		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The GIOH instruction (Suide explains how	v to complete this form.	1 Filer ID (Epics Commission	Five) 2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MSINESINE	KESHA	N MI	OFFICE USE ONLY
***	MICHONANIE	REJLLY	SUFFU	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2229		DALLAS TX	©
Change of Address	1		75215	
6 CANDIDATE/ OFFICEHOLDER PHONE	(650) C	125-0609	EXTENSION	Date Hand-delivered or Date Postmarked Receist # Amount S
6 CAMPAIGN	MS / MRS / MR	FIRST	ALI	Receipt # Amount \$
TREASURER NAME	WCKHAKE	ROUCE	Suiffice	Date Processed
		WEST '	I	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE): APT (S	UNTE #; CITY;	STATE; ZIP COOE
TREASURER ADDRESS	1210	14172 1000	LIA. Dec	50 TV 357110
(Residence or Business)	1812	MONTAUK	wary DESO	10, TX 75243
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE		042-714	3	
9 REPORT TYPE	January 15	30th day before o	t-ad	15th day after compaign treasurer appointment (Officetolder Only)
	July 15	8th day before els	Exceeded Mod Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year		lonth Day Year
COVERED	02,	121 24	THROUGH 0	4/22/24
11 ELECTION	ELECTION DA	ATE.	ELECTION	W / Wale 48 (E) 4
TI COLOTTO	Month Day	Year Prinsery	Runoff Other	
			Special	pton
	5/4/	24 7		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (il interni
14 NOTICE FROM POLITICAL	THE CAMBIDATE / OFFI	CEHOLDER, THESE EXPERIENCES	I MAY HAVE BEEN MADE WITHOUT TO	DRES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CAMBIONTES OR OFFICENOLDERS (MONLEDGE OR NLY IF THEY RECEIVE HOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
Additional Pages	GENERAL			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	About the second
		GO TO	PAGE 2	Programme and Pr

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer IE	O (Ethics Cor	nmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTROP	ES OF LOANS, OR	N	\$ 0	
455 20.6	2. TOTAL POLITICAL CONTRIBUTE (OTHER THAN PLEDGES, LOANS, C)	\$ 19,13	57.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.		\$ ()
	4. TOTAL POLITICAL EXPENDITUR	ES		\$ 27,	187,68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LA	ST DAY	\$ 8,	845
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		OF THE	\$	0
	wear, or affirm, under penalty of perjury, that th		re and corre	ect and inclu	des all information
rec	quired to be reported by me under Title 15, Electio	n Code.)) 1	
		Kestall	ter		
	-	Signature of	andidate or	Office holde	r
	Please complete	either option belo	N:		
		TORSHA	MCCARTY		
(1) Affidavit		Notary Public Comm. Expir	State of Te	xas	
		Notary ID	130357040		
NOTARY STAMP/SEA	L	140 11			ı
Sworn to and subscribed	before me by Kasha N. O	this the	30	day of	tpi,
20 24 , to certify	which, witness my hand and seal of office.	- A-L	K 1/2	+	
Signature of officer administe	ring oath Printed name of officer ac	Iministering oath	T	itle of officer	administering oath
	OR				
(2) Unsworn Declarati	On				
NAN mama in		and my data of high i	2		
		, and my date of bildi			
, eduicos is	(street)	(city)	(state) (zi	ip code)	(country)
Executed in	County, State of, o	n the day of (mon	th)	, 20 (year)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	mmissk	on Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1. [SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 8	1170
2. [SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1	0,987.86
3. [SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4. [SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
6. [SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 10	0,101.50
7. [SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0
8. [SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 6	,828.72
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 4	1,857.46
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	O
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0

SCHEDULE A1

ii tile reques	sted information is not applicable, bo Not include to	ma page in me	
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	NICHOLAS O'REILLY		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
4/9/24	ANDREW BATES 6 Contributor address: City; State; 78 South Little River Rd FOREST, A 390	ري	25
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instruct	tions)
Date	Full name of contributor)	Amount of contribution (\$)
4/10/24		•	200
Principal occup		oloyer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/12/24	GOSD JFILBLUDE WEST, NY, NO	Zip Code く く く	25
Principal occup	eation / Job title (See Instructions) Empl	loyer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:	ر	Amount of contribution (\$)
4/13/24	DANTEL DRIFFIN contributor address; City; State; 2774 OLDKNOW DR NW GA	Zip Code ATLAMTA 30318	250
Principal occup	ation / Job title (See Instructions) Empl	loyer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDIJI F AS M	FEDED
	If contributor is out-of-state PAC, please see Instruction gui		

SCHEDULE A1

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

ir the reques	nomation of the applicable, be not months and page in	ir the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME KESHA	NICHOLAS O'RETLLY	3 Filer ID (Ethics Commission Filers)
4 Date 4 13 24	5 Full name of contributor out-of-state PAC (ID#:	
Date 4/13/24 Principal occur	Full name of contributor out-of-state PAC (ID#:	ent tas u
Date ###################################	Full name of contributor	0 400
	Full name of contributor	CEEK 100
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	
	The residence of the state of t	ional reporting requirements

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME KESHI	A NICHOLAS O'REJLLY	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
., .	CHRISTOPHER U LANE	3
4/13/24	6 Contributor address; City; State; Zip Code	100
9	821 Westerly Dr Bandon, MS 29042	, , ,
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	dions)
Date	Full name of contributor	Amount of contribution (\$)
,11	CARMEN WEBB	
4/13/24	Contributor address; City; State; Zip Code	100
	Contributor address; City; State; Zip Code 4409 SORRELCT TX 75028	100
Principal occup	nation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
.1 .	CARLTON REGLE	
4/13/24	Contributor address; City; State; Zip Code	77
,	NO ADDRESS GIVEN	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	IVAN WALKER	
4/13/24	Contributor address; City; State; Zip Code	- 101
1, 0/0,/	3103 HILAND AVE GLENDALE, MD	103
Principal occur	2 07 60 pation / Job title (See Instructions) Employer (See Instruc	tions)
,		,
	- L	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	1

SCHEDULE A1

			-
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME KESH	A NICHOLAS O'REILL	N	3 Filer ID (Ethics Commission Filers)
4110/24	5 Full name of contributor Out-of-state PAC ROBURT ABTAHI 6 Contributor address; City; 10028 ROCK HILL LANE DA	State; Zip Code NLAS, TX 25229	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 4/17/24	Full name of contributor out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)
, , ,	NO ADDRESS GIVEN		·0/2 0
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/17/24	Contributor address; City; NO ADDRESS GIVEN	State; Zip Code	180
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
4/17/24	Contributor address; City; 1/0 APDRESS GIVEN	State; Zip Code	9200
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

ti the reques	sted mornation is not applicable, bo not mor	ade ans page in the	report.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME	1 NICHOLAS DIRETLLY	,	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC		7 Amount of contribution (\$)
417/24	LORENE SMITH		
4/17/24	6 Contributor address; City;		250
	NO ADDRESS GIVEN	/	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor)#:)	Amount of contribution (\$)
4/18/24	VIRGIL SMITH Contributor address; City; ND ADDRESS GIVEN	State; Zip Code	500
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor)#:)	Amount of contribution (\$)
4/19/24	BEVERLY DAUTS Contributor address; City; NO ADDRESS GIVEN	State; Zip Code	100
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (iD	W:	Amount of contribution (\$)
4/20/24	DARWIN THOMPSON contributor address; city; 1207 IVERSON ST, DXON 209	State; Zip Code	165
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruct	ion guide for additional re	eporting requirements.

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	+ NICHOUS OIRE	sly	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	; (ID#;)	7 Amount of contribution (\$)
4/21/24	2ENZI LA FENDEU-LE 6 Contributor address; City; 509 YORILTOWN DR D	State: Zip Code	25
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
4/19/24	Contributor address; City; 1700 PACIFIC AVE #21200	State; Zip Code DAUAS, TX 7520	1000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
4/19/24	JOHN PROCTOR Contributor address; City; 2627 MUK BWD DALLA	State; Zip Code	1000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	_	(ID#:)	Amount of contribution (\$)
4/5/24	Contributor address; City; 2228 PINE ST D	State: Zip Code	12 100
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (
	If contributor is out-of-state PAC, please see instru	uction guide for additional r	eporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	· · ·	
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:	
2 FILER NAME KESHANICHOLAS DIRETLIY	3 Filer ID (Ethics Commission Filers)	
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	\$ 10,987.86	
306 W. 843 DALLAS, TX 75' 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of Contribution \$ 9 In-kind contribution description ARTWORK Zip Code 5,637.86 MATICAS MATICAS	
2 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
4 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Principal occupation / Job title (FOR NON-JUDICIAL) (ID#	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T. 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)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<u>'</u>				
Tł	ne Instruction Guide explains how to complete this for	n.	1 Total pages Scher	dule A2:
2 FILER NAM KESI-A	NICHOLAS O'REILLY		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
	6 Full name of contributor out-of-state PAC (ID#:		V	In-kind contribution description IPOLL CANVASET ITEM PROGRAM ICEU PHONE LIST ide of Texas. Complete Schedule T. IAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR J	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description I lead to the contribution description I lead to the contribution description description lead to the contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ı	ATTACH ADDITIONAL COPIES OF T fr contributor is out-of-state PAC, please see Instructi			a requirements.

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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) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Travel In District Polling Expense Food/Beverage Expense Consulting Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District 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) 2 FILER NAME 1 Total pages Schedule F2: KESHA NICHOLAS OPECTUR \$ 16, 101.5D 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date MMS COMPANY, LLC Zip Code 7 Amount (\$) 217 NORTH I-35 & DESUTO, TX 951151 TYPE OF Non-Political Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) 10 Polling expenses **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH Payee name THE AKITA GROUP Zip Code 2500 ROCKBROOK #41 Lewisulle, TX 75067 TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Print pusheard rush order Between Printing exper PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 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 Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po	
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHA NSCHOAS O'RETLLY 3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A CREDIT CARD 5 2, 136.80
5 CREDIT CARD ISSUER	Name of financial institution BREAD FIANANCIAL (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid
6 PAYMENT	(a) Amount Charged (b) Date Experience (b) Date Experience (c) Dat
7 PAYEE	(a) Payee name SIGNAGE SYSTEMS 7900 FERGUSUN ST DALLAS TX
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) PRINTING (b) Description CRUSH-15 SANNER-2 Check if Austin, TX, officeholder living expense
Non-Political 9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$ 1413.75 41724
PAYEE	(a) Payee name (b) Payee address; City, State, Zip Code 75728 SIGNAGE SYSTEM 7900 FERGUSUN ST WALLASTK
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) PRINTING (b) Description WARE STONE 2000
Complete ONLY If direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$103.30 4 19 24
PAYEE	(a) Payee name (b) Payee address; City, State, Zip Code 2400 HEROD JAN WAY SE 30083
PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) OF ICE (b) Description UTVLTUM OFFICE (c) 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 / Office holder name Office Sought Office Held
	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Condidate/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/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic	Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER						
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME RESTA NICHOLAS O'REIVY 3 FILER ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZED EXPE	ENDITURES CHARGED TO A CR	REDIT CARD			\$		
5 CREDIT CARD ISSUER		INAN					
6 PAYMENT	(a) Amount Charged (b) Date Expenditu		(c) Date(s) C	redit Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee add		city, and Letime		Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERCHEAD (c) Check if travel outside of Texas. Complete Schedule T.			(b) Description Virtual Office 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 add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	d at the top of this sched	ule)	(b) Description			
Political Non-Political	(c) Check if travel outside	de of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	me	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	re Charged	(c) Date(s)	Credit Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)		dule)	(b) Description			
Non-Political	(c) Check if travel outsi	de of Texas. Complete	e Schedule T.		Check if Austin, TX,	officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Off	fice Sought		Office Held	
	ATTACH ADDITI	ONAL COPIE	S OF THIS	SCHEDU	LE 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/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 comp	lete this form.		USE A NEW PAGE FO	R EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHANI	TCHULA	3 O'RE	ゴレン	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPE	ENDITURES CHARGED TO A CRE			(\$ 4,672.82
5 CREDIT CARD ISSUER	Name of financial institution BARCLM				
6 PAYMENT	["	Date Expenditur	re Charged	(c) Date(s) Credit Card I	ssuer Paid
7 PAYEE	(a) Payee name		(b) Payee add	ress;	City, State, Zip Code
	WIX.com				tviv, Israel
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed	at the top of this sched	ule)	(b) Description	- 11-01-1-1
Political	OTHER			WEB PAG	E HOSTING SETUP
Non-Political	(c) Check if travel outside	of Texas. Complete	Schedule T.	Check if A	ustin, 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	o) Date Expenditu	re Charged	(c) Date(s) Credit Card I	ssuer Paid
	\$10.71	3/26/		48	2 Y
PAYEE	(a) Payee name		(b) Payee add		City, State, Zip Code
	WIK.com		40 NG	ma/ 166-1	AVIU, IS MATER
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed OTHER	at the top of this sched	ule)	(b) Description WEB - EN	NATI ANDITION
Non-Political	(c) Check if travel outside	of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nan	ne	Offi	ce Sought	Office Held
PAYMENT	(a) Amount Charged (I	b) Date Expenditu	re Charged	(c) Date(s) Credit Card	ssuer Paid
	\$15.58	3/30	124	4181	24
PAYEE	(a) Payee name		(b) Payee add	dress;	City, State, Zip Code
	WJX.com		40 N	amal TEL	-AVIV, ISRAEL
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)			(b) Description Web, EY	WAIL ADDITION
Non-Political	(c) Check if travel outside	e of Texas. Complete	Schedule T.	Check i	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nar	ne	Off	ice Sought	Office Held
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 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	3 FILER ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A CREDIT CARD	\$			
5 CREDIT CARD ISSUER		JACIAL			
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged 7 4 1 2	rged (c) Date(s) Credit Card Issuer Paid 4 8 24			
7 PAYEE	1,000	yee address; City, State, Zip Code 1.130×813, Collegville, Tx 76034			
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description WEBSITE, CAMPAIGN LOGO			
Non-Political	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held			
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged \$ 826,40 4	rged (c) Date(s) Credit Card Issuer Paid 4 8 24			
PAYEE	13-7 7	SOO ROCKBROOK AHI Lewisville			
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description 20,000 flyers (pushcards)			
Non-Political	(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			
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged	riged (c) Date(s) Credit Card Issuer Paid H 8/24			
PAYEE	(a) Payee name The Creative Mind 21	syee address; City, State, Zip Code 5 G. Regunt St LA, CA 9030 [
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description Communication Director			
Political Non-Political	(c) Check if travel outside of Texas. Complete Sche	lule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli		Polling nse Printing	Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	Guide explains how to complete this form	n.	USE A NEW PAGE FOR	EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHA NICHOLAS		slly	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A CREDIT CARD		1	\$
5 CREDIT CARD ISSUER , 6 PAYMENT	Name of financial institution BARCLAYS FIAN (a) Amount Charged \$ 1 \$ 1 . 9 9 4 8 2	24	(c) Date(s) Credit Card 1550	71. C. do
7 PAYEE	(a) Payee name WIX.WM	(b) Payee ad	Idress; JAMM TEL	- MIN, ISRAEL
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	:hedule)	(b) Description WEBSTATE	ASSICMMENT
Political	Complete of Toyas Complete	lete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		fice Sought	Office Held
PAYMENT	(a) Amount Charged (b) Date Expend	iture Charged	(c) Date(s) Credit Card Issue	er Paid
PAYEE	(a) Payee name TEXAS CUSTOM PRINTS,	(b) Payee ad		in the second se
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	hedule)	(b) Description	U T-SHTRTU
Political Non-Political	(c) Check if travel outside of Texas. Compl	lete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	fice Sought	Office Held
PAYMENT	(a) Amount Charged (b) Date Expending (b) The Expending (c) The Ex	iture Charged	(c) Date(s) Credit Card Issue	er Paid
PAYEE	(a) Payee name TEXAS CUSTOM PROUT:	(b) Payee add	dress; HARRY	HIVES STE 1 08
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this sch	nedule)	(b) Description CAMPATGA) T-SHSRTS
Non-Political	(c) Check if travel outside of Texas. Compl	iete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Off	fice Sought	Office Held
	ATTACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS NEED	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Pol	le By Gift/Awan	erage Expense ds/Memorials Expense	Polling : Printing	iverhead/Renta Expense Expense :/Wages/Contra		Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)
	Guide explains how to c					ACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHA N	Icitoras				3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD				\$
5 CREDIT CARD ISSUER	Name of financial institu	MAMES	SAL		edit Card Issue	r Daid
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cr		Tin Codo
7 PAYEE	(a) Payee name THE CREAT:	OF MIND	(b) Payee ad	dress; 2 EGEV EUUC	T ST City	,
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories II	sted at the top of this sche		(b) Description	wni ce	hun Director
Political Non-Political	(c) Check if travel out	side of Texas. Complet			Check if Austin,	TX, officeholder living expense Office Held
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		
PAYMENT	(a) Amount Charged \$ 248 48	(b) Date Expenditu	re Charged	(c) Date(s) Cr	edit Card Issue:	r Paid
PAYEE	(a) Payee name FEDEX		(b) Payee ad 2050		City MACA)S	
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) PRINTING (b) Description 1000 PUSHERMOS 4HL				ARDE 444	
Non-Political	(c) Check if travel out	side of Texas. Complet	Schedule T.		Check if Austin,	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cr	edit Card Issuer	- Paid
PAYEE	(a) Payee name		(b) Payee add	iress;	City,	, State, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	ule)	(b) Description	n	
Non-Political	(c) Check if travel out	side of Texas. Complet	Schedule T.		Check if Austi	in, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDUL	E AS NEED	ED

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 Candidate/Officeholder/Politi	By Gift/Awards	rage Expense s/Memorials Expense	Office Ov Polling E Printing B	Expense Wages/Contract Labor	se Transpor Travel In Travel O r Other (er	District out Of District nter a category	ent & Related Expense
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PAGE	FOR EACH C	REDIT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME KESHA A	15CHU LA	2		3 FILES	R ID (Ethics (Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$ 10	7.10	
5 CREDIT CARD	Name of financial instituti	on			11/		
ISSUER	PRINCE GE	1212125	CHMMI	INITU CE	COTT	INI ON)
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit C	ard Issuer Paid		
O PANINEM	\$19.10	4/17/2	¥				
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
	DAUS DIS	TAICT AT	TORNE		ELM S-	J DA	45 75 2012
8 PURPOSE OF	(a) Category (See Categories lis	ted at the top of this sched	ule)	(b) Description	. 1		
EXPENDITURE	Legal ser	Vice		Voter	List +	lish	19
Political Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T.	Checi	k if Austin, TX, offic	eholder living e	xpense
<u> </u>				ice Sought		Office Held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r						
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit C	ard Issuer Paid		
	\$ 🟂						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ited at the top of this sched	(ute)	(b) Description			
Non-Political	(c) Check if travel out:	side of Texas. Complete	Schedule T.	Chec	ck if Austin, TX, offi	ceholder living	expense
	Candidate / Officeholder r			ice Sought		Office Held	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeriorder	Tarrice					
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit C	ard Issuer Paid		
	\$						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zíp Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	sted at the top of this sched	dule)	(b) Description			
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Ch Ch	neck if Austin, TX, o	fficeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

If the requested in	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 Mad- Candidate/Officeholder/Poli Credit Card Payment	Food/Beverage Expense Polling Expense Travel In District ade By Gift/Awards/Memorlals Expense Printing Expense Travel Out Of Di	quipment & Related Expense
1 Total pages Schedule G:	G: 2 FILER NAME 3 Filer ID (Et	hics Commission Filers)
4	KESHA NICHOLAS O'RESLLY	
4 Date 4 8/24	BARCLAY FSAN APCIAL	
6 Amount (\$)	7 Payee address; City; Stat	
Reimbursement from political contributions intended		41716 A
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description WEB PA	
OF EXPENDITURE	CREDITCARO PAYMEN WIX. WM INTER 1-	tostaug seti
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
Date 4/8/24	BARCIAY FIANANCI (AC	
Amount (\$) D . T Reimbursement from political contributions intended	Payee address: P.O. BOX 60517 CITY OF INDUSTRY C	zip Code A 91716
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Cscdit Card payment Check if travel outside of Texal. Complete Schedule T. Check if Austin, TX, officeholder livin	D10-11-01
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought	Office held
4/8/24	Payee name BARCLAY FIANANCIM	
Amount (\$) 15. 58 Reimbursement from political contributions intended	Payee address; City: State; P.O. BOX 60517 CITY OF INPUSTRY, (A	Zip Code 91716
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT (RRP PAMENT WIX.um ADDIT	150N
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE G

		EXPENDITUR	E CATEGORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E: Legal Services The Instruction Guid	Office O Polling I xpense Printing Salaries	epayment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	se
1 Total pages Schedule G:	2 FILER NA	A	Asone	= JULY	3 Filer ID (Ethics Commission Filers))
4 Date 4/2/24	5 Payee nar		HNANCIM			
Amount (\$) 720.8 Reimbursement from political contributions intended	Payee add		CITY OF-	City: [NOWSTRY, (State; Zip Code	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the		(b) Description Methew's	ire, hve - websik Com	pc
	(c)	Check if travel outside of Texas. (Complete Schedule T.	Check if Austin.	, TX, afficeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder nam	ie	Office sought	Office held	
Date 4 8 24	Payee nan	977 10	VACIM			
Amount (\$) 8 24 40 Reimbursement from political contributions intended	Payee add		csty of	City: F INOUSTW	State: Zip Code	
PURPOSE OF EXPENDITURE	CREdit	(See Categories listed at the	top of this schedule)	AKitc Gru	up. Printing Fuyers	
		Check if travel outside of Texas. C		Check If Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder nam	e	Office sought	Office held	
Plate 4/8/24	BALU	4945 FIN	NACIAL			
Amount (\$) (J S O Reimbursement from political contributions intended	Payee add	10x 60517	City of	- Industry	State; Zip Code	
PURPOSE OF EXPENDITURE	1.4	(See Categories listed at the to		Description The Cre Common	ection who chor	
		heck if travel outside of Texas. C			TX, officeholder living expense	_
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder nam	ę	Office sought	Office held	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	in Repayment/Reimbursement co Overhead/Rental Expense ling Expense tiling Expense aries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	2 FILER NAME KESHA NICHOLAS D.A	REJULY	3 Filer ID (Ethics Commission Filers)				
4 Date 15	5 Payee name STAPLES						
Amount (\$) 30.63 Reimbursement from political contributions intended	7 Payee address; 4351 DAWAS FT WOR	City;	State; Zip Code Tx 75211				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule PRINTING (SYPENSES)	BANNE					
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule 1 Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held				
U 18 24	Payee name STAPLES						
Amount (\$) GU 72 Reimbursement from political contributions intended	Payee address; 4351 DALLAS FTWO	City:	State; Zip Code Tx 75211				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule T	PUSHC	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held				
Date 4/10/24	DAWN MILLER (CONSULTIN	4				
Amount (\$) 15 D Reimbursement from political contributions intended	Payee address; 1526 E.1055+	City;	State; Zip Code 7x 797 61				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	CAMPAS	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THI	IS SCHEDULE AS NEED	ED				

SCHEDULE G

		EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poll Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Office O Polling E se Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of Ostrict Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NA				3 Filer ID (Ethics Commission Filers)
	KESH	A NJCHOLAS			,
4 Date 4 22 24	5 Payee nar	N UETHER	CONSUL	TING	
6 Amount (\$)	7 Payee add	dress;		City;	State; Zip Code
S 2.5 Reimbursement from political contributions intended	1521	o E.10th St	000	ESSA, TX :	79761
8 PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description	
OF EXPENDITURE	CONSU	ULTING		CAMPAIG	IN ADVISEMENT
	(c)	Check if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	, TX, afficeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date	Payee nam	ne			
4/16/24	DAWA	MILLER C	UN SU	LTING	
Amount (\$) 22.5 Relmbursement from political contributions intended	Payee add	or Mollen Co dress;	- 01	DESS人, T	State; Zip Code × 79761
PURPOSE	Category	(See Categories listed at the top of t	this schedule)	Description	
OF EXPENDITURE	CONS	UFTING		CAMPAIC	IN ADVISEMENT
	c	heck if travel outside of Texas, Comple	te Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	Office held
Date	Payee nam				
4/15/24	DAW		R CO	NSULTI	NG
Amount (\$)	Payee addr	ress;		City;	State; Zip Code
Reimbursement from political contributions intended	1526	E. WH	5+	O DESSA,	Tx 79761
PURPOSE	Category (See Categories listed at the top of the	his schedule)	Description	
OF EXPENDITURE	CONS	ULTING		CAMPAI	SW ADVISIEMENT
	Cr	heck if travel outside of Texas. Complet	te Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	Office held
	ATTAC	CH ADDITIONAL COPIES	S OF THIS S	CHEDULE AS NEEDE	ED