

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT
FORM C/OH COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) _____
 2 Total pages filed: _____

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR FIRST: **MR KEITH** MI: **K**
 NICKNAME: _____
 LAST: **KORENEK** SUFFIX: _____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 Change of Address

5 CANDIDATE / OFFICEHOLDER ADDRESS
 AREA CODE: _____ PHONE NUMBER: **78945**
 EXTENSION: _____ PHONE: **(979) 702-1032**

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR FIRST: **MR DAVID** MI: **W**
 NICKNAME: _____
 LAST: **BEYER** SUFFIX: _____

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 (Residence or Business) ADDRESS: **84 CR 95 CCC MOUTON, TEXAS 77975**

8 CAMPAIGN TREASURER PHONE
 AREA CODE: _____ PHONE NUMBER: _____ EXTENSION: _____
 PHONE: **(261) 401-1588**

9 REPORT TYPE
 January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officerholder Only) Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month Day Year THROUGH Month Day Year
07 / 01 / 2024 THROUGH **12 / 31 / 2024**

11 ELECTION
 ELECTION DATE: _____
 ELECTION TYPE: Primary Runoff Other Description: _____
 General Special

12 OFFICE
 OFFICE HELD (if any): **FAYETTE COUNTY SHERIFF**
 OFFICE SOUGHT (if known): **FAYETTE COUNTY SHERIFF**

14 NOTICE FROM POLITICAL COMMITTEE(S)
 COMMITTEE TYPE: _____
 GENERAL SPECIFIC
 Additional Pages
 COMMITTEE NAME: _____
 COMMITTEE ADDRESS: _____
 COMMITTEE CAMPAIGN TREASURER NAME: _____
 COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

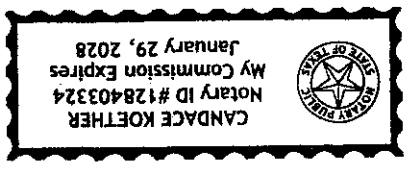
17 CONTRIBUTION TOTALS		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
EXPENDITURE TOTALS		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
CONTRIBUTION BALANCE		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
OUTSTANDING LOAN TOTALS		4. TOTAL POLITICAL EXPENDITURES	\$ 8528.68
		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 98,801.55
		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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

Keith Korenek

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Keith Korenek this the 31 day of December 2024

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

Candace Koether

Candace Koether

Admin. Asst.

(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 _____ day of _____ (month) _____, 20____ (year)

Signature of Candidate/Officeholder (Declarant)

(This area is intentionally left blank for the filer's use.)

12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<input type="checkbox"/>	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<input type="checkbox"/>	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<input checked="" type="checkbox"/>	\$ 7,000.78
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<input type="checkbox"/>	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<input type="checkbox"/>	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<input checked="" type="checkbox"/>	\$ 1527.90
4.	SCHEDULE E: LOANS	<input type="checkbox"/>	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	<input type="checkbox"/>	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
21	SCHEDULE SUBTOTALS		
21 NAME OF SCHEDULE			SUBTOTAL AMOUNT
19	FILER NAME	KEITH KORENEK	
20	Filer ID (Ethics Commission Filers)		

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
- Credit Card Payment
- Event Expense
- Loan Repayment/Reimbursement
- Event Expense
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel Out Of District
- Travel In District
- Transportation Equipment & Related Expense
- Printing Expense
- Office Overhead/Rental Expense
- Printing Expense
- Other (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule F1. 2 FILER NAME **KEITH KORBUEK** 3 Filer ID (Ethics Commission Filers)

4 Date

7-12-2024

5 Payee name

MT PILGRIM BAPTIST CHURCH

6 Amount (\$)

\$250.00

7 Payee address:

1828 EAST STATE HWY 159 FAYETTEVILLE TX 78948

8 (a) Category (See Categories listed at the top of this schedule) (b) Description

DONATION

DONATION

9 Complete ONLY if direct expenditure to benefit C/OH

Date

7-12-2024

Payee name

USPS

Amount (\$)

\$136.00

Payee address:

LAKEMOORE TX

City:

TX

State:

78945

Zip Code

PURPOSE OF EXPENDITURE

STAMPS

Category (See Categories listed at the top of this schedule)

Description

STAMPS

Complete ONLY if direct expenditure to benefit C/OH

Date

07-31-2024

Payee name

ST. JOHN THE BAPTIST CHURCH

Amount (\$)

\$20.00

Payee address:

95 CR 957B SCHWENBURG TX 78956

City:

State:

Zip Code

PURPOSE OF EXPENDITURE

DONATION

Category (See Categories listed at the top of this schedule)

Description

DONATION

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)
- Credit Card Payment
- Candidate/Officeholder/Political Committee
- Legal Services
- Gift/Awards/Memorials Expense
- Food/Beverage Expense
- Fees
- Event Expense
- Loan Repayment/Reimbursement
- Office Overhead/Rental 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 complete this form.

1 Total pages Schedule F1. 2 FILER NAME: **KEITH KORNBERG** 3 Filer ID (Ethics Commission Filers)

4 Date: **8-12-24** 5 Payee name: **FAYETTE COUNTY REPUBLICAN PARTY**

6 Amount (\$): **\$100.00** 7 Payee address: **PO Box 334 LAGRANGE TX 78945**

8 (a) Category (See Categories listed at the top of this schedule): **DONATION** (b) Description: **DONATION** (c) Check if travel outside of Texas, Complete Schedule T: Check if Austin, TX, officeholder living expense: Office held: Office sought:

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office held: Office sought:

Date: **8-20-2024** Payee name: **JAY DEEZ RESTAURANT**

Amount (\$): **\$120.00** Payee address: **LAGRANGE TX 78956**

PURPOSE OF EXPENDITURE: **FOOD/BEVERAGES EXPENSE** Category (See Categories listed at the top of this schedule): **ALERT DONATION** Description: **ALERT DONATION** 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 held: Office sought:

Date: **8-20-2024** Payee name: **LAGRANGE K of C**

Amount (\$): **\$100.00** Payee address: **LAGRANGE TX 78945**

PURPOSE OF EXPENDITURE: **DONATION** Category (See Categories listed at the top of this schedule): **LAGRANGE** Description: **LAGRANGE** 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 held: Office sought:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
- Credit Card Payment
- Event Expense
- Food/Beverage Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1. 2 FILER NAME **KEITH KORBAC** 3 Filer ID (Ethics Commission Filer)

4 Date

8-28-24

5 Payee name

STORM YOUTH SPORTS

6 Amount (\$)

\$300.00

7 Payee address:

LAGRANGE TX 78945

8

PURPOSE OF EXPENDITURE

DONATION

(a) Category (See Categories listed at the top of this schedule)

(b) Description

RAFFLE

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Candidate / Officeholder name

Office sought

Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Date

9-1-2024

Payee name

MULTON FA

Amount (\$)

\$66.00

Payee address:

MULTON TX 77975

Description

DONATION

PURPOSE OF EXPENDITURE

DONATION

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) 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

Date

9-17-2024

Payee name

LAGRANGE SHAW FUND

Amount (\$)

\$60.00

Payee address:

LAGRANGE TX 78945

Description

RAFFLE

PURPOSE OF EXPENDITURE

DONATION

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
- Gift/Awards/Memorials Expense
- Food/Beverage Expense
- Fees
- Event Expense
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 2 FILER NAME **KEITH KOLENATK** 3 Filer ID (Ethics Commission Filer)

4 Date **9-25-24**

5 Payee name **MOUNTAIN BOOSTER CLUB**

6 Amount (\$) **\$100.00**

7 Payee address: **Po Box 481 MOUNTAIN TX 77975**

8

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) **DONATION**

(b) Description **RAFFLE**

(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 **TEXAS 108'S YOUTH BASEBALL**

Amount (\$) **\$100.00**

Payee address: **LAGRANGE TX 78945**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) **DONATION**

Description **RAFFLE**

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

Date

Payee name **FAYETTE COUNTY CHRISTMAS FUNDS**

Amount (\$) **\$75.00**

Payee address: **LAGRANGE TX 78945**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) **DONATION**

Description **DONATION**

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 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
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1. 2 FILER NAME

KETH KORBORK

4 Date

11-21-24

5 Payee name

MULTON CATHOLIC DRUG STORES

6 Amount (\$)

\$100.00

7 Payee address:

MULTON TX 77975

RAFFEL

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Date

Payee name

Amount (\$)

Payee address:

City:

State:

Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Date

Payee name

Amount (\$)

Payee address:

City:

State:

Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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 By
- Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Office 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME KEITH KOREUEK		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	7 Payee address:	City:	State: Zip Code
7-29-24	KEITH KOREUEK	\$3560.00	8350 MACH ROAD LAGRANGE TX 78945		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)			
DONATION		DONATION			
9 PURPOSE OF EXPENDITURE		(b) Description			
DONATION		DONATION			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name			
Office held		Office sought			
10 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name			
Office held		Office sought			
11 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name			
Office held		Office sought			
12 Date		13 Payee name		14 Payee address:	
12-1-24		KEITH KOREUEK		8350 MACH ROAD LAGRANGE TX 78945	
15 Amount (\$)		16 Reimbursement from political contributions intended		17 Amount (\$)	
\$500.00		<input type="checkbox"/>		\$500.00	
18 PURPOSE OF EXPENDITURE		19 Category (See Categories listed at the top of this schedule)			
DONATION		DONATION			
20 PURPOSE OF EXPENDITURE		21 Description			
DONATION		DONATION			
22 Complete ONLY if direct expenditure to benefit C/OH		23 Candidate / Officeholder name			
24 Office held		25 Office sought			
26 Complete ONLY if direct expenditure to benefit C/OH		27 Candidate / Officeholder name			
28 Office held		29 Office sought			
30 Complete ONLY if direct expenditure to benefit C/OH		31 Candidate / Officeholder name			
32 Office held		33 Office sought			
34 Date		35 Payee name		36 Payee address:	
12-1-24		KEITH KOREUEK		8350 MACH ROAD LAGRANGE TX 78945	
37 Amount (\$)		38 Reimbursement from political contributions intended		39 Amount (\$)	
\$1340.00		<input type="checkbox"/>		\$1340.00	
40 PURPOSE OF EXPENDITURE		41 Category (See Categories listed at the top of this schedule)			
DONATION		DONATION			
42 PURPOSE OF EXPENDITURE		43 Description			
DONATION		DONATION			
44 Complete ONLY if direct expenditure to benefit C/OH		45 Candidate / Officeholder name			
46 Office held		47 Office sought			
48 Complete ONLY if direct expenditure to benefit C/OH		49 Candidate / Officeholder name			
48 Office held		49 Office sought			
50 Complete ONLY if direct expenditure to benefit C/OH		51 Candidate / Officeholder name			
52 Office held		53 Office sought			
54 Complete ONLY if direct expenditure to benefit C/OH		55 Candidate / Officeholder name			
56 Office held		57 Office sought			
58 Complete ONLY if direct expenditure to benefit C/OH		59 Candidate / Officeholder name			
60 Office held		61 Office sought			
62 Complete ONLY if direct expenditure to benefit C/OH		63 Candidate / Officeholder name			
64 Office held		65 Office sought			
66 Complete ONLY if direct expenditure to benefit C/OH		67 Candidate / Officeholder name			
68 Office held		69 Office sought			
70 Complete ONLY if direct expenditure to benefit C/OH		71 Candidate / Officeholder name			
72 Office held		73 Office sought			
74 Complete ONLY if direct expenditure to benefit C/OH		75 Candidate / Officeholder name			
76 Office held		77 Office sought			
78 Complete ONLY if direct expenditure to benefit C/OH		79 Candidate / Officeholder name			
80 Office held		81 Office sought			
82 Complete ONLY if direct expenditure to benefit C/OH		83 Candidate / Officeholder name			
84 Office held		85 Office sought			
86 Complete ONLY if direct expenditure to benefit C/OH		87 Candidate / Officeholder name			
88 Office held		89 Office sought			
89 Complete ONLY if direct expenditure to benefit C/OH		90 Candidate / Officeholder name			
92 Office held		93 Office sought			
94 Complete ONLY if direct expenditure to benefit C/OH		95 Candidate / Officeholder name			
96 Office held		97 Office sought			
98 Complete ONLY if direct expenditure to benefit C/OH		99 Candidate / Officeholder name			
100 Office held		101 Office sought			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Other (enter a category not listed above)	
Credit Card Payment			

The instruction guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME KEITH KORENEK 3 Filer ID (Ethics Commission Filers)

4 Date 12-19-24 5 Payee name KEITH KORENEK

6 Amount (\$) 727.11 7 Payee address: 8350 MACH ROAD LAGRANGE TEXAS 78945

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (b) Description DONATION

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12-22-24 Payee name MARK H. ZIMMERMAN

Amount (\$) 25.25 302 SOUTH ARMINST MILITON TX 77975

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE (b) Description DONATION

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 12-26-24 Payee name KEITH KORENEK

Amount (\$) 678.42 8350 MACH ROAD LAGRANGE TX 78945

PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) DONATION (b) Description DONATION

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED