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

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission File	ers) 2 Total pages filed: 20
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	HENRY	R	OFFICE USE ONLY
NAME //	R. KED	LY	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	2301	JUDY S	CITY: STATE; ZIP CODE 37 WO.TR 79101	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (866) (	PHONE NUMBER 74-3511	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount S
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	WILK	MI	Date Processed
	NICKNAME	Clyp	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S  W. AMARI	US BLVD	STATE; ZIP CODE
(Residence or Business)		MMARIO		
8 CAMPAIGN TREASURER PHONE	(806) Z	PHONE NUMBER 206-4320	EXTENSION	
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modifie Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	onth Day Year
11 ELECTION	ELECTION DAY	Year Primary General	Descript	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if	known)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE	RES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR LY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
		<b>GO TO</b>	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLED CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA     OF REPORTING PERIOD	× \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	vear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	d correct and includes all information
	Signature of Candida	ate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the	day of
	which, witness my hand and seal of office.	
20, to certify t	which, whiless my hand and search office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unovers Deslessin		
(2) Unsworn Declaration	mi	
My name is	and my date of birth is	
		*
wy dutiess is-	(street) (city) (ctate)	(zip code) (country)
Evenuted in	(street) (city) (state)	
Executed in	County, State of , on the day of(month)	20 (year)
	Signature of Candidate/C	Officeholder (Declarant)

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAME	NRY R. KEWI	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	CLAINE O'NEAL	
	6 Contributor address; City; State; Zip Code	al m
11/22/23	# 4 WILLOW BRIDGE NMARKO, TX 79106	\$ 1000
	pation / Job title (See Instructions)  9 Employer (See Instructions)	etions)
104	SEWIFE MA	
Date	Full name of contributor oul-of-state PAC (ID#:)	Amount of contribution (\$)
	DR THOMAS HULFMAN	
	Contributor address; City; State; Zip Code	140
11/22/23	3500 VANDINKLE AMARILLO IN 79121	\$200.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	
LET.	TRAD DOCTOR NA	<u> </u>
Date	Full name of contributor	Amount of contribution (\$)
	STEVE RUGERS	
	Contributor address; City; State; Zip Code	
12/14/22	5304 TAWNEY MANKELLOITZ 79106	\$200°C
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor	Amount of contribution (\$)
	RICHARD DIMBOLD	
	Contributor address; City; State; Zip Code	
12/14/23	5109 OLSER CIR AMMOULA, 75106	\$20000
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
R	TTREO	
	$\tilde{\mathcal{E}}$	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements,

#### FORM C/OH COVER SHEET PG 3

19	FILER	AME	20 Filer ID (Ethics Co	mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	( ) ( ) ( ) ( )	s
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS	48	\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

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#### SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	NRY R. KELL	<b>'</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  TAM BOATO	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
10/10/10	6 Contributor address;	City;	State; Zip Code <b>79/09</b>	\$1000
12/20/23				
1	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#;)	Amount of contribution (\$)
	AL QUINTO			Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
12/22/23	3800 WKSTLAU	W Anne	(4) 75 79102	\$ 100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
K.	TIRRO		2/10	
Date	Full name of contributor	out-of-state PA	`	Amount of contribution (\$)
	STEVEL + MARTA	WALTER		
	Contributor address;	City;	State; Zip Code	
12/23/23	2102 JULIAN A	CUO AM	UCOTT	\$ 250 oc
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	KNODAL SI	MS.		
	Contributor address;	City;	State; Zip Code	
12/28/23	POBOX 48	Ammuu	TR 79/05'	\$500,00
Principal accur	ation / Job title (See Instructions)		Employer (See Instruc	tions)
RA	TIRRO		NA	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

19	FILER NA	ME	20 Filer ID (Ethics Cor	mmission Filers)
21		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	1	\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS	4-1- P	\$
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	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 FUNI	os	\$\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

# 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.		Total pages Schedule A1:
2 FILER NAME	HANRY R. KELLY	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) 7	Amount of contribution (\$)
	6 Contributor address; City; State;	Zip Code	
	PO BOX 9104 AMARILLO, TX	79105	810000
8 Principal occu		ployer (See Instruction	
NTO	SENEYS STO	IF EMPLY	VAD
Date	Full name of contributor		Amount of contribution (\$)
	LARRY CLUP		
	Contributor address; City; State;	Zip Code	
1/12/24	2401 FM 1061 AMPLICES, TO	1 A 106 4	8500 CC
Principal occup	pation / Job title (See Instructions) Emp	ployer (See Instruction	1.
VE	TERINARIAN	STIF RIN	Plosho
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	DRR MILLE		
	Contributor address; City; State;	Zip Code	
1/12/24	5315 BARGRT AMPORTS	,	20000
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instruction	
19710	MNHV	SFIF EMI	CaxED
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	DAN TALLAY		
	Contributor address; City; State;	Zip Code	
1/23/24	2206 Parkere AMARILLA,	79109 4	\$ 250,00
Principal occur		ployer (See Instruction	s)
INSG	RANCE AGENT S	ELF fem	PLINED

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

19	FILER NAME 20 Filer ID (Ethics	s 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	\$ -
6.	\$	
7.	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

#### SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1				
2 FILER NAME	HANN R. KAL	W		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)	
	6 Contributor address;	City;	State; Zip Code		
1/29/24	7725 BOUGHM	1		\$200 as	
8 Principal occi	upation / Job title (See Instructions)	,	9 Employer (See Instruc		
	DRNEY		SKUFEMP	2	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	THOMAS RI	NEY	=		
	Contributor address;	MARI	State; Zip Code		
2/1/24	SOO S. Thy Con	STE 12	00 CB323	810000	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	BILL +SUR D.	ANIELS	<b>7-1</b>		
	Contributor address;	City;	State; Zip Code		
2/2/24	2300 JUDY S	ST Name	Matx 75/01	\$10000	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
	CETILES		np		
Date	Full name of contributor	oul-of-state PA	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	

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

19 FILER NAME  20 Filer ID (Ethics Co	mmission 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	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **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 Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense : Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to d	omplete this form.
1 Total pages Schedule F1:	2 FILER MAME YRNRY R. KRULY	3 Filer ID (Ethics Commission Filers)
4 Date 1/14/234	5 Payer name CAB MARKETING	5.55
6 Amount (\$)	7 Payee address; City; State; Zip Code	
	2400 SWGTH AVE NOT	MEILLO, TX 79106
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	0	Check if Austin, TX, officeholder living expense
	PRINTING KX PONSE	JUSH CARDS + BUTTONS
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held  Comm PcT=11
Date	Payee name	
2/1/24	CHB MINKETING	
Amount (\$)	Payee address; City; State; Zip Code	
	2400 SWLTHAVA AM	MRILO, VX 79106
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	PAINTING FIX DOWN CE	DUSN CORDS + MAGNETIC CALAN
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Hanky R. Hizky	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas- Complete Schedule T.
PURPOSE OF EXPENDITURE		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

#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender ut-of-state PAC (ID#: Loan Amount (\$) 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) ut-of-state PAC (ID#:\_\_\_\_\_ Interest rate Is lender City; State; Zip Code Lender address: a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) \_\_ none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

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

SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Menas/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 comp	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F4:	HENRY R. KAUY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	DIT CARD \$
5 Date 10/5/23	Potter County ELE	CTTONS
7 Amount (\$)	8 Payee address;	City; State, Zip Code
850	900 S. POCK STA	418 AMALICO, TX 79101
9 TYPE OF EXPENDITURE	Political Non-Politica	201 A
10	(a) Category (See Categories listed at the top of this schedule)	o) Description
PURPOSE OF EXPENDITURE	EXCAL PAST TELECTRIAN	1 A 3 AV
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	e sought Office held
Date 11/28/23	Payee name  NARBOR ERRIGIE	
Annount (\$)	Payee address;	City; State; Zip Code
\$496	5807 SW45TH SU	To 450 AMARICOTT 790
TYPE OF EXPENDITURE	Political Non-Politica	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	ZIP TIES FOR SIGNS	POSTICAL SIENS
	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	e sought Office held
	, , ,	
	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDIN E AS NEEDED

#### SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)
Event Expense
2 FILER NAME  AFILE?   R KELL!  3 Filer ID (Ethics Commission Filers)
ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
MNITTED EXPLESS GASOLINE
8 Payee address; City; State; Zip Code
5601 AMPRICIO BLUD W AMPRICIO, TX 79
Political Non-Political
(a) Category (See Categories listed at the top of this schedule) (b) Description
TRAVEL IN DISTRICT GASOLINE
(C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held  [ARNN! R KRUV Comm. Pet ]
Payee name UNITED FIXENESS
Payee address; City; State; Zip Code
5601 AMARILLO BLVDW AMARILLO, TX MICE
A Folitical Non-Political
Category (See Categories listed at the top of this schedule)  Description
TRAVELINDISTRICT GASOCINE
Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held
HENRY & KELLY COMMISETE!

SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations iMade By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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)

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F4:	HENRY R.KELLY	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 Date 12/21/23	6 Payee name UNITED AXPARES		
7 Amount (\$)	8 Payee address; City;	State; Zip Code	
83400	5601 AMARICO BENDW JA	MARILLO 77 79/06	
9 TYPE OF EXPENDITURE	Political Non-Political	,,,,	
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	TRAVEL IN DISTRICT GASO	CINA	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if	Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held	
1/8/24	LINITHO FIX PICKSS		
Amount (\$)	Payee address; City;	State; Zip Code	
\$3701	5601 AMARICLO BLUD AMAR	100,TX 73106	
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule)  Description		
PURPOSE OF EXPENDITURE	TRAVELIN DISTRICT GAS	OUNE	
		Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held	
expenditure to benefit C/OH	HANKY R. KAUS	Comm Pet El	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED	

SCHEDULE F4

		EXPENDITURE	E CATEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guin	Office O Polling 6 xpense Printing Salaries	payment/Reimbursement werhead/Rental Expense Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a catego	oment & Related Expen
1 Total pages Schedule F4:	2 FILER		20 82	/	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IIZED EXP	,		REDIT CARD	s	
5 Date 12/5/23	6 Payee r	LOKEEN)	9			N. I
7 Amount (\$)	8 Payee a			City;	State;	Zip Code
8727	332	O S. BEL	U.Amo	Ulla, to	7 29/16	17 7
9 TYPE OF EXPENDITURE	1 4	Olitical		Political	-	
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the	nos	(b) Description	CHTHA	É
11 Complete ONLY if direct expenditure to benefit C/OH		Check if travel outside of Texas idate / Office holder in		Office sought	office holder living	
12/1/23	Wn0	ENTENS	2	1 75 1		
Amount (\$)	Payee a	ddress;		City;	State,	Zip Code
\$1554	1600	S. WAS	Town I	MILLUS	TS 731	06
TYPE OF EXPENDITURE		litical	11	Political	- C	
PURPOSE OF EXPENDITURE	HANG	(See Categories listed at the Pus H GA  Check if travel outside of Texas,	RDS		C/Y TAY	
Complete ONLY if direct expenditure to benefit C/OH	Candi HAN	date / Officeholder na		Office sought	Office he	-id
	ATTACH	ADDITIONAL COR	PIES OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F4

	EXPENDITURE	CATEGORIES FOR	BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Office Overhead Polling Expense	e	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expen
	The Instruction Guid	e explains how to compl	ete this form.		
1 Total pages Schedule F4:	HENRY R.	KILLI	4 2 3	3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHA	RGED TO A CRED	IT CARD	\$	
5 Date //27/24	6 Payee name NALLOGENS				
7 Amount (S)	8 Payee address		City	State	Zip Code
\$1815	1600 S. WES	TRAN AM	Menco	TX 791	104
9 TYPE OF EXPENDITURE	Political	Non-Political	1		
10	(a) Category (See Categories listed at the	top of this schedule) (b)	) Description		
PURPOSE OF EXPENDITURE	NANG PUSIC	gaps -	SCOTCH	TARE	
	(C) Check if travel outside of Texas	Complete Schedule T.	Check if Austin	n. TX, officeholder living e	xpense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame Office	sought	Office held	d
Date	Payee name				
1/10/24	WALGARKOS	3			
Amount (\$)	Payee address;		City;	State;	Zip Code
B1037	1600 S. WES,	TEXN AL	merco,	TX 79	3106
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the	top of this schedule)	Description	E-1	
PURPOSE OF EXPENDITURE	HANG PUSN CA	ADS.	SCOTCA	TAPE	
	Check if travel outside of Texas,	Complete Schedule T.	Check if Austin	n. TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na		sought	office held	
	a vivo pop de	, ,,,,,,			
	ATTACH ADDITIONAL COR	PIES OF THIS SCHE	DULE AS NEED	DED	

# SCHEDULE F4

	EXPENDITU	RE CATEGORIES FOR	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	cal Committee Legal Services	ose Office Overhea Polling Expens s Expense Printing Expen Salaries/Wage	nse es/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expens
4 7 1 2 2 1 1 2		Guide explains how to com-	plete this form.		
1 Total pages Schedule F4:	HENRY K	2. KELLY	18 7 18 1	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITER	MIZED EXPENDITURES CH	HARGED TO A CREE	DIT CARD	\$	
5 Date 1/23/24	6 Payee name SpmS ()	LuB	ar de la		10 8 7
7 Amount (\$)	8 Payee address;		City;	State	Zip Code
\$3/00	8952 WAS	JEATH PKU			·
TYPE OF EXPENDITURE	Political	Non-Politic	al		
10	(a) Category (See Categories listed a	t the top of this schedule) (1	b) Description		
PURPOSE OF EXPENDITURE	TRIVALIN	DISTRICT	GNSOC	GINE	
	(C) Check if travel outside of Te	exas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	r name Office 2. KELLY	e sought	office to	neld
Date 1/17/24	U.S.P.O.		a. J.		
Amount (\$)	Payee address;		City;	State;	Zip Code
\$6600	222 N. MI	nie 2ko	60 TX	7909	72
TYPE OF EXPENDITURE	Political	Non-Politica	al		
PURPOSE	Category (See Categories listed at	t the top of this schedule)	Description		
OF EXPENDITURE	THANK YOU'S	VOTES	STAMP	25	
	Check if travel outside of Te	exas, Complete Schedule T.	Check if Austin	n. TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder		e sought	Office h	eid
				-	
	ATTACH ADDITIONAL C	OPIES OF THIS SCH	EDULE AS NEEL	DED	

SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Mernorials 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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4	2 FILER DIAME  ARRELY R. KRUY  3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 2/4/24	6 Payee name UNITED FIXPRESS
7 Amount (\$)	8 Payee address; City, State; Zip Code
B35-00	5601 AMMRILLO BLVD W AMBRILLO TZ 79106
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	TRAVELIN DISTRICT GASOLINE
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held  HENRY R. KRUY  Bomm Pot #1
2/17/24	Payee name.  UNITED FX PAKES
Amount (\$)	Payee address; City; State; Zip Code
\$ 3800	2530 S. GRORGIA AMARIUS, TX 79106
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	TRAVEL IN DISTORICT CONSOCINE
	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	HANNEX R. KILLY COMM HETEL
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F4

#### If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name City; Zip Code Political EXPENDITURE Non-Political (a) Category (See Categories listed at the top of this schedule) 10 (b) Description **PURPOSE** EXPENDITURE if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address, City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED