# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	HENCY	R	OFFICE USE ONLY
NAME	NICKNAME  A.R.	KELV	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/	ADDRESS / PO BOX 230/	Jupy ST	STATE; ZIP CODE	B
OFFICEHOLDER PHONE		674-3511		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	WICK LAST CLUP	MI SUFFIX	Receipt #   Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (804) 2	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Reporting Limit  Month  THROUGH	Day Year
11 ELECTION	ELECTION DAY	Year Primary	ELECTION TYPE  Runoff Olher Description	*
		General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	GENERAL	COMMITTEE NAME  COMMITTEE ADDRESS		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and c	orrect and includes all information
	1 4 2 m 2 1 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
N.	* Alfalle	
	Signature of Candidate	or Officeholder
	Please complete either option below:	
(4) A 50 J 24		
(1) Affidavit		
NOTARY STAMP/SEA	i = -1 (i)	
	1/2 1/1/1/2	
Sworn to and subscribed	before me by this the	day of thousand
1		_ (a)
20 74 Al to certify	which, witness my hand and seal of office.	_ day of thrum,
1 VAAAATS	1/1/10 1 'n n 84/1 15 lm 4e	notion
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
orginature or others administra	Finited name of officer administering datif	The of officer administering oath
البر والمناف في جانبات	LANGUERO CONTROL DE LA CORDE DEL CORDE DE LA CORDE DE LA CORDE DE LA CORDE DEL CORDE DE LA	DESCRIPTION OF THE PARTY OF THE
(2) Unsworn Declaration	on	
(2) Oliswolli Decidiali		
My name is	, and my date of birth is	
My address is		9
	(street) (city) (state)	(zip code) (country)
Evenuted in		, , , , , , , , , , , , , , , , , , , ,
Executed In	County, State of, on the day of(month)	20 (year)
	<i>()</i>	· · · ·
	Signature of Candidate/Offi	iceholder (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 HENRY R. KELLY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	Zip Code \$1000.90
8 Principal occupation / Job title (See Instructions) 9 Employ	rer (See Instructions)
Date  Full name of contributor  DR. HOMAS WICKMAN  3500 VNN WINKE  Contributor address;  City; State; 2	Amount of contribution (\$)
Contributor address; City; State; 2  AMNRILLO TX, 79121	Zip Code #200 00
Principal occupation / Job title (See Instructions)  Employee  RETIRED DOCTOR	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:    12/14/23   Contributor address; City: State; Z   5304   TAWNEX   AMNILLO	# 200.00 Zip Code
	er (See Instructions)
Date Full name of contributor  RICHARD DAMBOW  Contributor address:  City: State: Z.  5109 OLSTN CIR,  AMALILLO +X  7910	
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)

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 NAME 20 Filer ID (Ethics C	commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL Z AMOUNT ITT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 202
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	\$

#### SCHEDULE A1

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

				70
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	C
2 FILER NAME	HENRY R. KELLY		3 Filer ID (Ethics Commission Filers)	VED
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)	
12/20/23	TAM BORTLAR  6 Contributor address: City; 3909 KINGSTON AMARICLS, TX. 79	State; Zip Code	*10000	07 2024
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	A second	C (ID#:)	Amount of contribution (\$)	
12/22/22	AL OUINTO	7:- 0-1-	\$ 100 º0	
123	2800 WASTLAWN 2114:	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
	RATINED	NA		
Date	Full name of contributor out-of-state PAC STEVR + MARITHA WALTON	(10#:)	Amount of contribution (\$)	
12/23/22	Contributor address: City; 2102 JULIAN BLVD	State; Zip Code	\$25000	
,2)	AMARILLO, TX, 7	19109		
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)	
	RETIRED	NIA		
Date	^	C (ID#:)	Amount of contribution (\$)	
12/28/23	RINDALL SIMS  Contributor address; City;	State; Zip Code	\$ 500.96	
	AMPRILLO, TX	79105		
Principal occup	ration / Job, title (See Instructions)	Employer (See Instruct	tions)	
/	RETIRED	NA		
		*		

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 NAME 20 Filer ID (E	Ethics Commission Filers)	REC
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		ヨハヨ
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	D 110
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	10 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	4707
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 CONTRIBUTION	NS \$	
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	F C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	JED \$	

### 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	n.	1 Total pages Schedule A1:
2 FILER NAME	HENRY R. KELLY		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)
1/12/24	1 5	ate; Zip Code	\$100°C
	AMPRICLO,7	7. 79105	C3
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)
A	HORNAYS	SALF AM	PLOYED
Date	Full name of contributor   out-of-state PAC (ID#:		Amount of contribution (\$)
1/2/24	Contributor address; City; St	rate; Zip Code	\$ 50000
	AMARICLOITY. 7		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
16	-TCA1. 11 12.	C-15	Emplox60
VI	TERINARIAN	SECTI	Trufcorno
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of contribution (\$)
Date 1/12/24	DAN MILLAR  Contributor address; City; St  5315 PARCENT	ate; Zip Code	Amount of contribution (\$)
Date 1/12/24	DAN MILLAR  Contributor address; City; St  5315 PARCENT	ate; Zip Code	1
1/12/24	DAN MILLAN  Contributor address; City, St  5315 PARCENT  NMARILLO, TX.	ate; Zip Code	9500 da
1/12/24	DAN MILLAN  Contributor address; City, St  5315 PARCENT  NMARILLO, TX.	ate; Zip Code  79/06  Employer (See Instructi	0500 do
1/12/24	DAN MILLAN  Contributor address; City, St  5315 PARCENT  NMARILLO, TX.	ate; Zip Code	0500 do
Principal occup	Contributor address; City; St  5315 BARGAT  MMARICO / TX.  Dation / Job title (See Instructions)  Full name of contributor  DAN TALLY	ate; Zip Code  79/06  Employer (See Instruction  SATUT EN	0500 do
Principal occup	Contributor address; City; St  5315 BARGAT  MMARICO / TX.  Dation / Job title (See Instructions)  Full name of contributor  DAN TALLY	ate; Zip Code  79/06  Employer (See Instruction  SATUT EN	Ons)
Principal occup	Contributor address; City; St  5315 BARGAT  MMARICO / TX.  Dation / Job title (See Instructions)  Full name of contributor  DAN TALLY	ate; Zip Code  79/06  Employer (See Instruction  SATUT EN	ons)  Amount of contribution (\$)
Principal occup  A 1  Date  1/23/24	Contributor address; City; St  5315 BARGAT  MMARICO / TX.  Dation / Job title (See Instructions)  Full name of contributor  DAN TALLY	ate; Zip Code  79/06  Employer (See Instruction  SATUT EN	ons)  Amount of contribution (\$)  B 250 90
Principal occup  A 1  Date  1/23/24	Contributor address; City; St  5315 PARIGAT  MMARILLO / TX.  Partion / Job title (See Instructions)  Full name of contributor  OAN TALKY  Contributor address; City; St  2206 PARKER  AMARILLO / TX.	ate; Zip Code  79/06  Employer (See Instructi  STITE IIII  ate; Zip Code  79/09  Employer (See Instructi	ons)  Amount of contribution (\$)  B 250 90
Principal occup  A 1  Date  1/23/24	Contributor address; City; St  53/5 PK/26KT  MMARICO / TX.  Dation / Job title (See Instructions)  Full name of contributor  OAN / ALAY  Contributor address; City; St  2206 / MKKRA  MMARICO / TX  Dation / Job title (See Instructions)	ate; Zip Code  79/06  Employer (See Instructi  STITE IIII  ate; Zip Code  79/09  Employer (See Instructi	ons)  Amount of contribution (\$) $B2500$
Principal occup  A 1  Date  1/23/24	Contributor address; City; St  53/5 PK/26KT  MMARICO / TX.  Dation / Job title (See Instructions)  Full name of contributor  OAN / ALAY  Contributor address; City; St  2206 / MKKRA  MMARICO / TX  Dation / Job title (See Instructions)	ate; Zip Code  79/06  Employer (See Instructi  STITE IIII  ate; Zip Code  79/09  Employer (See Instructi	ons)  Amount of contribution (\$) $B2500$
Principal occup  A 1  Date  1/23/24	Contributor address; City; St  53/5 PK/26KT  MMARICO / TX.  Dation / Job title (See Instructions)  Full name of contributor  OAN / ALAY  Contributor address; City; St  2206 / MKKRA  MMARICO / TX  Dation / Job title (See Instructions)	ate; Zip Code  79/06  Employer (See Instructi  STITE IIII  ate; Zip Code  79/09  Employer (See Instructi	ons)  Amount of contribution (\$) $B2500$
Principal occup  A 1  Date  1/23/24	Contributor address; City; St  53/5 PK/26KT  MMARICO / TX.  Dation / Job title (See Instructions)  Full name of contributor  OAN / ALAY  Contributor address; City; St  2206 / MKKRA  MMARICO / TX  Dation / Job title (See Instructions)	ate; Zip Code  79/06  Employer (See Instructi  STITE IIII  ate; Zip Code  79/09  Employer (See Instructi	ons)  Amount of contribution (\$) $B2500$

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 NAME 20 Filer ID (Ethic	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. 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 CIT	он \$
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 Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME AENRY R. RELLY	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)  8 20000
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Shift for	ions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor   out-of-state PAC (ID#:)  BINK SUR DANIEL  Contributor address; City; State; Zip Code  2300 Supy ST AMANUOTA  79100	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

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

19	FILER NAME  20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTALE TO THE AMOUNT CO
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 80	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	\$

## SCHEDULE F4

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

			9
	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	EIV
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 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 F4:	2 FILERNAME HENRY R. KEL	ZY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED T	OA CREDIT CARD	\$
5 Date 12/10/23 7 Amount (\$)	6 Payee name  UNITED FX POFS 8 Payee address;	S GASOLIN	State; Zip Code
\$34,00	5601 AMARILLO	BWOW. A	MARILLO, TX 79106
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	TRAVEL IN DIST	TRICT GASO  chedule T. Check if Air	SCINE ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Comm Port!
12/18/23	Payee name .  UNITED TXPRE	SS	
Amount (\$)	S601 AMARILLO	City:	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this  TRIVEL IN DISTRIC  Check if travel outside of Texas. Complete S	T 6150	3 CINIZ Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held Comm. Por #/
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

# 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)

	-
	7477
	4000
Solicitation/Fundraising Expense	177
Transportation Equipment & Related E	xpense
Travel la District	

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

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

Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule G:	FILER NAME / R. KALL	~	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	Same of the same o	
6 Amount (\$) 7 06	JOHAR COUNTY	FLACTIONS	
9	7 Payee address;	City;	State; Zip Code
political contributions intended	900 S. POLK ST	- 2418 AMA	RILLO, TX 79101
8 PURPOSE	(a) Category (See Calegories listed at the top of this s	chedule) (b) Description	
OF EXPENDITURE	EXCEL PAST FUR	Tions	
	(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		
11/28/23	HARBOR FRE161	47	
Amount (\$)44 96	Payee address;	City;	State; Zip Code
political contributions intended	5807 SW 45TH	S41TA 450 Am	ARNCO, TX 79109
PURPOSE OF	Category (See Categories listed at the top of this si	chedule) Description	r
EXPENDITURE	ZIF TIESTOR	POLITICAL SIG	NS
	Check if travel outside of Texas. Complete Sci	nedule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/29/23	WNGRAENS		
Amount (\$)4, 85	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	3320 S. BELL	AMARILIO, TX	79106
PURPOSE	Category (See Categories listed at the top of this so	hedule) Description	
OF EXPENDITURE	FIRMGING PUSN CAI	IDS SCOTCH	TAVIS
	Check if Iravel outside of Texas, Complete Sch		X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Comm. PcT #1
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDIN E AS MEEDE	co. military

## 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/Politica	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 NAME HENRY R. KELLY  3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date 12/21/23	6 Payee name  LINTER UNITED KYPRESS		
7 Amount (\$)	8 Payee address; City, State; Zip Code		
\$34 <u>00</u>	5601 AMARICIO; BLUD W AMARICIO, 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	TRAVELIN DISTRICT GASOGINE		
EXPENDITURE	(c) 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  ARNEY R KRUY Comm. Ict !!		
Date //8/23	Payee name. (INTRO KX Panss		
Amount (\$)	Payee address, City, State; Zip Code		
#370L	5601 AMARINO BUD W AMARINO, TX 79106		
TYPE OF EXPENDITURE	¿ Political Non-Political		
	Category (See Calegories listed at the top of this schedule)  Description		
PURPOSE OF EXPENDITURE	TRAVEL IN DISTRICT GASSLINE		
	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			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

1 2.1001171	ET ONES		7
If the requested in	nformation is not applicable, DO NOT include	e this page in the re	eport.
	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	1.1.1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Event Expense Loan R Fees Office G Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing Committee Legal Services Salarie	Repayment/Reimbursement De Overhead/Rental Expense g Expense ng Expense les/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 t	to complete this form.	
1 Total pages Schedule G:	HANNY R. KRUY	,	3 Filer ID (Ethics Commission Filers)
4 Date 12/5/23	5 Payee name  WOLGOFFE AS AM	ARILLO, TX	79106
6 Amount (\$) 7, 27	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	3320 S BALL 1	AMBRICLO,	TL 79106
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	HANGING PUSHCANDS	S SCOTCH	There
	(c) Check if travel outside of Texas, Complete Schedule T.		TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	HENRY R. KELLY		omm (ctx)
Date	Payee name		
12/11/23	WALLSRAANS		
Amount (\$) 15,54	Payee address;	City;	State; Zip Code
Belimbursement from political contributions intended	1600 S. WASTARN	AMMOUD!	TZ 79/06
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	HANGING PUSH GARS	Scotch	TOPE
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	MANICY K. PSKLLY	4	amm. (cT4)
Date	Payee name		
112112	WOTTED AXPERS		
Amount (\$)	Payee address;	City	State, Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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 S	SCHEDULE AS NEEDE	:D

## 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	77
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	I IZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$
5 Date 2/4/24	6 Payee name UNITHO FIX PLA	25	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
	5601 AMARILLOI	BLVV /IMAKI	110/14 17/06
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the lop of the	nis schedule) (b) Description	
PURPOSE OF EXPENDITURE	TRAVELIN DISTRIC	T GASOL	INE
2,711 2112 1112 11	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of	this schedule) Description	
	Check if travel outside of Texas. Comp	lete 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	S OF THIS SCHEDULE AS N	IEEDED

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Event Expense		
Fees Food/Beverage Expense Gift/Awards/Memorials Expense ommittee 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)
	is now to complete this form.	
ILER NAME		3 Filer ID (Ethics Commission Filers)
Payee name		
Payee address;	City;	State; Zip Code
Category (See Calengries listed at the top of this se	hadula) (h) Deparinting	
Satisfied by the contegenes listed at the top of this se	(b) Description	
Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Pavee name		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this so	hedule) Description	
Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
ayee name		
ayee address;	City;	State; Zip Code
Calegory (See Categories listed at the lop of this sci	nedule) Description	
Check if travel outside of Texas, Complete Scho	edule T. Check if Austin	n. TX. officeholder living expense
Candidate / Officeholder name	Office sought	Office held
	Payee name  Payee address;  Category (See Categories listed at the top of this so  Check if travel outside of Texas. Complete Sch  Candidate / Officeholder name  Payee address;  Category (See Categories listed at the top of this so  Check if travel outside of Texas. Complete Sch  Candidate / Officeholder name  ayee address;  Category (See Categories listed at the top of this so  Candidate / Officeholder name  ayee address;  Category (See Categories listed at the top of this sol  Check if travel outside of Texas. Complete Sch  Category (See Categories listed at the top of this sol  Category (See Categories listed at the top of this sol  Category (See Categories listed at the top of this sol	Payee address: City:  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Office holder name  Cayee name  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Office holder name  Check if travel outside of Texas. Complete Schedule T.  Candidate / Office holder name  Office sought  Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Polling Expense Travel In District Consulting Expense Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name Zip Code 52 WESTENTE PKWY W AMAR TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE RSOLINIE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Zip Code State: City; 222 N. MOIN ST UNGA, TX TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the lop of this schedule) PURPOSE OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense 1 Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) City; State; Zip Code Delimbursement from political contributions intended **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 Date Payee name WALGRARNS City; State: Zip Code eimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended 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 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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/Politica Credit Card Payment	Committee 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)
	<u> </u>	ains how to complete this form	Ti -
1 Total pages Schedule F1:	2 FILERNAME / R. KR	LLY	3 Filer ID (Ethics Commission Filers)
4 Date ///16/23	5 Payee name C+B MM KFT	N6	77
6 Amount (\$) \$477_92	7 Payee address;	City;	State: Zip Code
8	2400 SW 674 fg (a) Category (See Calegories listed at the lop of	this schedule) (b) Description	79106
PURPOSE	(a) category (cor categorise little at the top of	(2) 2000	
OF EXPENDITURE	PRINTING FILM	NSTE PUSH CAM	EDS + BUTTONS
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Coma for HI
Date	Payee name		
2/1/24	C+B MARKETI	NG	
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,39101	2400 SW 6TH	NVE AMMILL	11/x 79/06
	Category (See Categories listed at the top of t		
PURPOSE OF	0	PUSH G	nap =
EXPENDITURE	VEINTING FX PENSE	MAGNET	10 CALENDONS
	Check if travel outside of Texas. Comple	ele Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	HENRI R. HIZ	rux	Comm (cTH)
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of t	his schedule) Description	
	Check if travel outside of Texas. Comple	ele Schedule T. Check if Aus	lin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held

**LOANS** SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule E: The Instruction Guide explains how to complete this form, 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender out-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 Υ 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 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 (\$) out-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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.