### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to	complete this form.	1 Filer ID (Ethics Commiss 00087686	ion Filers)	2 Total pages f	iiled: 31
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	r	USE ONLY
OFFICEHOLDER	Mr.	Kenneth R.				
NAME		Renneur R.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/14/2023	
	Kent	Chambers				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;		TY;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	502 W. Montgomery	Ste. 551				
ADDRESS					Receipt #	Amount
Change of Address	Willis, TX 77378					
					Date Processed	
					Date Imaged	
					<u> </u>	
5 CAMPAIGN	MS / MRS / MR	FIRST			МІ	
TREASURER NAME	Ms.	Rebecca E.				
	NICKNAME	LAST			SUFFIX	
		Groenow			30111/	
		Gibenow				
6 CAMPAIGN TREASURER	STREET ADDRESS (N	O PO BOX PLEASE);	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
ADDRESS	240 Bee Balm Ct.					
(Desidence or Dusiness)						
(Residence or Business)	Conroe, TX 77304					
7 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER	(936) 697-3997					
PHONE	(,					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after ca	ampaign treasurer
				L	appointment (off	ficeholder only)
	X July 15	8th day before		Exceeded modified	Final Report (At	tach C/OH-FR)
			I	eporting limit		
9 PERIOD	Month Day	/ear		Month Day	Year	
COVERED	01/01/2023	TI	HROUGH	06/30/202	3	
10 ELECTION	ELECTION DA	TE		ELECTION TYPE		
			Primary	Runoff	Other	
	03/05/2024					
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
				Court Of Appeals		4 District 9th
GO TO PAGE 2						
Forme provided by T	exas Ethics Commissio	n	bioc ctoto to		1/2	ion 1/2 E = 1 o 10 o c 2 - 10 o
ronns μισνιαθά by Te	zas ennes commissio	n www.ei	thics.state.tx.us		vers	ion V3.5.1.a18ea2ca

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 31

L

13 C / OH NAME	Chambers, Kenneth	R. (Mr.)	14 Filer ID 00087686	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	committees to support the ceholder's knowledge or notice of such expenditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER TH/ ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		ICAL CONTRIBUTIONS	NC)	<b>\$</b> 15,655.85
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOA IZED POLITICAL EXPENDITURES	NS)	<b>\$</b> 186.56
TOTALS				
				<b>\$</b> 1,933.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 19,861.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	<b>\$</b> 5,000.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required	
		Mr. K	enneth R. Chambers	6
		Signature	of Candidate or Officeh	older
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

#### FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 3 of 31 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00087686 Chambers, Kenneth R. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) 1. \$ 15,655.85 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ З. 4. X SCHEDULE E(J): LOANS (JUDICIAL) \$ 5,000.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 794.33 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 1,138.78 \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 0.20 TO FILER

The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/11 Rpt: 4/31
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chambers, K	Cenneth R. (Mr.)		00087686
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/23/2023	Adams, Jennifer		\$520.87
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77009		
	Principal Occupation	9 Contributor's Job Title	
Attorney	malovor/low firm	Attorney	
10 Contributor's e Hogan Lovel		<b>11</b> Law firm of contributor's sp	bouse (ii any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/23/2023	Amuny, Christy	]	\$520.87
00/_0/_0_0	Contributor address; City; State; Zip Code		
	Beaumont, TX 77706		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Germer PLL	C		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2023	Black, Robert		\$2,500.00
	Contributor address; City; State; Zip Code		
	Beaumont, TX 77706		
Mediator	Principal Occupation	Contributor's Job Title Mediator	
	mployer/law firm		
Mehaffy Web		Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V3.5.1.a18ea2ca

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/11 Rpt: 5/31
2 FILER NAME Chambers, K	enneth R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087686
06/20/2023	<ul> <li>Full name of contributor out-of-state PAC (ID#: Burgess, Ray</li> </ul>		7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77381		
8 Contributor's P Mediator	rincipal Occupation	9 Contributor's Job Title Mediator	•
10 Contributor's e Ray Burgess		11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 06/14/2023	Full name of contributor out-of-state PAC (ID#:_ Cashiola, Randal Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$104.42
Contributor's D	Beaumont, TX 77703 rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
Cashiola Law		Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 06/19/2023	Full name of contributor out-of-state PAC (ID#:_ Cashiola, Randal Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$3,000.00
	Beaumont, TX 77703		
Contributor's P Attorney	rincipal Occupation	Contributor's Job Title Attorney	
Contributor's e Cashiola Law	mployer/law firm / Firm	Law firm of contributor's sp	bouse (if any)
	a child, law firm of parent(s) (if any)		
Eorme provided l	ov Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 a18ea2ca

The Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule A(J)1: Sch: 3/11 Rpt: 6/31
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Chambers, Kenneth R. (Mr.)		00087686
	ate PAC (ID#:)	7 Amount of Contribution (\$)
06/14/2023 Chambers, Marisa		\$52.37
6 Contributor address; City; State; Zip Code	e	
Willis, TX 77378		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
unemployed	unemployed	
10 Contributor's employer/law firm	<b>11</b> Law firm of contributor's	
unemployed	Kent Chambers, Attor	ney at Law
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)
06/24/2023 Chambers, Reed		\$25.00
Contributor address; City; State; Zip Code		
Powell, TN 37849		
Contributor's Principal Occupation	Contributor's Job Title	
Engineer	Engineer	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
Cns		
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-sta	ate PAC (ID#:)	Amount of Contribution (\$)
06/20/2023 Chambers, Robert		\$500.00
Contributor address; City; State; Zip Code		
Lufkin, TX 75901		
Contributor's Principal Occupation	Contributor's Job Title	
Retired	Retired	
Contributor's employer/law firm	Law firm of contributor's	spouse (if any)
None		
If contributor is a child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 4/11 Rpt: 7/31
2 FILER NAME Chambers, K	cenneth R. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087686
4 Date 06/22/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_ Chambers, Ryan</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$1,041.44
	Palestine, TX 75803		
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e		<b>11</b> Law firm of contributor's sp	bouse (if any)
-	pers, Attorney		
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/22/2023	Chamblin, Patricia		\$260.59
	Contributor address; City; State; Zip Code		
	Beaumont, TX 77706		
Attorney	rincipal Occupation	Contributor's Job Title Attorney	
MehaffyWeb		Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 06/26/2023	Full name of contributor out-of-state PAC (ID#: Clark, Ronald	)	Amount of Contribution (\$) \$104.42
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78248		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Farmers Ins.	Exchange		
If contributor is	a child, law firm of parent(s) (if any)		
	by Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 a18ea2ca

The Instrue	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 5/11 Rpt: 8/31
2 FILER NAME Chambers, K	Kenneth R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087686
4 Date 06/21/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Dorsett, Margaret</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$104.42
	Conroe, TX 77304		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Teacher		Teacher	
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)
Conroe ISD			
<b>12</b> If contributor is	s a child, law firm of parent(s) (if any)		
Date 06/20/2023	Full name of contributor out-of-state PAC (ID#: Dravis, Ted	)	Amount of Contribution (\$) \$104.42
00/20/2023	Contributor address; City; State; Zip Code		ψτ04.42
	Contributor address, City, State, Zip Code		
	Sugar Land, TX 77479		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
Mercury Ins			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/22/2023	Drews, Karl		\$520.87
	Contributor address; City; State; Zip Code		
	Houston, TX 77057		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
_	employer/law firm	Law firm of contributor's sp	pouse (if any)
	ws and Boanerges		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	e etato ty us	Version V3.5.1.a18ea2ca

Chambers, Kenneth R. (Mr.)       00087686         4       Date       § Full name of contributor       out-of-state PAC (ID#:	The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 6/11 Rpt: 9/31
06/21/2023       Groenow, Rebecca       \$1,0.         6       Contributor address; City; State; Zip Code       \$10.         8       Contributor's Principal Occupation       9       Contributor's Job Title         Payroll Specialist       11       Law firm of contributor's spouse (if any)         10       Contributor's employentaw firm       11       Law firm of contributor's spouse (if any)         Kent Chambers, Attorney at Law       11       Law firm of contributor's spouse (if any)       Amount of Contribution (\$)         06/20/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         06/20/2023       Hachenburg, Barbara       Contributor's address; City; State; Zip Code       Amount of Contributor (\$)         06/20/2023       Hachenburg, Barbara       Contributor's abo Title       Mediator         Contributor's employen/law firm       Law firm of contributor's spouse (if any)       \$21         Mediator       Law firm of contributor's spouse (if any)       S11         Of/23/2023       Full name of contributor       out-of-state PAC (ID#		enneth R. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087686
8       Contributor's Principal Occupation Payroll Specialist       9       Contributor's Job Title Payroll Specialist         10       Contributor's employer/law firm Hometap Equity Partners, LLC       11       Law firm of contributor's spouse (if any)         12       If contributor's a child, law firm of parent(s) (if any) Kent Chambers, Attorney at Law       11       Law firm of contributor's principal Occupation       Amount of Contributor (s)         06/20/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (s)       \$2         Contributor's Principal Occupation Mediator       Contributor's spouse (if any)       Contributor's spouse (if any)       \$2         Contributor's employer/law firm Hachenburg Mediation PLLC       Contributor's spouse (if any)       S2       \$2         Date       O6/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor (s)       \$1         Date       O6/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (s)       \$1         O6/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (s)       \$1         O6/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (s)       \$1         O6/23/2023 <td>06/21/2023</td> <td>Groenow, Rebecca</td> <td></td> <td>7 Amount of Contribution (\$) \$1,041.44</td>	06/21/2023	Groenow, Rebecca		7 Amount of Contribution (\$) \$1,041.44
Payroll Specialist       Payroll Specialist         10 Contributor's employer/law firm Hometap Equity Partners, LLC       11 Law firm of contributor's spouse (if any)         12 If contributor is a child, law firm of parent(s) (if any) Kent Chambers, Attorney at Law       Amount of Contributor         Date       Full name of contributor       out-of-state PAC (ID#:)         06/20/2023       Hachenburg, Barbara       Amount of Contributor(s)         06/20/2023       Hachenburg, Barbara       S24         Contributor's Principal Occupation Mediator       Contributor's spouse (if any)         Contributor's employer/law firm Hachenburg Mediation PLLC       Law firm of contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)         06/23/2023       Full name of contributor		Conroe, TX 77304		
10 Contributor's employer/law firm Hometap Equity Partners, LLC       11 Law firm of contributor's spouse (if any)         12 If contributor is a child, law firm of parent(s) (if any) Kent Chambers, Attorney at Law       Amount of Contribution (s)         Date       Full name of contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (s)         06/20/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (s)         06/20/2023       Full name of contributor address; City, State; Zip Code       Contributor's Job Title       Mediator         Contributor's employer/law firm       Law firm of contributor's spouse (if any)       Law firm of contributor's spouse (if any)       S2:         Date       O6/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor (s)       S2:         Date       O6/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (s)       S1:         O6/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (s)       S1:         O6/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (s)       S1:         Contributor's address; City; State; Zip Code       Contributor's bob Title       Attorney       Attorney				
Hometap Equity Partners, LLC         12 If contributor is a child, law firm of parent(s) (if any)         Kent Chambers, Attorney at Law         Date       Full name of contributor         06/20/2023       Hachenburg, Barbara         Contributor address; City, State; Zip Code         Houston, TX 77005         Contributor's Principal Occupation         Mediator         Contributor is a child, law firm of parent(s) (if any)         Hachenburg Mediation PLLC         If contributor is a child, law firm of parent(s) (if any)         Amount of Contributor's spouse (if any)         Date       Full name of contributor         O6/23/2023       Full name of contributor         Date       Full name of contributor         O6/23/2023       Full name of contributor         Date       Gontributor address; City; State; Zip Code         Date       Full name of contributor         O6/23/2023       Full name of contributor       out-of-state PAC (ID#:				
12 If contributor is a child, law firm of parent(s) (if any)         Kent Chambers, Attorney at Law         Date       Full name of contributor out-of-state PAC (ID#)       Amount of Contribution (\$)         06/20/2023       Hachenburg, Barbara       \$2!         Contributor address; City, State; Zip Code       Full name of contributor address; City, State; Zip Code       \$2!         Houston, TX 77005       Contributor's Job Title       Mediator         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Hachenburg Mediation PLLC       Law firm of contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         O6/23/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         O6/23/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         O6/23/2023       Katy, TX 77494       Contributor's Job Title         Attorney       Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Farmers Insurance       Law firm of contributor's spouse (if any)			<b>11</b> Law firm of contributor's sp	oouse (if any)
Kent Chambers, Attorney at Law         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/20/2023       Hachenburg, Barbara       \$21         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$22         Houston, TX 77005       Contributor's Job Title       Mediator         Contributor's employer/law firm       Law firm of contributor's spouse (if any)       Amount of Contributor's spouse (if any)         Hachenburg Mediation PLLC       If contributor is a child, law firm of parent(s) (if any)       Amount of Contributor (\$)       \$10         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$11         06/23/2023       Heath, Marlo       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$11         Contributor's Principal Occupation       Contributor's Job Title       Amount of Contribution (\$)       \$11         O6/23/2023       Heath, Marlo       Contributor's Job Title       Attorney       \$11         Contributor's Principal Occupation       Contributor's Job Title       Attorney       Law firm of contributor's spouse (if any)         Contributor's employer/law firm       Law firm of contributor's spouse (if any)       Earners Insurance		· · · · · · · · · · · · · · · · · · ·		
06/20/2023       Hachenburg, Barbara       \$22         Contributor address; City, State; Zip Code        \$23         Houston, TX 77005           Contributor's Principal Occupation       Contributor's Job Title       Mediator         Mediator           Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Hachenburg Mediation PLLC           If contributor is a child, law firm of parent(\$) (if any)        Amount of Contribution (\$)         06/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/23/2023       Heath, Marlo				
Contributor address; City; State; Zip Code         Houston, TX 77005         Contributor's Principal Occupation       Contributor's Job Title         Mediator       Mediator         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Hachenburg Mediation PLLC       If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         Contributor's Principal Occupation       Katy, TX 77494       Amount of Contributor's Job Title         Contributor's Principal Occupation       Contributor's Job Title       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)       \$10         Contributor's Principal Occupation       Contributor's Job Title       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)       \$10	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Houston, TX 77005         Contributor's Principal Occupation Mediator       Contributor's Job Title Mediator         Contributor's employer/law firm Hachenburg Mediation PLLC       Law firm of contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)         Date       Full name of contributor out-of-state PAC (ID#:) Heath, Marlo       Amount of Contribution (\$)         06/23/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Katy, TX 77494       Contributor's Principal Occupation Attorney       Contributor's Job Title Attorney         Contributor's employer/law firm Farmers Insurance       Law firm of contributor's spouse (if any)	06/20/2023	Hachenburg, Barbara		\$250.00
Mediator       Mediator         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Hachenburg Mediation PLLC       If contributor is a child, law firm of parent(s) (if any)         If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Mediator       Amount of Contribution (\$)       \$10         06/23/2023       Heath, Marlo       \$10         Contributor's address; City; State; Zip Code       Amount of Contribution (\$)       \$10         Katy, TX 77494       Contributor's Principal Occupation       Contributor's Job Title         Attorney       Attorney       Law firm of contributor's spouse (if any)         Farmers Insurance       Law firm of contributor's spouse (if any)				
Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Hachenburg Mediation PLLC       If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#:)         Meath, Marlo       Amount of Contribution (\$)         Contributor's Principal Occupation       Contributor's Job Title         Attorney       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)	Contributor's P	rincipal Occupation	Contributor's Job Title	I
Hachenburg Mediation PLLC       If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#:)         06/23/2023       Heath, Marlo       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Katy, TX 77494         Contributor's Principal Occupation       Contributor's Job Title         Attorney       Law firm of contributor's spouse (if any)	Mediator		Mediator	
If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/23/2023       Heath, Marlo       \$10         Contributor address; City; State; Zip Code       \$10         Katy, TX 77494       Contributor's Principal Occupation       Contributor's Job Title         Attorney       Attorney       Law firm of contributor's spouse (if any)         Farmers Insurance       Law firm of contributor's spouse (if any)	Contributor's er	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/23/2023       Heath, Marlo       \$10         Contributor address; City; State; Zip Code       \$10         Katy, TX 77494       Contributor's Principal Occupation       Contributor's Job Title         Attorney       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Farmers Insurance       Law firm of contributor's spouse (if any)	Hachenburg I	Mediation PLLC		
06/23/2023       Heath, Marlo       \$10         Contributor address; City; State; Zip Code       \$10         Katy, TX 77494       Contributor's Principal Occupation         Attorney       Contributor's Job Title         Attorney       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Farmers Insurance       Law firm of contributor's spouse (if any)	If contributor is	a child, law firm of parent(s) (if any)		
Contributor address; City; State; Zip Code         Katy, TX 77494         Contributor's Principal Occupation         Attorney         Contributor's employer/law firm         Farmers Insurance	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Katy, TX 77494         Contributor's Principal Occupation         Attorney         Contributor's employer/law firm         Farmers Insurance	06/23/2023			\$104.42
Contributor's Principal Occupation     Contributor's Job Title       Attorney     Attorney       Contributor's employer/law firm     Law firm of contributor's spouse (if any)       Farmers Insurance		Contributor address; City; State; Zip Code		
Attorney     Attorney       Contributor's employer/law firm     Law firm of contributor's spouse (if any)       Farmers Insurance     Law firm of contributor's spouse (if any)		-		
Contributor's employer/law firm     Law firm of contributor's spouse (if any)       Farmers Insurance		rincipal Occupation		
Farmers Insurance	_		-	
			Law firm of contributor's sp	oouse (if any)
I contributor is a child, law lifth of parent(s) (if any)				
		a child, law lirm of parent(s) (if any)		
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.a18	Forms provided b	av Texas Ethics Commission	s state ty us	Version V3.5.1.a18ea2c

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/11 Rpt: 10/31	
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Chambers, I	Kenneth R. (Mr.)	00087686	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/21/2023	Hester, James		\$520.87
	6 Contributor address; City; State; Zip Code		
	Georgetown, TX 78628		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
Engineer		Engineer	
	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
Dell			
12 If contributor i	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2023	Hester, Tracy		\$52.37
	Contributor address; City; State; Zip Code		
	Dickinson, TX 77539		
Contributor's Principal Occupation Contributor's Job Title			
Teacher Teacher			
	employer/law firm	Law firm of contributor's sp	pouse (if any)
Dickinson IS			
If contributor i	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2023	Jordan, Melissa		\$520.87
	Contributor address; City; State; Zip Code		
	Willis, TX 77378		
	Principal Occupation	Contributor's Job Title	
unemployed unemployed			
Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)
unemployed			
	is a child, law firm of parent(s) (if any)		
Kent Chamb	pers, Attorney at Law		

The Instruc	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 8/11 Rpt: 11/31
2 FILER NAME Chambers, K	cenneth R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087686
06/21/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Knox, Reagan</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$21.13
	Willis, TX 77378		
	Principal Occupation	9 Contributor's Job Title	
unemployed	and a second and there	unemployed	
10 Contributor's e unemployed	mpioyer/law tirm	<b>11</b> Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
	ers, Attorney at Law		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/21/2023	Ledbetter, Mary		\$104.42
	Contributor address; City; State; Zip Code		
	Driftwood, TX 78619		
	Principal Occupation	Contributor's Job Title	
unemployed		unemployed	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
unemployed			
	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/30/2023	Mason, Becky	)	\$104.42
	Contributor address; City; State; Zip Code		
	Celina, TX 75009		
Contributor's F	Principal Occupation	Contributor's Job Title	
unemployed		unemployed	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
unemployed			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided I	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.a18ea2ca

			1 Total pages Schedule A(J)1:
I he instruc	ction Guide explains how to compl	ete this form.	Sch: 9/11 Rpt: 12/31
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Chambers, k	Kenneth R. (Mr.)		00087686
4 Date		te PAC (ID#:)	7 Amount of Contribution (\$)
06/30/2023	Mason, John		\$104.42
	6 Contributor address; City; State; Zip Code	9	
	Colina TX 75000		
<b>9</b> Contributorio (	Celina, TX 75009	9 Contributor's Job Title	
Manager	Principal Occupation	Manager	
10 Contributor's e	amplover/law firm	11 Law firm of contributor's	snouse (if any)
Shepherd			
-	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor	te PAC (ID#:)	Amount of Contribution (\$)
06/21/2023	ODell, Courtney		\$104.42
	Contributor address; City; State; Zip Code	9	
	Willis, TX 77378		
Contributor's F	Principal Occupation	Contributor's Job Title	
Insurance		Customer Service Re	presentative
	employer/law firm	Law firm of contributor's	spouse (if any)
Cxis			
	s a child, law firm of parent(s) (if any)		
Kent Chamb	ers, Attorney at Law		-
Date		te PAC (ID#:)	Amount of Contribution (\$)
06/22/2023	Rea, Pam		\$104.42
	Contributor address; City; State; Zip Code	2	
	HOUSTON, TX 77243		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's	spouse (if any)
Thompson C	Coe		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission	www.ethics.state.tx.us	Version V3 5 1 a18ea2ca

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 10/11 Rpt: 13/31
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chambers, H	Kenneth R. (Mr.)		00087686
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/22/2023	SPIVEY, KAREN		\$200.00
	6 Contributor address; City; State; Zip Code		
	beaumont, TX 77706		
8 Contributor's F ATTORNEY	Principal Occupation	9 Contributor's Job Title	
_		Attorney	
10 Contributor's e MEHAFFY V		<b>11</b> Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/27/2023	Scott, Patrick		\$1,000.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77301		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
Scott Law Fi			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/29/2023	Shannon, Christine		\$250.00
	Contributor address; City; State; Zip Code		
	Beaumont, TX 77701		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Entergy			
If contributor is	s a child, law firm of parent(s) (if any)		
Formo providad	hy Tayas Ethics Commission www.ethic	e etato ty ue	Version V3 5 1 a18ea2ca

The Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 11/11 Rpt: 14/31
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Chambers, Kenneth R. (Mr.)		00087686
4 Date       5 Full name of contributor       out-of-state PAC (ID#:_         06/22/2023       Thompson, Greg         6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$260.59
BEAUMONT, TX 77713		
	9 Contributor's Job Title	
Mediator	Mediator	
	<b>11</b> Law firm of contributor's sp	ouse (if any)
Thompson Law		
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#:_ 06/23/2023 Warren, Jill Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$52.37
Missouri City, TX 77459		
Contributor's Principal Occupation	Contributor's Job Title	
Attorney	Sr Mg Atty	
Contributor's employer/law firm Mercury Insurance	Law firm of contributor's sp	ouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

#### LOANS (JUDICIAL) SCHEDULE E(J) Total pages Schedule E(J): 1 The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/31 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Chambers, Kenneth R. (Mr.) 00087686 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#: 9 Loan Amount (\$) 05/15/2023 Chambers, Kenneth \$5,000.00 6 Is lender a 8 Lender address; City; State; Zip Code 10 Interest Rate financial institution? 11 Maturity Date No Willis, TX 77378 12 Lender's Principal Occupation 13 Lender's Job Title Attorney Attorney 14 Lender's Employer/Law Firm 15 Law Firm of lender's spouse (if any) Kent Chambers, Attorney at Law 16 If lender is child, law firm of parent(s) (if any) 17 Description of Collateral 18 Check if personal funds were deposited into political account (See Instructions) Х X None 19 GUARANTOR 22 Amount Guaranteed (\$) 20 Name of guarantor INFORMATION ..... X not applicable 21 Guarantor address; City; State; Zip Code 23 Guarantor's Principal Occupation 24 Guarantor's Job Title 25 Guarantor's Employer/Law Firm 26 Law Firm of guarantor's spouse (if any) 27 If guarantor is child, law firm of parent(s) (if any)

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	e Expense emorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/11 Rpt: 16/31		Chambers, Kenneth R	. (Mr.)				00087686	
4	Date	5	Payee name						
	06/14/2023		Christians Engaged						
6	Amount (\$)	7	Payee address; City	State;	Zip Co	de			
	\$40.00		P.O. Box 472655						
			Garland, TX 75047						
8	PURPOSE	(a)	Category (See Categories li	stad at the top of this sch	odulo)	(b) Description			
	OF	ľ	Event Expense	sted at the top of this sche	euule)		outsi	ide of Texas. Comp	lete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	, officeholder living	expense
						On-Ramp to	Civ	ric Engageme	ent seminar
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	ght		Office he	ld
	Date		Payee name						
	05/25/2023		Montgomery County F	epublican Wome	en				
	Amount (\$)		Payee address; City	State;	Zip Co	de			
\$50.00 P.O. Box 1766									
			Conroe, TX 77305						
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Food/Beverage Exper		,	Check if travel	outsi	ide of Texas. Comp	lete Schedule T.
	EXPENDITORE		<b>U</b>				, TX,	, officeholder living	expense
						Luncheon			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	ght		Office he	ld
		-							
	Date		Payee name						
	06/12/2023		North Shore Republica	an Women					
	Amount (\$)		Payee address; City	State;	Zip Co	de			
	\$150.00		P.O. Box 1993						
			Montgomery, TX 7735	6					
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Comp	
								, officeholder living	
						Golf Tournan	nen	IL HOIE Spons	sorsnip
			New distance (Office - La La La					0#	14
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	jnt		Office he	IQ

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office C           Food/Beverage Expense         Polling I           Gift/Awards/Memorials Expense         Printing           Imittee         Legal Services         Salaries	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense				
1	Total pages Schedule F1:	2	FILER NAME		3	3	Filer ID (Ethics Commission Filers)	
	Sch: 2/11 Rpt: 17/31		Chambers, Kenneth R. (Mr.)				00087686	
4	Date 06/13/2023	5	Payee name Southeast Texas Republican Women					
6	Amount (\$) \$50.00		Payee address; City; State; Zip C PO Box 1071 Nederland, TX 77627	Code				
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Dinner       Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ought			Office held	
	Date		Payee name					
	06/14/2023		Stripe					
	Amount (\$) \$1.82		Payee address; City; State; Zip C 354 Oyster Point Blvd South San Francisco, CA 94080	Code				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin, T	TX,	le of Texas. Complete Schedule T. officeholder living expense d processing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	bught			Office held	
	Date		Payee name					
	06/14/2023		Stripe					
	Amount (\$) \$3.33		Payee address; City; State; Zip C 354 Oyster Point Blvd	Code				
			South San Francisco, CA 94080					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees	(b)	Check if Austin, T	TX,	le of Texas. Complete Schedule T. officeholder living expense d processing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	bught			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       ommittee     Legal Services       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)					
1	Total pages Schedule F1:	· · · · ·	Filer ID (Ethics Commission Filers)					
-	Sch: 3/11 Rpt: 18/31	Chambers, Kenneth R. (Mr.)	00087686					
4	Date 06/20/2023	Payee name Stripe						
6	Amount (\$) \$3.33	Payee address;       City;       State;       Zip Code         354 Oyster Point Blvd						
8	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. 'X, officeholder living expense ard processing fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/20/2023	Stripe						
	Amount (\$) \$7.55	Payee address;       City;       State;       Zip       Code         354 Oyster Point Blvd       South San Francisco, CA 94080       South San Francisco, CA 94080						
	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. 'X, officeholder living expense ard processing fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/21/2023	Stripe						
	Amount (\$) \$15.41	Payee address;City;State;Zip Code354 Oyster Point Blvd						
		South San Francisco, CA 94080						
	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense ard processing fee					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 4/11 Rpt: 19/31	Chambers, Kenneth R. (Mr.)	00087686					
4	Date 06/21/2023	Payee name Stripe						
6	Amount (\$) \$30.50	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080						
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Online credit card processing fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/21/2023	Stripe						
	Amount (\$) \$3.33	Payee address;       City;       State;       Zip       Code         354 Oyster Point Blvd       South San Francisco, CA 94080       South San Francisco, CA 94080						
	PURPOSE OF EXPENDITURE	Check if Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense card processing fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/21/2023	Stripe						
	Amount (\$) \$3.33	Payee address;     City;     State;     Zip     Code       354 Oyster Point Blvd						
		South San Francisco, CA 94080						
	PURPOSE OF EXPENDITURE	Check if Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense card processing fee					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursemu       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       mmittee     Legal Services     Salaries/Wages/Contract Labor       The Instruction Guide explains how to complete this form.	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 5/11 Rpt: 20/31	Chambers, Kenneth R. (Mr.)	00087686		
4	Date 06/21/2023	Payee name Stripe			
6	Amount (\$) \$15.41	Payee address;       City;       State;       Zip       Code         354 Oyster Point Blvd			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/21/2023	Stripe			
	Amount (\$) \$0.91	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080			
	PURPOSE OF EXPENDITURE	Check if A	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense edit card processing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/21/2023	Stripe			
	Amount (\$) \$3.33	Payee address;     City;     State;     Zip     Code       354 Oyster Point Blvd			
		South San Francisco, CA 94080			
	PURPOSE OF EXPENDITURE	Check if A	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense edit card processing fee		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)					
1	Total pages Schedule F1:	· · · · · ·	Filer ID (Ethics Commission Filers)					
	Sch: 6/11 Rpt: 21/31	Chambers, Kenneth R. (Mr.)	00087686					
4	Date 06/21/2023	Payee name Stripe						
6	Amount (\$) \$72.80	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080						
8	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. 'X, officeholder living expense ard processing fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/21/2023	Stripe						
	Amount (\$) \$1.82	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080						
	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. 'X, officeholder living expense ard processing fee					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/22/2023	Stripe						
	Amount (\$) \$3.33	Payee address;City;State;ZipCode354 Oyster Point Blvd						
		South San Francisco, CA 94080						
	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense ard processing fee					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           - Gift/Awards/Memorials Expense         Printing Expense         T					Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME		-		3	Filer ID	(Ethics Commission Filers)
	Sch: 7/11 Rpt: 22/31		Chambers, Kenneth R. (Mr.)					00087686	· · ·
4	Date 06/22/2023	5	Payee name Stripe						
6		-	-	te; Zip C	odo				
0	Amount (\$) \$6.10	ľ	354 Oyster Point Blvd	ie, zip c	oue				
	Φ0.10								
			Courth Core Francisco - OA 04000						
		<u> </u>	South San Francisco, CA 94080						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description		. (= 0	
	EXPENDITURE		Fees					de of Texas. Comp officeholder living	
						Online credit			
								· [· · · · · · · ·	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office he	ld
⊨	Date		Payee name						
	06/22/2023		Stripe						
	Amount (\$)		•	te; Zip C	ode				
	\$7.86 354 Oyster Point Blvd								
	φ1.00								
			South San Francisco, CA 94080						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Fees	schedule)	(b)		, TX,	de of Texas. Comp officeholder living d processing	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	l ught			Office he	ld
	Date		Payee name						
	06/22/2023		Stripe						
	Amount (\$)		•	te; Zip C	ode				
	\$30.50		354 Oyster Point Blvd	ie, zip e	ouc				
	\$00.00								
			South San Francisco, CA 94080		_				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description	_		
	EXPENDITURE		Fees					de of Texas. Comp	
								officeholder living	
							cai	a hincessilií	
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office so				Office he	ld
	expenditure to benefit C/OF			Unice SO	uyiit			Onice ne	iu

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling E Printing Salaries	verhea Expens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expr Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category no	Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics C	Commission Filers)
	Sch: 8/11 Rpt: 23/31		Chambers, Kenneth R. (Mr.)					00087686	
4	Date	5	Payee name						
	06/22/2023		Stripe						
6	Amount (\$)	7	Payee address; City; Sta	te; Zip C	ode				
	\$7.86		354 Oyster Point Blvd						
			South San Francisco, CA 94080						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Fees					de of Texas. Complete Sched	lule T.
	EXPENDITORE							officeholder living expense	
						Online credit	car	d processing fee	
_				<u> </u>				0111	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held	
_	Date		Payee name						
	06/22/2023		Stripe						
	Amount (\$)			te; Zip C	ode				
	\$15.41		354 Oyster Point Blvd						
			South San Francisco, CA 94080						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this : Fees	schedule)	(b)			de of Texas. Complete Sched officeholder living expense	lule T.
								d processing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held	
-	Date		Payee name						
	06/23/2023		Stripe						
	Amount (\$)		-	te; Zip C	ode				
	\$3.33		354 Oyster Point Blvd	io, <u>Lip</u> o	ouo				
			South San Francisco, CA 94080						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Fees					de of Texas. Complete Sched	ule T.
	-							officeholder living expense	
						Omme creuit	udí	d processing fee	
	Complete ONLY if direct	Ļ	andidate/Officeholder name	Office so				Office held	
	expenditure to benefit C/OF			Unice SU	agrit				
-									

			EXPENDITURE CATEO	GORIES FO	R B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Gift/Awards/Memorials Expense Printing Expense T					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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 9/11 Rpt: 24/31		Chambers, Kenneth R. (Mr.) 00087686						
4	Date	5	Payee name						
	06/23/2023		Stripe						
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip C	Code				
	\$15.41		354 Oyster Point Blvd						
			South San Francisco, CA 94080						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Fees	,			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						Online credit	car	rd processing fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ought			Office held	
	Date		Payee name						
	06/23/2023		Stripe						
Amount (\$) Payee address; City; State; Zip Code									
	\$1.82 354 Oyster Point Blvd								
			2						
			South San Francisco, CA 94080						
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Fees					, officeholder living expense	
						Online credit	car	rd processing fee	
	Complete ONLY if direct		andidate/Officeholder name	Office so	ught			Office held	
	expenditure to benefit C/OI	Η							
	Date		Payee name						
	06/23/2023		Stripe						
	Amount (\$)		Payee address; City; Sta	ate; Zip C	Code				
	\$15.41		354 Oyster Point Blvd						
			-						
			South San Francisco, CA 94080		_				
	PURPOSE OF		Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
							car	rd processing fee	
_	Complete ONLY if direct	Ľ	andidate/Officebolder name	Office				Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	uynt			Onice neiù	

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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 F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 10/11 Rpt: 25/31	Chambers, Kenneth R. (Mr.)	00087686		
4	Date 06/24/2023	5 Payee name Stripe			
6	Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense Online credit card processing fee       Online credit card processing fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/26/2023	Stripe			
	Amount (\$) \$3.33	Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel o Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense card processing fee		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/27/2023	Stripe			
	Amount (\$) \$29.30	Payee address; City; State; Zip Code 354 Oyster Point Blvd			
		South San Francisco, CA 94080			
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense card processing fee		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           / -         Gift/Awards/Memorials Expense         Printing Expense         Tr					Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	<b>2</b> F	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 26/31	C	hambers, Kenneth R. (Mr.)					00087686	
4	Date 06/29/2023		ayee name tripe						
6	Amount (\$) \$7.55	3	ayee address; City; 54 Oyster Point Blvd couth San Francisco, CA 9408		; Zip Coo	le			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Online credit card processing fee						expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	eld
	Date	F	ayee name						
	06/30/2023	S	tripe						
	Amount (\$) \$3.33	3	ayee address; City; 54 Oyster Point Blvd		; Zip Coo	le			
	PURPOSE OF EXPENDITURE	<b>(a)</b> (	ategory (See Categories listed at the top		edule)		ı, ТХ,	de of Texas. Com officeholder living rd processing	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	eld
	Date	F	ayee name						
	06/30/2023		tripe						
	Amount (\$) \$3.33		ayee address; City; 54 Oyster Point Blvd	State;	; Zip Coo	le			
		S	outh San Francisco, CA 9408	0					
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top	o of this sch	edule)		ı, ТХ,	de of Texas. Com officeholder living od processing	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	(	Office sou	ht		Office he	eld

	EXPENDITURE	ES MADE BY CREDIT	CARD		SCHEDULE F4	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F4: Sch: 1/4 Rpt: 27/31	2 FILER NAME Chambers, Kenneth R. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087686	
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	ED TO A CREDIT	۲ CARD	\$	
	Date 05/15/2023	6 Payee name Citizens Grill				
7	Amount (\$) \$41.64	<ul> <li>8 Payee address; City;</li> <li>315 Enclave Dr Suite 300</li> <li>Conroe, TX 77384</li> </ul>	State; Zip Code			
9	TYPE OF EXPENDITURE	X Political	Non-Political			
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	of this schedule) (b)	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense tgomery County Tea Party meeting	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought		Office held	
	Date 06/19/2023	Payee name Citizens Grill				
	Amount (\$) \$26.65	Payee address; City; 315 Enclave Dr Suite 300	State; Zip Code			
$\vdash$	Conroe, TX 77384					
L	TYPE OF EXPENDITURE	X Political	Non-Political			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	of this schedule) (b)	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense tgomery County Tea Party meeting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought		Office held	

	EXPENDITURE	ES MADE BY CREDIT	CARD		SCHEDULE F4	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F4: Sch: 2/4 Rpt: 28/31	2 FILER NAME Chambers, Kenneth R. (Mr.)			3 Filer ID     (Ethics Commission Filers)       00087686	
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	ED TO A CREDI	T CARD	\$	
L	Date 06/01/2023	6 Payee name Conroe's Incredible Pizza				
7	Amount (\$) \$19.49	8 Payee address; City; 230 S Loop 336 W Conroe, TX 77304	State; Zip Code			
9	TYPE OF EXPENDITURE	X Political	Non-Politica	al		
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	of this schedule) (b	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense htgomery County Eagle Forum	
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sough	t	Office held	
	Date 05/25/2023	Payee name Golden Triangle Republican Wo	omen			
	Amount (\$) \$51.75	Payee address; City; PO Box 12902	State; Zip Code			
L		Beaumont, TX 77726				
	TYPE OF EXPENDITURE	X Political	Non-Politica	al		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expense	of this schedule) (b	Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Golden Triangle Republican Women	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sough	t	Office held	

Forms provided by Texas Ethics Commission

	EXPENDITUR	ES MADE BY CRED	DIT CARD	SCHEDULE F4		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials al Committee Legal Services		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Total pages Schedule F4: Sch: 3/4 Rpt: 29/31	2 FILER NAME Chambers, Kenneth R. (Mr.	.)	3 Filer ID (Ethics Commission Filers) 00087686		
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHAI	RGED TO A CREDIT CARD	\$		
5	Date 05/18/2023	6 Payee name Nice Guy Ricky's American	ı Grill			
7	Amount (\$) \$30.24	<ul> <li>8 Payee address; City;</li> <li>192 S Highway 287/69 Dr</li> <li>Lumberton, TX 77657</li> </ul>	State; Zip Code			
9	TYPE OF EXPENDITURE	X Political	Non-Political			
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense din County Republican Women		
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held		
	Date 06/12/2023	Payee name Radiant Mark				
	Amount (\$) \$900.00	Payee address; City; 350 Lake View Dr.	State; Zip Code			
_	TYPE OF EXPENDITURE	Montgomery, TX 77356	Non-Political			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense Dgo Design		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought	Office held		

	EXPENDITURE	ES MADE	E BY CREDI	T CARD		SCHEDULE F4	
	Advertising Expense       Expenditure CATEGORIES FOR BOX 10(a)         Advertising Expense       Event Expense       Loan Repayment/Reimbursement         Accounting/Banking       Fees       Office Overhead/Rental Expense         Consulting Expense       Food/Beverage Expense       Polling Expense         Contributions/ Donations Made By - Candidate/Officeholder/Political Committee       Gift/Awards/Memorials Expense       Printing Expense         The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F4: Sch: 4/4 Rpt: 30/31		//E s, Kenneth R. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087686	
4	TOTAL OF UNITEMIZ	ZED EXPEN	DITURES CHAR	GED TO A CRE	DIT CARD	\$	
L	Date 05/25/2023	6 Payee nam Spring Cre	e eek Barbeque				
7	Amount (\$) \$23.71	8 Payee add 19099 I-4 Shenando		State; Zip Co	ode		
9	TYPE OF EXPENDITURE	X	Political	Non-Pol	itical		
10	PURPOSE OF EXPENDITURE	, s	(See Categories listed at the erage Expense	top of this schedule)	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense tgomery County Pachyderm Club	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office sou	ught	Office held	
	Date 06/12/2023	Payee nam Spring Cre	e eek Barbeque				
	Amount (\$) Payee address; City; State; Zip Code \$45.30 19099 I-45 Shenandoah, TX 77385						
	TYPE OF EXPENDITURE	X	Political	Non-Pol	itical		
	PURPOSE OF EXPENDITURE		(See Categories listed at the erage Expense	top of this schedule)	Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense panic Conservatives of Montgomery ing	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name	Office sou	ught	Office held	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form				ages Schedule K: /1 Rpt: 31/31	
2	FILER NAME			Filer ID	(Ethics Commission F	-ilers)
	Chambers, H	Chambers, Kenneth R. (Mr.)			686	
4	Date	5 Name of person from whom amount is received	I		8 Amount (\$)	
	05/20/2023	Woodforest National Bank				\$0.02
		<ul> <li>6 Address of person from whom amount is received; City; State; Zip Code</li> </ul>				
		Willis, TX 77378				
			, if politi	ical contr	ibution roturned to filer	
		Interest	c ii poilu	ical contr	ibution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	
	06/20/2023	Woodforest National Bank				\$0.18
		Address of person from whom amount is received; City; State; Zip Code				
		Willis, TX 77378				
		Purpose for which amount is received Check	c if politi	ical contr	ibution returned to filer	
		Interest				