (Declarant)
orms provided by Texas Ethi	cs Commission www.ethics.stat	te.tx.us	Revised 11/15/202

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 It Candidate/Officeholder/Politic	Fees Office O Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing E		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			
1 Total pages Schedule F1	2 FILER NAME KEETH KORENEK		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	N		
6 Amount (\$)	FAYETTE CO CHRISTMAS	PUND City;	State; Zip Code	
C Amount (\$)	7 Payee address;	City,	State, Zip Code	
€ 50 °°	151 NORTH WASHINGTON :		AGRANGE TX 78945	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	DONATION	DUNIATION		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held	
Date	Payee name			
12-1-23	LAVACE COUNTY GO-TEX	AN		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$120=	Po Box 901 Hallensvill	ירר יד א	564	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	DONATION	RAPFE	ίL	
	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			
12-14-2023	FLATOMAT ARGUS			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 1500	PO BOX 465 FLATONIA 1	7 78941		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	ADUERTISING	EXPENSE	
	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 THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

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 I	Fees Office O Food/Beverage Expense Polling	epayment/Reimbursement Iverhead/Rental Expense Expense Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out 07 District
Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salarie	Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule F1	KEITH KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date 7-14-23	5 Payee name CARMINE VFD		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$100 "	POBOX 217 CARMINE T	x 78932	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	DONATION	DONATI	Sol
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07-15-23	INCREDIBLE KNOCK	OUTS	
Amount (\$)	Payee address;	City;	State; Zip Code
\$20000	CANER GROUP P	1 ATONIA	78941
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION	DONA	Коп
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
87-17-23	MT PILGRIM BAPTIST	CHURCH	
Amount (\$)	Payee address;	City;	State; Zip Code
\$10000	1828 EAST ST HWY 150	PAYEATEVI	U.S. TX 78940
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	DONATION	DONATI	(Ad
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 THIS SCHEDULE AS NEEDED			

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 Candidate/Officeholder/Politic	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	ban Repayment/Reimbursement Solicitation/Fundraising Expense ffice Overhead/Rental Expense Transportation Equipment & Related Expense olling Expense Travel In District inting Expense Travel Out Of District alaries/Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1	ETH KORENEI	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name LAGRANGE KOF (15	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$100'9	739 SOUTH JEFFERSON	LAGRANGE TX 78945	
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE OF EXPENDITURE	DOUATION	RAFFLE TICKETS	
	(c) Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
07-21.23	ST JOHN THE BAPTIST	CATHOLIC CHURCH	
Amount (\$)	Payee address;	City; State; Zip Code	
\$20	95 COUNTY ROAD 957B	SCHWLENBURG TX 78956	
PURPOSE	Category (See Categories listed at the top of this schede	lle) Description	
OF	FOOD EXPONSE	DONATION ON CAKE	
	Check if travel outside of Texas, Complete Schedu		
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
07-26-23	WINCHESTER PIRE DEPT		
Amount (\$)	Payee address;	City; State; Zip Code	
51200	8810 PM 153	WINCHESTER TX 78945	
PURPOSE	Category (See Categories listed at the top of this schedu	le) Description	
OF		DONATION	
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 I Candidate/Officeholder/Politic Credit Card Payment	Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense nting Expense aries/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 ho	w 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			
8-4-23	TERRY GUENTERT			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$11695	2434 MASER LOOP SCH	ULENBURG TR	789.56	
8	(a) Category (See Categories listed at the top of this sched			
PURPOSE				
OF EXPENDITURE	EVENT EXPENSE	CANDY FOR	- PARADE	
	(c) Check if travel outside of Texas. Complete Schedule	e T. Check if Austir	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-7-23	QUEEN OF THE HOLY R	SARY PARISH		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$10000	936 FM 2436 LAGRA	NGO TA 7894	S	
	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF				
EXPENDITURE	DONATION	RAPFILE	TICKETS	
	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			
9-20-23	MOLLION FPA			
Amount (\$)	Payee address;	City;	State; Zip Code	
50.00				
798=	500 NORTH PECAN DRIN	E MOULTON -	tr 77925	
	Category (See Categories listed at the top of this schedule	e) Description		
PURPOSE OF	A second			
EXPENDITURE	DONATION	FOOP IT	EMS	
	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 THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	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		
1 Total pages Schedule F1:	2 FILER NAME KEITH KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	C	
9-27.23	MOULTON ZION LUTHERN	CHURCH	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$20%	303 N. HACKBERRY MOU	LTON TX 77975	
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE OF			1
EXPENDITURE	RAFFLE	PONATION	J
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-4-23	MOULTON BODSTER	CLUB	
Amount (\$)	Payee address;	City;	State; Zip Code
۳،000	PO BOX 481 M	OULTON TX -	17975
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF			
EXPENDITURE	KAFFLE	LONATIC	> ₩
	Check if travel outside of Texas. Complete Scher	dule 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		
0-5-23	DUCKS UNLIMITED		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100000	915 RICHTMOND PWKY	RICHMOUD TX	71469
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	RAPPLE	DONATI	NON
	Check if travel outside of Texas. Complete Sched	ule 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 THIS SCHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office C Food/Beverage Expense Polling V Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense J Expense s/Wages/Contract Labor	Solicitation/Fundralsing 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		
1 Total pages Schedule F1:	2 FILER NAME IKEITH KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10-11-23	TEXAS 108'S RAPPER		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$200 %		LAGRANGE	TX 78945
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	RAFFIG	DONATION	
	(c) Check if travel outside of Texas. Complete Schedule T.		in, 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		
10-31-23	MT CALVARY LUTHERAN C	HURCH	
Amount (\$)	Payee address;	City;	State; Zip Code
\$36°°	806 NORTH FRANKLIN	LAGRANGO	TX 78945
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			1
EXPENDITURE	DONATION	DONATION	N
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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		10
11-13-2023	FAYETTE COUNTY	REPUBLI	ECAN PARTY
Amount (\$)	Payee address;	City;	State; Zip Code
700.00	P.O. Box 334 LAG	RANGE	TX 78945
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	POLITICAL COMMITTEE	FILTNO	FEE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 THIS SCHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

SCHEDULE G

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense SWages/Contract Labor o 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	2 FILER NAME KEITH KORENER		3 Filer ID (Ethics Commission Filers)
4 Date 07-D6-2023	5 Payee name ST John CHURCH		
6 Amount (\$) + 150 =	7 Payee address;	City.	State, Zip Code
Reimbursement from political contributions intended	PO Box 135 SCHULENBURG		6
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	AUCTION ITEM
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, 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		
07-02-23	Sts. CYRIL + METHODIOUS	s church	
Amount (\$) \$24 Reimbursement from political contributions intended	Payee address: FM ROAD 1383 DUBEIN	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
Date	Payee name		
07-13-23	ERIN GARTH		
Amount (\$) 500 Reimbursement from	Payee address;	City;	State; Zip Code
political contributions intended	1513 PM 935	LOTT	TEXAS 76656
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description DoNATI	N
	Check if travel outside of Texas Complete Schedule T.	Check if Austi	n. 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 THIS	SCHEDULE AS NEED	DED

Forms provided by Texas Ethics Commission

SCHEDULE G

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns 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	2 FILER NAME KEITH KORENEK		3 Filer ID (Ethics Commission Filers)
4 Date 7-22-23	5 Payee name		
7-28-23		of NRA	
6 Amount (\$) 5 1,2 40 Reimbursement from	7 Payee address;	City.	State, Zip Code
political contributions intended	405 SOUTH STREET	SCHWLENBURG	TX 78956
8 PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF	DONATION	DONATIO	N
	(c) Check if travel outside of Texas. Complete Sc	hedule 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		
7-23-23	ROUND TOP FAMILI	1 LIBRARY	
Amount (\$) \$50 ° ~ Reimbursement from political contributions intended	Payee address; 206 W. MILL ST	City; ROUNDTOP TX	State; Zip Code
	Category (See Categories listed at the top of this :		
PURPOSE OF	DONATION	PAPEEI	
EXPENDITURE			•
	Check if travel outside of Texas. Complete Se		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office neid
Date	Payee name		
62-62-63	ST CYPIL & METHODIS	CHURCH	
Amount (\$)	Payee address;	City;	State, Zip Code
political contributions intended	PO BOX 186 FL	ATONIA TX 789	
PURPOSE	Category (See Categories listed at the top of this	schedule) Description	
OF EXPENDITURE	DONATION	DONATION	7
	Check if travel outside of Texas. Complete S	chedule 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 NEED	ED

SCHEDULE G

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

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Offic Food/Beverage Expense Pollii By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ing Expense ries/Wages/Contract Labor y 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	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	KEITH KORENEK		
4 Date	5 Payee name		
7-21-25	7 Payee address;	0.1	State Zip Code
6 Amount (\$) \$40	7 Payee address,	City.	State, Zip Code
Reimbursement from political contributions intended	1904 OAKRIDGE RD W	EIMAR TX -	18962
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	DONATION	RAPPLE	
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	n. TX. officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
0-323	HIGH HILL CHURCH	0	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	2833 PM 2672 SCHUL	ensurg th	78956
DURDOSE	Category (See Categories listed at the top of this schedule		
PURPOSE OF	DONATION	DOVATION	2
EXPENDITURE	Check if travel outside of Texas. Complete Schedule 1	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/	ЭН		
Date	Payee name		
9-18.23	PRYGITE COUNTY (50	TEXAN	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	315 E. NORTH MAIN S	T PLATONIA	TK 78941
PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	
OF	DONATION	DONATIC	S
EXPENDITURE	Check if travel outside of Texas. Complete Schedule		in, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

Forms provided by Texas Ethics Commission

SCHEDULE G

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 Candidate/Officeholder/Politie Credit Card Payment	Fees Office O Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing f	Expense Wages/Contract Labor	Solicitation/Fundraising & Transportation Equipmer Travel In District Travel Out Of District Other (enter a category n	at & Related Expense	
1 Total pages Schedule G	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
	KEITH KORENER				
4 Date	5 Payee name				
9-25-73	STRAY GATHERING CHURCH		×		
6 Amount (\$)	7 Payee address;	City.	State	Zip Code	
Reimbursement from political contributions intended	211 W. 2237 MULDOON	TX 7894	9		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	DULATION	RAFFLE			
EXPENdITORE	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin.	TX, officeholder living expe	nse	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O	ffice held	
Date	Payee name				
10-1-2073	HOYSTYN CHURCH				
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State;	Zip Code	
intended	936 FM 2436 LAGRANG		945		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	DONATION	Parter	DN		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	0	ffice held	
Date	Payee name				
10-29-23	ELLINGER CHAMBER O	p Commer	EE		
Amount (\$)	Payee address;	City;	State	Zip Code	
Reimbursement from political contributions intended	PO BX 37 ELENGEN	the 780	138	4 	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	N		
OF	DONATION	DONATIC	Cac		
	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	0	ffice held	
expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		

Forms provided by Texas Ethics Commission

	PERSONAL FUNDS				
If the requested in	nformation is not applicable, DO NO	T include this page in the	report.		
Advartisian Europe		TEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	ical Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Dains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)		
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers		
	KEITH KORENER				
Date	5 Payee name SCHULENBURG KO	FC			
Amount (\$)	7 Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	405 SOUTH ST SCHI	ULENBURG TX 78"	2.56		
PURPOSE	(a) Category (See Categories listed at the top of th				
OF	PONATION	RA PFEC	12		
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Austi	in, TX, officeholder living expense		
mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11-3-23	FLATONIA PPA				
Amount (\$) \$ 11592 Reimbursement from political contributions	Payee address;	City;	State; Zip Code		
intended	400 EAST 4th STREE		78941		
PURPOSE	Category (See Categories listed at the top of this				
OF EXPENDITURE	PONATION	DONATIO			
	Check if travel outside of Texas. Complete	Schedule T. Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
1-17-23	SCHULENBURG VF	D.			
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	812 WOLTERS AVE	SCHILLEN RIMI T	V 78952		
	Category (See Categories listed at the top of this	SCHULEN BURG TO schedule) Description	10700		
PURPOSE OF	F		т. Т		
	DONATION	PONATION	7		
	Condidate (Office Level		, TX, officeholder living expense		
plete <u>ONLY</u> if direct inditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

PERSONA		NDITURES S	WADE FI	KOM	S	CHEDULE G
If the requested i	nformation is	not applicable, D	O NOT includ	le this page in the	report.	
		EXPENDITU	RE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol Credit Card Payment	Event Expense L Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense P		e Office Pollin Expense Printi Salari	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Travel In District Travel Out Of Dist	ulpment & Related Expense
Total pages Schedule G	2 FILER NA			· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Eth	ics Commission Filers)
4 Date 12-31-2023	5 Payee name FAYETTE COUNTY SHERE					
Amount (\$) 797.00 Reimbursement from political contributions intended	7 Payee add $P.0$	lress;		City;	State	Zip Code
PURPOSE OF EXPENDITURE	(a) Category	See Categories listed at the	e top of this schedule)	(b) Description SCH0L0K	SHIP F	UNDRAISE
omplete <u>ONLY</u> if direct penditure to benefit C/OH		heck if travel outside of Texas. te / Officeholder nar		Office sought	n, TX, officeholder living	office held
Date	Payee nam	e	17.5			
Amount (\$)	Payee addr	ess;	5.AL	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	top of this schedule)	Description		
	Ch	eck if travel outside of Texas. C	Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		e / Officeholder nam	e	Office sought		Office held
Date	Payee name	1				
Amount (\$)	Payee addre	955;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the to	op of this schedule)	Description		
	Che	ck if travel outside of Texas. Co	emplete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
nplete <u>ONLY</u> if direct enditure to benefit C/OH	Candidate	/ Officeholder name		Office sought		Office held
	ATTACH			CHEDULE AS NEEDE	:D	