CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commi 00029493		2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Charles L.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	 _AST		SUFFIX	07/17/2023	
		-AST Geren		SUFFIX	01/21/2020	
	· ·	<u> </u>				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	r Date Postmarked
MAILING	P.O. Box 1440				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Fort Worth, TX 76101				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI	-	
TREASURER NAME	Ms.	Cit				
INAIVIE						
	NICKNAME L	 AST		SUFFIX		
		Moncrief				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OX PLEASE):	AP [.]	Γ / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	16 Valley Ridge Rd.			.,		,
ADDRESS						
(Residence or Business)	Fort Worth, TX 76107					
	Fort Worth, 1X 70107					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER PHONE	(817) 732-4450					
THONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car appointment (office	mpaign treasurer
	X July 15	8th day before e	election \square	Exceeded modified	Final Report (Atta	
		our day porore		reporting limit		5, 5, 1, 1, 1,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
			eneral	Special	_	
			enerai	Бресіаі		
11 055105	OFFICE HELD (if care)			12 OFFICE COLICUS	[(if known)	
11 OFFICE	OFFICE HELD (if any) State Representative District	t 00		12 OFFICE SOUGHT State Represent		
	State Representative Distric	1 33		State Represent	lative District 99	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	Geren, Charles L. (Ti	ne Honorable)		14 Filer ID (00029493	Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditu may have been made without equired to report this information	the candidate's or office	eholder's kn	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
/ data rages	GENERAL					
	LI GENERAL	COMMITTEE ADD	RESS			
			11200			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
				,	۳	0.00
		CAL CONTRIBUTION		2)	\$	20,500.00
	<u> </u>		OR GUARANTEES OF LOANS	5)	<u> </u>	
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	128,399.45
CONTRIBUTION	5. TOTAL POLITIC	AL CONTRIBUTION	IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	918,824.02
BALANCE	REPORTING PE	RIOD			Þ	910,024.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the acc Il information required t	companying o be report	j report is ed by me
			The Hono	rable Charles L. Gere	en	
			Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Curara to and outpo	arihad bafara ma butba a	aid		this the		dov
			my hand and seal of office.	, this the		day
01	, 20, 10 0	cruity willien, withess	my name and sear of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of officer	administe	ring oath
	-		-			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 36				
· ·	L8 FILER NAME Geren, Charles L. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00029493							
20 SCHEDUI NAME OF	SUBT	OTAL AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,500.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	128,399.45				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/36
2	FILER NAME Geren, Char	les L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00029493
4	Date 06/29/2023	 Full name of contributor		7	Amount of Contribution (\$) \$5,000.00
8	Dringing aggu	Houston, TX 77007 pation / Job title (See Instructions)	9 Employer (See Instructions		
•	Attorney	pation 7 Job title (See Instructions)	Arnold & Itkin	')	
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_ Itkin, Jason Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00
	Dringing! goog	Houston, TX 77007 pation / Job title (See Instructions)	Employer (See Instructions		
	Attorney	pation / Job title (See Instructions)	Arnold & Itkin	')	
	Date Full name of contributor out-of-state PAC (ID#:) 06/29/2023 Nye Jr., Erle Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$10,000.00
		Dallas, TX 75225-7117			
	Principal occu CFO	pation / Job title (See Instructions)	Employer (See Instructions Oncor Electric Delivery	<u>s)</u>	
	Date 06/19/2023	Full name of contributor			Amount of Contribution (\$) \$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions CenterPoint Energy)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 1/32 Rpt: 5/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	04/07/2023	Aleksander Gallery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$295.52	1803 Northridge Dr
		Austin , TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Decor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/06/2023	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,023.21	PO Box 582880
		MD 755
		Tulsa, OK 74158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare to/from DFW/Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	02/10/2023	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,845.79	PO Box 582880
	•	MD 755
		Tulsa, OK 74158
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/32 Rpt: 6/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	03/10/2023	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,442.08	PO Box 582880
		MD 755
		Tulsa, OK 74158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airfare
		Allale
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	
	04/07/2023	Payee name American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,497.40	PO Box 582880
		MD 755
		Tulsa, OK 74158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/05/2023	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,800.29	PO Box 582880
		MD 755
		Tulsa, OK 74158
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/O	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/32 Rpt: 7/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	06/30/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$410.40	PO Box 84314
	ψ-1-070	
		Baton Rouge, LA 70884
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Contribution banking fees
		Offiline Contribution burning 1003
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	04/07/2023	Azle Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	252 W. Main Street, Suite 102
		Azle, TX 76020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		17th Annual Clay Shoot Event- Gun Sponsor
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	CAPETIGITALE TO DELICIT C/OF	<u> </u>
	Date	Payee name
	01/06/2023	Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	1400 Congress Ave.
		Ausitn, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EVLEINDIIOKE	Check if Austin, TX, officeholder living expense
		Ornament
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/Of	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/32 Rpt: 8/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	02/10/2023	Central Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,727.90	4001 N. Lamar Blvd.
		Austin, TX 78756
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense New Member Gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/08/2023	Central Market
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$53.84	4001 N. Lamar Blvd.
		Austin, TX 78756
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office snacks
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/10/2023	Chamba @ The Whitlay LL
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.15	301 Brazos St Ste 150
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Member Dinner
		Member Billion
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/32 Rpt: 9/36	Geren, Charles L. (The Honorable)	00029493
4	Date	5 Payee name	
	05/08/2023	Chick fil-A	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$233.04	503 W. Martin Luther King Jr. Blvd.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
	OF EVENDITUE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Staff Lunch
Ļ	0 1: 0.11.7.7.1.		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
_	·		
	Date	Payee name	
	04/06/2023	City of Azle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 1378	
		Azle, TX 76098	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Music in the park sponsor
			made in the pain opened.
	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	06/30/2023	Clements, Ben	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	PO Box 2910	
	,		
		Austin, TX 78768	
_	PURPOSE		A Description
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/ wages/Contract Eabor	Check if Austin, TX, officeholder living expense
			Staff Bonus/Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
L	expenditure to benefit C/OI	1	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/32 Rpt: 10/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	02/24/2023	Cowtown Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 470152
		Fort Worth, TX 76147
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	'
	Date	Payee name
	01/06/2023	Domain Listings
	Amount (\$)	Payee address; City; State; Zip Code
	\$288.00	PO Box 19607
		Las Vegas , NV 89132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		charliegeren.com domain
	Operation ONLY & Street	Out tidate (Office helder grows
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/08/2023	Donna S Floral Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$92.01	621 W Frank Ave
		Lufkin, TX 75904
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Memorial Flowers
		iviettiotiai Flowers
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y

SCHEDULE F1

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

	Credit Card Payment		The Instruction Guide explains how to c	ompl	elete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/32 Rpt: 11/36		Geren, Charles L. (The Honorable)		00029493
4	Date	5	Payee name		<u>'</u>
	05/08/2023		Doubletree Suites		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$314.85		303 W 15th St		
			Austin, TX 78701		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Lodging for out of town capitol catering staff		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					Lodging for out of town capitol catering staff
_	Complete ONII V if direct	<u></u>	Condidate/Officeholder name		Office hold
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugnt	t Office held
_		_			
	Date		Payee name		
	05/31/2023	╙	Farabee, Russell		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$1,500.00		1800 Nueces St.		
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Staff bonus/contract labor
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> ught	t Office held
	expenditure to benefit C/O	Н		J	
	Date	Τ	Payee name		
	02/10/2023		Flowers on the Square		
	Amount (\$)	+	Payee address; City; State; Zip C	ode	
	\$124.49		4701 White Settlement Rd.	ouc	
	¥==0				
			White Settlement, TX 76114		
	DUDDOCE	(-)		//->	.
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Gill/Awarus/Memorials Expense		Check if Austin, TX, officeholder living expense
					Memorial Flowers
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	.: 2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 8/32 Rpt: 12/36		00029493
4	Date	5 Payee name	
	02/17/2023	Fort Worth Stock Show Syndicate	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14,887.04	PO Box 150	
		Fort Worth, TX 76101-0150	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Bonations Water By	de of Texas. Complete Schedule T. officeholder living expense
		Carratactor Citical Committee	n Purchases/Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	03/10/2023	FreshPlus	1
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$216.75		
	Ψ210.70	, 1221 W. Lynn GC	
		Austin , TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	de of Texas. Complete Schedule T. officeholder living expense
		Staff Lunch	Sincerrolder living expense
		Stall Earlon	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	01/01/2023	Garza, Sandy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00		
	Ψ500.00	ρο δολ 1033	
		Fort Worth, TX 76101	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/ Contract Eabor	de of Texas. Complete Schedule T.
	EXI ENDITORE	· · · · · · · · · · · · · · · · · · ·	officeholder living expense
		January Admin V	vages
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

l	Credit Gard i dyment	The Instruction Guide explains how to con	nple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 9/32 Rpt: 13/36	Geren, Charles L. (The Honorable)		00029493			
4	Date	5 Payee name					
	02/01/2023	Garza, Sandy					
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de				
l	\$500.00	po box 1895					
l							
		Fort Worth, TX 76101					
8	PURPOSE OF	,	(b)	Description			
l	EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
l				February Admin wages			
				, ,			
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held			
	expenditure to benefit C/OI	1					
F	Date	Payee name					
	03/01/2023	Garza, Sandy					
Г	Amount (\$)	Payee address; City; State; Zip Coo	de				
l	\$500.00	po box 1895					
		Fort Worth, TX 76101					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.			
l				Check if Austin, TX, officeholder living expense March admin wages			
				maron damin nagoo			
┢	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held			
l	expenditure to benefit C/OI	1					
F	Date	Payee name					
	04/01/2023	Garza, Sandy					
Г	Amount (\$)	Payee address; City; State; Zip Cod	de				
l	\$500.00	po box 1895					
l							
l		Fort Worth, TX 76101					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.			
l				Check if Austin, TX, officeholder living expense April Admin wages			
				, p.i., willing wages			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held			
	expenditure to benefit C/OI	<u> </u>	-				
H							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 10/32 Rpt: 14/36	Geren, Charles L. (The Honorable) 00029493					
4	Date	5 Payee name					
	05/01/2023	Garza, Sandy					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	po box 1895					
		Fort Worth, TX 76101					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		May Admin Contract Labor					
_							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	05/31/2023	Garza, Sandy					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	po box 1895					
		Fort Worth, TX 76101					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense June Admin Contract Labor					
		Suite / Millin Solidate East)					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	04/07/2023	HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$483.53	1000 East 41st St.					
	Ψ+00.55	1000 Last 41st St.					
		Austin, TX 78751					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Office Supplies					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 11/32 Rpt: 15/36	Geren, Charles L. (The Honorable)	00029493
4	Date 05/08/2023	5 Payee name HEB	
6		7 Payee address; City; State; Zip Code	
0	Amount (\$) \$447.46	1000 East 41st St.	
	Ţ .	2000 2001 1201 001	
		Austin, TX 78751	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	05/08/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$152.46	1000 East 41st St.	
		Austin, TX 78751	
	PURPOSE		Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE		Check if Austin, TX, officeholder living expense Office Supplies
			Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	02/10/2023	HEB Austin #425	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$193.78	1000 E. 41st St.	
		Austin, TX 78751	
	PURPOSE		Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 12/32 Rpt: 16/36	Geren, Charles L. (The Honorable) 00029493	
4	Date	5 Payee name	_
	05/08/2023	Hermes of Paris Dallas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$552.08	21 Highland Park Village	
l			
		Dallas , TX 75205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Staff Gifts	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	·		_
	Date	Payee name	
	01/06/2023	Hill Country Springs	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.65	10019 S IH 35 Frontage Rd.	
L		Austin, TX 78747	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Bottled water for staff	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	02/10/2023	Hill Country Springs	
┢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$29.65	10019 S IH 35 Frontage Rd.	
l			
		Austin, TX 78747	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Staff/Office Bottled Water	
dash	Operated ONE VIII	Open Highest (Office health are now as a company of the second to the se	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash	•		_

SCHEDULE F1

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

Fees Office O
Food/Beverage Expense Polling E
Gift/Awards/Memorials Expense Printing
Legal Services Salaries

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_		<u> </u>	i
1	Total pages Schedule F1: Sch: 13/32 Rpt: 17/36	2 FILER NAME Geren, Charles L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00029493
4	Date	5 Payee name	
•	03/10/2023	Hill Country Springs	
6	Amount (\$) \$58.64	7 Payee address; City; State; Zip Code 10019 S IH 35 Frontage Rd. Austin, TX 78747	
_	DUDDOOF	· · · · · · · · · · · · · · · · · · ·	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Bottled Water
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/08/2023	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$118.13	10019 S IH 35 Frontage Rd.	
		Austin, TX 78747	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 00d/Develage Expense	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Staff/Office E	sottle water
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/08/2023	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$141.14	10019 S IH 35 Frontage Rd.	
		Austin, TX 78747	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Deverage Expense	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Office/Staff E	Bottled Water
_	Complete ONLY if direct	Candidate/Officeholder name Office cought	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ИE				3	Filer ID	(Ethics Commission Fi	ilers)
	Sch: 14/32 Rpt: 18/36		narles L. (The Honora	able)				00029493		
4	Date	5 Payee nan								
	01/06/2023	Joy Maca	rons							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode					
	\$1,520.59	5254 Mar	athon Ave							
		Fort Wort	h, TX 76109							
8	PURPOSE OF		(See Categories listed at the top		(b)	Description				
	EXPENDITURE	Gift/Awar	ds/Memorials Expens	e		ш		ide of Texas. Com , officeholder living		
						Staff X-Mas (у схренос	
9	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office so	l ught			Office he	eld	
L										
	Date	Payee nan	ne							
	05/08/2023	Joy Maca	rons							
	Amount (\$)	Payee add	ress; City;	State; Zip C	ode					
	\$165.00	5254 Mar	athon Ave							
		Fort Wort	h, TX 76109							
	PURPOSE OF		(See Categories listed at the top		(b)	Description				
	EXPENDITURE	Gift/Awar	ds/Memorials Expens	e		=		ide of Texas. Com , officeholder living		
						Staff Gift	,	, 0001101001	, expense	
Н	Complete ONLY if direct	Candidate/C	Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee nan	пе							
	02/10/2023	LaCabana	a							
	Amount (\$)	Payee add	ress; City;	State; Zip C	ode					
	\$329.10	3525 Loc	ke Ave.							
		Fort Wort	h, TX 76107							
	PURPOSE OF		(See Categories listed at the top	p of this schedule)	(b)	Description				
	EXPENDITURE	Food/Bev	erage Expense					ide of Texas. Com		
						Constituent M		, officeholder livinç als	j expense	
						Jon Julia on IV				
\vdash	Complete ONLY if direct	Candidate/C	Officeholder name	Office so	l uaht			Office he	eld	
	expenditure to benefit C/OI		Siloidoi fidilio	Jiiioc 301	~911t			Omoc n		
\vdash										
L										1300;

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/32 Rpt: 19/36	Geren, Charles L. (The Honorable)		00029493
4	Date	5 Payee name		-
	06/30/2023	Mathis, Terri		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$3,000.00	1630 Moonlight Dr.		
		Cedar Park, TX 78613		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Staff Bonus/Contract Labor
_	Complete ONLY if direct	Condidate/Officeholder name Office sour	.b+	Office hold
9	expenditure to benefit C/O	Candidate/Officeholder name Office soug	mı	Office held
⊨				
	Date	Payee name		
	04/18/2023	Mattie Parker Campaign		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$1,000.00	4455 Camp Bowie Blvd., Suite 114-127		
		Fort Worth, TX 76107		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officerolder/Folitical Committee		Campaign Contribution
				, ,
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	01/18/2023	Murphy Nasica		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$5,000.00	815-A Brazos St., Suite 304		
		Austin , TX 78701		
	PURPOSE		(b)) Description
	OF	Consulting Expense	. ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Consulting
	0 1. 0			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ıht	Office held
<u> </u>				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/32 Rpt: 20/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	01/27/2023	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,999.99	815-A Brazos St., Suite 304
		Austin , TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting/Research
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/02/2023	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	815-A Brazos St., Suite 304
		Austin , TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		February Digital Advertising & Creative Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/17/2023	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	815-A Brazos St., Suite 304
	, , , , , , , ,	
		Austin , TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		March Consulting - Digital Advertising & Creative
		Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/32 Rpt: 21/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	04/13/2023	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,700.00	815-A Brazos St., Suite 304
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		April Consulting Fee & April Digital Advertising
		7 pm Sonsaiting 1 cc & 7 pm Bigital 7 tavertising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/19/2023	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	815-A Brazos St., Suite 304
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense May Consulting & Digital Advertising Fee
		May consulaing & Digital Navertising i ee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/09/2023	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	815-A Brazos St., Suite 304
	φ5,000.00	613-A Brazus St., Suite 304
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		June Monthly Consulting fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	poa.taro to boriont 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations made By - Candidate/Officeholder/Political Committee			Legal Services				OTHER (enter a category not listed above)					
	Credit Card Payment		-	The Instruction G	uide explains ho	w to cor	nple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 18/32 Rpt: 22/36		Geren, Charl	les L. (The Hor	norable)					00029493		
4	Date	5 F	Payee name									
	06/27/2023	١	Murphy Nasi	ca								
6	Amount (\$)	7 F	Payee address	s; City;	State;	Zip Co	de					
	\$5,000.00	8	315-A Brazo	s St., Suite 304	4							
		4	Austin , TX 7	8701								
8	PURPOSE	(a) (Category (see	e Categories listed at t	ho ton of this school	ulo)	(b)	Description				
	OF		Consulting E		ne top of this scried	uie)	(-)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · ·	,				—		officeholder living		
								Monthly cons	ulti	ng & Adver	tising Fee	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Off	ice souç	ght			Office h	eld	
	experientare to benefit Grot											
	Date	F	Payee name									
	05/15/2023	١	Nares, Cand	elario								
	Amount (\$)	F	Payee address	s; City;	State;	Zip Co	de					
	\$1,000.00	2	2900 Montgo	omery St.								
		F	Fort Worth, 7	ΓX 76107								
	PURPOSE	(a) (Category (See	e Categories listed at t	he top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE	1		ges/Contract L				=			plete Schedule T.	
EXI ENDITORE								Capitol Lunch		officeholder living	g expense	
								Capitol Lulici	ieu	II Laboi		
_	Complete ONLY if direct	C	andidate/Offic	eholder name	Off	ice soug	thr			Office h	old	
	expenditure to benefit C/OI		andidate/Onic	cholder hame	Oil	icc sout	giit			Omice ii	Ciu	
	Data											
	Date 04/28/2023	l	Payee name Qi Austin									
		_		City.	Ctata	7:n Co.	al a					
	Amount (\$) \$205.63	l	Payee addres: 335 W 6th Si		State;	ZIP Co	ae					
	φ205.03		oss w our s	i., Oliit 114								
		Ι,	Accetio TV 70	0700								
			Austin, TX 78			-						
	PURPOSE OF			Categories listed at t	he top of this schedu	ule)	(b)	Description	outei	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE	-	-ood/Bevera	ige Expense				<u></u>		officeholder living		
								Member Dinn	er			
	Complete ONLY if direct		andidate/Offic	eholder name	Off	ice souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
ı												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/32 Rpt: 23/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	03/10/2023	Qi Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$172.87	835 W 6th St., Unit 114
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		member dinner
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	04/07/2023	Qi Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$657.35	835 W 6th St., Unit 114
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Member Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	05/08/2023	Qi Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$299.22	835 W 6th St., Unit 114
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_	Check if Austin, TX, officeholder living expense Member Dinner
		Wellider Diffile
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/32 Rpt: 24/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	05/08/2023	Qi Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,068.80	835 W 6th St., Unit 114
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hall Lunch
		riali Eurion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	05/08/2023	Quorum Report
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.70	PO Box 8
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	02/03/2023	R P S A Attorneys At Law
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,883.50	755 Mulberry Ave., Suite 200
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Legal fees
	Complete ONLY if alice -	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/32 Rpt: 25/36	Geren, Charles L. (The Honorable)	00029493
4	Date	5 Payee name	·
	06/22/2023	Representative Kronda Thimesch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$91.10	PO Box 2910	
		Austin, TX 78768	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Signed rep, speaker & governor prints
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	H	
	Date	Payee name	
	01/13/2023	River Oaks Lions Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.00	PO Box 10177	
		Fort Worth, TX 76114	
	PURPOSE OF	, , ,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			1st Qtr Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	Н	
	Date	Payee name	
	04/07/2023	River Oaks Lions Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.00	PO Box 10177	
		Fort Worth, TX 76114	
	PURPOSE OF	1 , , , , , , , , , , , , , , , , , , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			2nd qtr dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	п	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ttee l	-ood/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpense Vages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission Filers)
L	Sch: 22/32 Rpt: 26/36	G	eren, Char	les L. (The Hono	rable)					00029493	
4	Date	5 Pa	ayee name								
	02/10/2023	Ro	otary Club	of Azle							
6	Amount (\$)	7 Pa	ayee addres	s; City;	State;	Zip Co	de				
	\$600.00	PO	O Box 93								
		Az	zle, TX 760	98							
8	PURPOSE	(a) Ca	ategory (See	e Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		ees			,		·	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITORE							—	, TX,	officeholder living	expense
								Annual Dues			
9	Complete ONLY if direct expenditure to benefit C/OH		ndidate/Offic	eholder name	0	office sou	ght			Office he	eld
	Date	l	ayee name								
L	05/08/2023	Sł	nip Shape								
	Amount (\$)	Pa	ayee addres	s; City;	State;	Zip Co	de				
	\$113.08	52	212 Padre	Blvd							
		So	outh Padre	Island, TX 7859	7						
	PURPOSE			e Categories listed at the		edule)	(b)	Description			
	OF EXPENDITURE			Memorials Exper)	•		outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE			1					, TX,	officeholder living	expense
								Staff Gift			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ndidate/Offic	eholder name	0	office sou	ght			Office he	eld
	experientare to benefit 6/01										
	Date	l .	ayee name								
	01/19/2023	Sł	notgun Pro	perties, LLC							
	Amount (\$)	Pa	ayee addres	s; City;	State;	Zip Co	de				
	\$5,200.00	85	501 Jacksb	oro Hwy							
		Fo	ort Worth,	TX 76135							
	PURPOSE	(a) Ca	ategory (See	e Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	l .	dvertising E			•		Check if travel of		de of Texas. Com	
	EVI FIADLIONE									officeholder living	
								⊨iectronic Dig	JITA	ı ilme & l'ei	mp Sponsor Sign
	Commission ONU V. St. alling.		alidate (Off	a la a la la una			au la +			Office	.la
	Complete ONLY if direct expenditure to benefit C/OH		iuiuate/Offic	eholder name	O	office sou	ynt			Office he	eiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Ser		·		Wages	s/Contract Labor			Out of Dis R (enter a	strict category not listed a	above)
L					truction Gu	ııde explains	s now to co	mple	ete this form.	_				
1	Total pages Schedule F1:	ı								3			(Ethics Commis	sion Filers)
	Sch: 23/32 Rpt: 27/36	_	Geren, Cha	rles L.	(The Hor	norable)					0002	9493		
4	Date	ı	Payee name											
	02/17/2023		Southweste	rn Exp	osition &	Livestock	Show							
6	Amount (\$)	7	Payee addres	ss;	City;	State	e; Zip Co	ode						
	\$2,000.00		PO Box 150)										
			Fort Worth,	TX 76:	101									
8	PURPOSE	(a)	Category (Se	ee Catego	ries listed at t	ne top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Contribution	s/Don	ations Ma	ade By							plete Schedule T.	
			Candidate/0	Officeh	older/Poli	tical Comr	nittee		Check if Austin					
									Exhibitor parl	KIN(y Con	เทมนนิด	וונ	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholde	er name		Office sou	ıght			C	Office he	eld	
L	CAPETIGITUTE TO DETICITE C/OF													
	Date		Payee name											
	06/20/2023		Southweste	rn Exp	osition &	Livestock	Show							
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	ode						
	\$100.00		PO Box 150)										
			Fort Worth,	TX 76:	101									
	PURPOSE OF		Category (Se				chedule)	(b)	Description					
	EXPENDITURE		Contribution				:++						plete Schedule T.	
			Candidate/0	ווכehת	olaer/Poli	tical Comr	nittee		Check if Austin			nuer IIVING	g expense	
									i aikiiiy culli	טעוו	atiOH			
<u> </u>	Complete ONLY if direct	<u> </u>	Candidate/Offi	cobolda	r nome		Office es:	lapt				Office by	ald	
	Complete ONLY if direct expenditure to benefit C/OI		anuidate/Offi	cenolae	паше		Office sou	ıyııl			(Office he	≂ıu	
	Date		Payee name											
	06/05/2023		Target											
-				20:	Cit.	Ctct	a. Zin Ca	nd a						
	Amount (\$)	ı	Payee addres		City;	Sidio	e; Zip Co	Jue						
	\$104.99		5300 S. Mo	rac Ex	rhy									
			Austin, TX 7	(8749										
	PURPOSE OF		Category (Se				chedule)	(b)	Description			_		
	EXPENDITURE		Office Overl	head/R	tental Exp	oense							plete Schedule T.	
									Office Supplie		, onicent	naer living	g expense	
									Jine Juppin	c3				
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholdo	r name		Office sou	laht				Office he	ald.	
	expenditure to benefit C/O		anunate/OIII	ceriolue	i name		JIIICE SUL	ıgıll			(ZIIICE IIE	oid.	
			_											

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/32 Rpt: 28/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
L	05/12/2023	Tarrant County Jr. Livestock Show
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8,871.40	PO Box 162793
		Fort Worth, TX 76161
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sportson/Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
⊨	<u> </u>	
	Date	Payee name
	04/18/2023	Tarry House
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.42	PO Box 5583
		Austin , TX 78763
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Dues
		Wildling Bucs
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/08/2023	Terrys Cater
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,376.10	5555 N. Lamar Blvd., Suite E-109
		Austin, TX 78751
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch Cater for DPS
		23.10.1 23.10.1 23.10
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/32 Rpt: 29/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	03/10/2023	Texas Governor for a Day Committee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	PO Box 11584
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EX. ENDITORE	Candidate/Officeholder/Political Committee
		Texas Governor for a day celebration sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date 02/22/2023	Payee name Texas House Republican Caucus
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 13305
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/01/2023	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 13305
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Dues
	Complete ONLY if alias -t	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/32 Rpt: 30/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	01/06/2023	The Austin Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$660.00	110 E. 9th Street
		Austin , TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Capitol Dues
		7 tillida Sapitol Baco
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	03/10/2023	The Austin Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.00	110 E. 9th Street
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Capitol Annual Dues
		Capitol Allitual Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	y
	Date	Payee name
	06/30/2023	The Austin Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	110 E. 9th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		TABC Capitol Annual Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to belief C/O	·
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	a category not lis	ted above)
				The Instruction	Guide explains	s how to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Com	mission Filers)
	Sch: 27/32 Rpt: 31/36		Geren, Cha	rles L. (The H	onorable)					00029493		
4	Date	5	Payee name									
	01/06/2023		The Fort W	orth Club								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Coo	de					
	\$88.33		306 W. 7th	Street								
			Fort Worth,	TX 76102								
8	PURPOSE	(a)	Category (s	ee Categories listed a	t the top of this sol	hedule)	(b)	Description				
	OF	 ` ´		rage Expense	it the top of this so	iledule)	` '	:	outsi	ide of Texas. Cor	nplete Schedule	Г.
	EXPENDITURE							Check if Austin,	, TX,	, officeholder livin	g expense	
								Library Lunch	ieo	n		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	iceholder name		Office sou	ght			Office h	eld	
	experiorare to berieff C/Or	1										
	Date		Payee name									
	06/10/2023		Trail Drive I	Management								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Cod	de					
	\$448.25		1911 Montg	gomery St								
			Fort Worth,	TX 76107								
	PURPOSE	(a)	Category (s	ee Categories listed a	t the ton of this sol	hedule)	(b)	Description				
	OF			rage Expense		oudio)		_ `	outsi	ide of Texas. Cor	nplete Schedule	Г.
	EXPENDITURE			3 1				—		, officeholder livin	g expense	
								Member Meal	ls			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	(Office souç	ght			Office h	eld	
	experience to benefit eye.	_										
	Date		Payee name									
	03/10/2023		Trail Drive I	Management								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Coo	de					
	\$669.75		1911 Montg	gomery St								
			Fort Worth,	TX 76107								
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	rage Expense						ide of Texas. Cor	•	г.
	EXI ENDITORE									, officeholder livin	g expense	
								Member Meal	ıs			
	Operation ON V. V. V.	<u> </u>	2			04:	lt			6	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offi	iceholder name	(Office souç	gnt			Office h	eia	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politic Credit Card Payment		ges/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 28/32 Rpt: 32/36	Geren, Charles L. (The Honorable)	00029493
4 Date	5 Payee name	•
04/07/2023	Tumi St1011	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$1,185.35	400 Union Bower Ct.	
	Irving, TX 75061	
a BURDOCE		(A)
8 PURPOSE OF	, , ,	b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense
		Committee Gifts
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
expenditure to benefit C/O		
Date	Payee name	
01/19/2023	U-Stor Vickery	
Amount (\$)	Payee address; City; State; Zip Cod	Δ
\$108.00	7111 W. Vickery Blvd.	
Ψ100.00	7111 W. Vickery Blvd.	
	Damburgal, TV 70110	
	Benbrook , TX 76116	
PURPOSE OF	, , ,	b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly storage fees for campaign signs.
		, , , , , , , , , , , , , , , , , , , ,
Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
expenditure to benefit C/O		
Date	Payee name	
02/17/2023	Payee name U-Stor Vickery	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$108.00	7111 W. Vickery Blvd.	
	Benbrook , TX 76116	
PURPOSE OF	, , ,	b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly storage Fees for campaign signs
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 29/32 Rpt: 33/36	Geren, Charles L. (The Honorable) 00029493						
4 Date	5 Payee name	_					
03/17/2023	U-Stor Vickery						
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 7111 W. Vickery Blvd. Benbrook , TX 76116						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly storage fees for campaign signs						
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
06/23/2023	U-Stor Vickery						
Amount (\$)	Payee address; City; State; Zip Code						
\$120.00	7111 W. Vickery Blvd. Benbrook , TX 76116						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense June monthly storage fees for campaign signs						
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
01/06/2023	USPS						
Amount (\$) \$180.00	Payee address; City; State; Zip Code 251 W. Lancaster Ave.						
	Fort Worth, TX 76102						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage/Contribution thank you letters						
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/32 Rpt: 34/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	02/10/2023	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$404.00	251 W. Lancaster Ave.
		Fort Worth, TX 76102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage
		1 ostage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/06/2023	White Settlement Area Chamber of Commerce
H	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 150578
		White Settlement, TX 76108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Annual Dues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/24/2023	White Settlement Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 150578
		White Settlement, TX 76108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Under The Sea Table Sponsor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/32 Rpt: 35/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	01/31/2023	Worthington National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	200 West Main Street
		Arlington, TX 76010
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printed Statement Fee
		Timod Statement 1 66
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/28/2023	Worthington National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	200 West Main Street
		Arlington, TX 76010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Banking Printed Statement Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/31/2023	Worthington National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	200 West Main Street
	40.00	
		Arlington, TX 76010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Banking Printed Statement Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/32 Rpt: 36/36	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	05/31/2023	Worthington National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	200 West Main Street
		Arlington, TX 76010
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		May Printed Bank Statement Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	06/30/2023	Worthington National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	200 West Main Street
		Arlington, TX 76010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		June Printed Bank Statement Fee
	0 1: 01:17.7.1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held