

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission File#)

2 Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS FIRST KESHA MI N	OFFICE USE ONLY Date Received RECEIVED 4/29/24								
	NICKNAME O'REILLY LAST O'REILLY SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX 2229 PINE ST DALLAS TX 75215 APT / SUITE # CITY STATE ZIP CODE									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (650) PHONE NUMBER 425-0609 EXTENSION	Date Hand-delivered or Date Postmarked								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST ROULE MI WEST II LAST WEST II SUFFIX	Receipt # Amount \$ Date Processed Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1812 MONTAUK WAY DESOTO, TX 75243									
8 CAMPAIGN TREASURER PHONE	AREA CODE (214) PHONE NUMBER 642-7143 EXTENSION									
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)									
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02/21 24 04/22/24									
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5/4/24 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)								
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME									
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
<input type="checkbox"/> SPECIFIC	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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,157.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,187.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,845
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Kesha N. O'Reilly
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kesha N. O'Reilly this the 30 day of April, 2024, to certify which, witness my hand and seal of office.

Torsha McCarty

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(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 _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

KESHA NICHOLAS O'REILLY

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,170
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,987.86
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 16,101.50
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,828.72
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,857.46
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

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: 6
2 FILER NAME KESHA NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDREW BATES 6 Contributor address; City; State; Zip Code 98 South Little River Rd FOREST, NJ 34074	7 Amount of contribution (\$) 25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mitzi S Willis Contributor address; City; State; Zip Code 1205 Nobel Way Flower Mound TX 75028	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ricky Hill Contributor address; City; State; Zip Code 6050 JAIL BLVD WEST, NJ, NJ 07093	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL DRIFFIN Contributor address; City; State; Zip Code 2774 OLDFLOW DR NW ATLANTA GA 30318	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (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.		

MONETARY POLITICAL CONTRIBUTIONS

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 KESHA NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GINA BROWN	7 Amount of contribution (\$) 200
6 Contributor address; City; State; Zip Code 420 RIVERSIDE NY, NY 10025		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PORSCHA SHOWERS	Amount of contribution (\$) 85
Contributor address; City; State; Zip Code 6881 THORNHILL CIRCLE WINDMERE FL 34786		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael O'Reilly	Amount of contribution (\$) 400
Contributor address; City; State; Zip Code 708 FAIRWINDS WAY OXON HILL, MD 20745		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIFFANY GREENE	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 344 SECRETARIAT DR HOLIDAY CREEK 75065		
Principal occupation / Job title (See Instructions)		Employer (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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME KESHA NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTOPHER U LANE 6 Contributor address; City; State; Zip Code 821 Westerly Dr Bandon, MS 39042	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARMEN WEBB Contributor address; City; State; Zip Code 4409 SORREL CT FLOWER MOUND TX 75028	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARLTON REECE Contributor address; City; State; Zip Code NO ADDRESS GIVEN	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: IVAN WALKER Contributor address; City; State; Zip Code 3103 HILAND AVE GLENDALE, MD 20769	Amount of contribution (\$) 165
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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 KESHA NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)
4 Date 4/16/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT ABTAMI	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code 10028 ROCK HILL LANE DALLAS, TX 75229		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LIBBY MCKABE	Amount of contribution (\$) 250
Contributor address; City; State; Zip Code NO ADDRESS GIVEN		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KETH RAWLINGS	Amount of contribution (\$) 180
Contributor address; City; State; Zip Code NO ADDRESS GIVEN		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRE' BLAIR	Amount of contribution (\$) 2500
Contributor address; City; State; Zip Code NO ADDRESS GIVEN		
Principal occupation / Job title (See Instructions)		Employer (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.		

MONETARY POLITICAL CONTRIBUTIONS

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 KESHA NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)
4 Date 4/17/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LORENE SMITH	7 Amount of contribution (\$) 250
6 Contributor address; City; State; Zip Code NO ADDRESS GIVEN		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VIRGIL SMITH	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code NO ADDRESS GIVEN		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BEVERLY DAVIS	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code NO ADDRESS GIVEN		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/20/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DARWIN THOMPSON	Amount of contribution (\$) 165
Contributor address; City; State; Zip Code 1207 IVERSON ST, OXON HILL, MD 20745		
Principal occupation / Job title (See Instructions)		Employer (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.		

MONETARY POLITICAL CONTRIBUTIONS

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 KESHA NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)
4 Date 4/21/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ZENZI LA FENREU LEWIS	7 Amount of contribution (\$) 25
6 Contributor address; City; State; Zip Code 509 YORKTOWN DR DESOTO, TX 75115		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIS JOHNSON	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 1700 PACIFIC AVE #2600 DALLAS, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN PROCTOR	Amount of contribution (\$) 1000
Contributor address; City; State; Zip Code 2627 MLK BLVD DALLAS, TX 75215		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KESHA O'REILLY	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 2225 PINE ST DALLAS TX 75215		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 2	
2 FILER NAME KESHA NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 10,987.86	
5 Date 4/22/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DALLAS SUCCEEDS PAC	8 Amount of Contribution \$ 5,637.86	9 In-kind contribution description ARTWORK MAILERS/POSTAGE
7 Contributor address; City; State; Zip Code 306 W. 8TH DALLAS, TX 75208		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 4/16/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROYCE WEST II	Amount of Contribution \$ 350	In-kind contribution description NEWSPAPER AD
Contributor address; City; State; Zip Code 1812 MONTAUK WAY DESOTO, TX 75243		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

KESHA NICHOLAS O'REILLY

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#:

8 Amount of Contribution \$

9 In-kind contribution description

4/20/24

MMS COMPANY

5066

description	date	time	location	notes
POLL CANVASER				
TEXT PROGRAM				
CELLPHONE LIST				

7 Contributor address; City; State; Zip Code

217 NORTH I-35 DESOTO, TX 75115

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date _____

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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
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 F2:	2 FILER NAME KESHA NICHOLAS OREGUN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 16,101.50	
5 Date 4/20/24	6 Payee name MMS COMPANY, LLC	
7 Amount (\$) \$16,026.50	8 Payee address; 217 NORTH I-35 E DESOTO, TX 75115	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling expenses	(b) Description Canvassing 7 sites Polling greeters
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/22/24	Payee name THE AKITA GROUP	
Amount (\$) \$75	Payee address; 2500 ROCKBROOK #41	City; State; Zip Code Lewisville, TX 75067
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printer Printing expenses	Description Print pushcard rush order w/ST
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

EXPENDITURES MADE BY CREDIT CARD**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 CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 7		2 FILER NAME KESHA NICHOLAS O'REILLY		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 2,136.80	
5 CREDIT CARD ISSUER		Name of financial institution BROAD FINANCIAL			
6 PAYMENT		(a) Amount Charged \$ 593.75	(b) Date Expenditure Charged 4/12/24	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name SIGNAGE SYSTEMS	(b) Payee address; City, State, Zip Code 7900 FERGUSON ST DALLAS TX 75228		
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) PRINTING		(b) Description YARD SIGN-150 WIRESTICKS-50 BANNER-2	
9 Complete ONLY if direct expenditure to benefit C/OH		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
PAYMENT		(a) Amount Charged \$ 1413.75	(b) Date Expenditure Charged 4/18/24	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name SIGNAGE SYSTEMS	(b) Payee address; City, State, Zip Code 7900 FERGUSON ST DALLAS TX 75228		
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) PRINTING		(b) Description YARD SIGNS-200 WIRE STACKER-200	
Complete ONLY if direct expenditure to benefit C/OH		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
PAYMENT		(a) Amount Charged \$ 103.30	(b) Date Expenditure Charged 4/19/24	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name TRUE SPACE	(b) Payee address; City, State, Zip Code 2400 HERODIAN WAY SE SMYRNA, GA 30083		
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) OFFICE		(b) Description VIRTUAL OFFICE	
Complete ONLY if direct expenditure to benefit C/OH		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

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
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHA NICHOLAS O'REILLY		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution BREAD FINANCIAL		
6 PAYMENT	(a) Amount Charged \$ 26	(b) Date Expenditure Charged 4/19/24	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name GOOD WORK	(b) Payee address; City, State, Zip Code 1808 S Good Latimer Dallas 75206	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		(b) Description Virtual Office
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

EXPENDITURES MADE BY CREDIT CARD

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
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHA NICHOLAS O'REILLY	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 4,672.82	
5 CREDIT CARD ISSUER	Name of financial institution BARCLAYS FINANCIAL	
6 PAYMENT	(a) Amount Charged \$ 188.35	(b) Date Expenditure Charged 3/26/24
7 PAYEE	(a) Payee name WIX.COM	(c) Date(s) Credit Card Issuer Paid 4/8/24
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description WEB PAGE HOSTING SETUP
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 10.71	(b) Date Expenditure Charged 3/26/24
PAYEE	(a) Payee name WIX.COM	(c) Date(s) Credit Card Issuer Paid 4/8/24
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description WEB-EMAIL ADDITION
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 15.58	(b) Date Expenditure Charged 3/30/24
PAYEE	(a) Payee name WIX.COM	(c) Date(s) Credit Card Issuer Paid 4/8/24
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description WEB, EMAIL ADDITION
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

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EXPENDITURES MADE BY CREDIT CARD

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
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:		2 FILER NAME KESTIA NICHOLAS O'REILLY		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 CREDIT CARD ISSUER		Name of financial institution BARCLAYS FINANCIAL			
6 PAYMENT		(a) Amount Charged \$ 1720.81	(b) Date Expenditure Charged 4/1/24	(c) Date(s) Credit Card Issuer Paid 4/8/24	
7 PAYEE		(a) Payee name Matthew's creative		(b) Payee address; City, State, Zip Code P.O. BOX 813, COLLEYVILLE, TX 76034	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER		(b) Description WEBSITE, CAMPAIGN LOGO	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$ 826.40	(b) Date Expenditure Charged 4/6/24	(c) Date(s) Credit Card Issuer Paid 4/8/24	
PAYEE		(a) Payee name AKITA GROUP		(b) Payee address; City, State, Zip Code 2500 ROCKBROOK #41 LEWISVILLE 75067	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) PRINTING		(b) Description 20,000 flyers(pushcards)	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	
PAYMENT		(a) Amount Charged \$ 650	(b) Date Expenditure Charged 4/7/24	(c) Date(s) Credit Card Issuer Paid 4/8/24	
PAYEE		(a) Payee name The Creative Mind		(b) Payee address; City, State, Zip Code 215 G. Regent St LA, CA 90301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR		(b) Description communication Director	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought Office Held	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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EXPENDITURE CATEGORIES FOR BOX 10(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	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHA NICHOLAS O'REILLY	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution BARCLAYS FINANCIAL	
6 PAYMENT	(a) Amount Charged \$ 81.99	(b) Date Expenditure Charged 4/8/24
7 PAYEE	(a) Payee name WIX.COM	(b) Payee address; City, State, Zip Code 40 NANN TEL-AVIV, ISRAEL
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description WEBSITE ASSIGNMENT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 140	(b) Date Expenditure Charged 4/12/24
PAYEE	(a) Payee name TEXAS CUSTOM PRINTING	(b) Payee address; City, State, Zip Code 11536 HARRY HINES STE 108 DALLAS TX 75229
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description CAMPAIGN T-SHIRTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 140	(b) Date Expenditure Charged 4/12/24
PAYEE	(a) Payee name TEXAS CUSTOM PRINTING	(b) Payee address; City, State, Zip Code 11536 HARRY HINES STE 108 DALLAS TX 75229
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description CAMPAIGN T-SHIRTS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	

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EXPENDITURES MADE BY CREDIT CARD**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 CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESTA NICHOLAS	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution BARCLAYS FINANCIAL	
6 PAYMENT	(a) Amount Charged \$ 650	(b) Date Expenditure Charged 4/19/24
7 PAYEE	(a) Payee name THE CREATIVE MIND	(b) Payee address; 215 REGENT ST EAST A 333 INGLEWOOD, CA 90301
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description Communication Director
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
PAYMENT	(a) Amount Charged \$ 248.98	(b) Date Expenditure Charged 4/20/24
PAYEE	(a) Payee name FEDEX	(b) Payee address; 2050 N. STEMMONS FWY DALLAS TX 75201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description 1000 PUSHCARS 4x4
Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Complete ONLY if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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EXPENDITURES MADE BY CREDIT CARD**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 CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHA NICHOLAS	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 19.10
5 CREDIT CARD ISSUER	Name of financial institution PRINCE GEORGES COMMUNITY CREDIT UNION	
6 PAYMENT	(a) Amount Charged \$ 19.10	(b) Date Expenditure Charged 4/17/24
7 PAYEE	(c) Date(s) Credit Card Issuer Paid	
	(a) Payee name DALLAS DISTRICT ATTORNEY	(b) Payee address; City, State, Zip Code 500 ELM ST, DALLAS 75202
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Legal service	(b) Description Voter List History
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(c) Date(s) Credit Card Issuer Paid	
	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(c) Date(s) Credit Card Issuer Paid	
	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	

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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
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
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 G: 4		2 FILER NAME KESTA NICHOLAS O'RESLEY		3 Filer ID (Ethics Commission Filers)	
4 Date 4/8/24		5 Payee name BARCLAY FINANCIAL			
6 Amount (\$) 188.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. BOX 60517 CITY OF INDUSTRY, CA 91716			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT		(b) Description WEB PAGE WIX.COM HOSTING SETUP	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 4/8/24		Payee name BARCLAY FINANCIAL			
Amount (\$) 10.71 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 60517 CITY OF INDUSTRY, CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit card payment		Description WIX.COM. WEB-EMAIL ADDITION	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 4/8/24		Payee name BARCLAY FINANCIAL			
Amount (\$) 15.58 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 60517 CITY OF INDUSTRY, CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT		Description WIX.COM EMAIL ADDITION	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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
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 G:		2 FILER NAME KESHA NICHOLS O'REILLY		3 Filer ID (Ethics Commission Filers)	
4 Date 4/8/24		5 Payee name BARCLAYS FINANCIAL			
6 Amount (\$) 1720.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. BOX 60517 CITY OF INDUSTRY, CA 91716			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT		(b) Description Matthew's Creative - website Campaign LOGO	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 4/8/24		Payee name BARCLAYS FINANCIAL			
Amount (\$) 826.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 60517 CITY OF INDUSTRY, CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit card payment		Description AKite Group: Printing Flyers 2016	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/8/24		Payee name BARCLAYS FINANCIAL			
Amount (\$) 650 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 60517 City of Industry, CA 91716			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit card payment		Description The Creative Mind Communication Director	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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
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 G:		2 FILER NAME KESHA NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)	
4 Date 4/18/24		5 Payee name STAPLES			
6 Amount (\$) 30.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 4351 DALLAS FT WORTH DALLAS TX 75211			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSES		(b) Description BANNER		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 4/18/24 STAPLES					
Amount (\$) 64.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4351 DALLAS FTWORTH DALLAS TX 75211			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES		Description PUSHCARS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 4/10/24 DAWN MILLER CONSULTING					
Amount (\$) 150 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1526 E. 10th ST ODESSA, TX 79761			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING		Description CAMPAIGN ADJUSSEMENT		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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
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 G:		2 FILER NAME KESHA NICHOLAS		3 Filer ID (Ethics Commission Filers)	
4 Date 4/22/24		5 Payee name DAWN MILLER CONSULTING			
6 Amount (\$) 525 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1526 E. 10th ST ODESSA, TX 79761			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING		(b) Description CAMPAIGN ADVISEMENT		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 4/16/24		Payee name DAWN MILLER CONSULTING			
Amount (\$) 225 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1526 E. 10th ST ODESSA, TX 79761			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING		Description CAMPAIGN ADVISEMENT		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 4/15/24		Payee name DAWN MILLER CONSULTING			
Amount (\$) 450 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1526 E. 10th ST ODESSA, TX 79761			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING		Description CAMPAIGN ADVISEMENT		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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