CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commi 00036573		2 Total pages file 2	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mr.	Kevin P.			Date Received	
10 1112					ELECTRONICA	ALLY EILED
					01/15/2024	CELLIEED
	NICKNAME	LAST		SUFFIX	01/15/2024	
		Eltife				
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	417 S. College					
ADDRESS					Receipt #	Amount
Change of Address	Tyler, TX 75702					
	Tyler, 17, 75762				Date Processed	
					Date Imaged	
F CAMBAICN	MC (MDC (MD	FIDCT		N 41		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Jim				
	NICKNAME	LAST		SUFFIX		
		Mazzu				
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	3306 Fry					
(Residence or Business)	Tyler, TX 75701					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(903) 520-0414					
8 REPORT					_	
TYPE	X January 15	30th day before	election	Runoff	15th day after car appointment (office	
	July 15	8th day before 6	election \square	Exceeded modified	Final Report (Atta	
		Guir day sciole (reporting limit	_ Times report (Filter	on Gronning
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023		IROUGH	12/31/202		
	01/01/2020	• • • • • • • • • • • • • • • • • • • •		12/31/202	•	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
LEECTION	Month Day Year		rimary	Runoff	Other	
			-	브		
		∐ ^G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	None			None		
				1		
		GO T	O PAGE 2			
		60 1	O FAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Eltife, Kevin P. (Mr.)		14 Filer ID (Ethics Commission Filers	3)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without to officeholders are required to report this information	the candidate's or office	eholder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME			\dashv			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		-			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.0	— 00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.0	00			
EXPENDITURE TOTALS					00			
	4. TOTAL POLITIC		\$ 89,926.7	73				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 639,868.5	59			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.0	00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		Mr	. Kevin P. Eltife					
			Candidate or Officehole	der				
AFFIX NO	TARY STAMP / SEAL ABO	OVE						
Sworn to and subs	cribed before me, by the s	aid	, this the	day				
	of, 20, to certify which, witness my hand and seal of office.							
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath							

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 26 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00036573 Eltife, Kevin P. (Mr.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 63,411.35 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. 26,515.38 \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 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 \$ 61,809.94 TO FILER

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) ertising Expense Event Expense Loan Repayment/Reimburger

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 Salaries (Contract Labor

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Charitable donation		Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
Date O7/16/2023 5 Payee name Cathedral of the Immaculate Conception Cathedral of the Immaculate Conception S1,000.00 7 Payee address; City; State; Zip Code 423 S. Broadway Tyler, TX 7502 (a) Category (see Categories listed at the top of this schedule) Conce it favored outside of Toxas. Complete Schedule T. Check if Austin, TX, officerholder Incomplete Charitable Incomplete Inco	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Cathedral of the Immaculate Conception		Sch: 1/7 Rpt: 4/26	Eltife, Kevin P. (Mr.) 00036573
Amount (s) 7 Payee address; City; State; Zip Code 423 S. Broadway Tyler, TX 75702	4	Date	5 Payee name
Tyler, TX 75702 PURPOSE OF EXPENDITURE (a) Category (see categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if flower united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if survei united or floas. Complete Schedule T. Check if sur		07/16/2023	Cathedral of the Immaculate Conception
Tyler, TX 75702 PURPOSE OF Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description	6	Amount (\$)	7 Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE		\$1,000.00	423 S. Broadway
PURPOSE OF EXPENDITURE			
Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held Date Office held Payee name Chase Card Services Amount (\$) Palatine, IL 60094 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Payee name Office Sought Office held			Tyler, TX 75702
EXPENDITURE Candidate/Officeholder/Political Committee Candidate/Officeholder name Office sought Office held	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH			Contributions/Bondtions Made By
Complete ONLY if direct expenditure to benefit C/OH			
Date 07/29/2023 Amount (\$) Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment Candidate/Officeholder name Office sought Office held Payee name Chase Card Services Candidate/Officeholder name Office sought Office held Payee name Chase Card Services Amount (\$) Payee address; City; State; Zip Code P.O. Box 94014 Date 08/29/2023 Chase Card Services Amount (\$) Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description (b) Description (c) Description (c) Description (d) Category (See Categories listed at the top of this schedule) Credit Card Payment Complete QNLY if direct Credit Card Payment Complete QNLY if direct Credit Card Payment Complete QNLY if direct Candidate/Officeholder name Office sought Office held			
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Amount (\$)			
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Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH			
		expenditure to benefit C/O	1

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 2/7 Rpt: 5/26	Eltife, Kevin P. (Mr.)		00036573	3
4 Date	5 Payee name		I	
09/23/2023	Chase Card Services			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1,000.00	P.O. Box 94014			
·				
	Palatine, IL 60094			
8 PURPOSE		(b) Decemention		
OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description	avel outside of Texas. Co	omplete Schedule T.
EXPENDITURE	Credit Card Fayinent	_	ustin, TX, officeholder liv	
		Credit Car	d Payment	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office	held
expenditure to benefit C/O	Н			
Date	Payee name			
10/25/2023	Chase Card Services			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$600.00	P.O. Box 94014			
4000.00	1.0.26% 1021			
	Palatine, IL 60094			
DUDDO05		las		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	avel outside of Texas. Co	omnlete Schedule T
EXPENDITURE	Credit Card Payment		ustin, TX, officeholder livi	
		. —	d Payment	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office	held
expenditure to benefit C/O	Н			
Date	Payee name			
11/21/2023	Chase Card Services			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$8,000.00	P.O. Box 94014	ouc		
40,000.00				
	Palatina II 60004			
	Palatine, IL 60094	I		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	avel outside of Texas. Co	amploto Schodulo T
EXPENDITURE	Credit Card Payment	ı <u>—</u>	ustin, TX, officeholder livi	
			d Payment	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	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/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 3/7 Rpt: 6/26	Eltife, Kevin P. (Mr.) 00036573
4	Date	5 Payee name
	12/27/2023	Chase Card Services
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Payment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	09/14/2023	David Stein Campaign
	Amount (\$) \$500.00	Payee address; City; State; Zip Code P.O. Box 7575 Tyler, TX 75711
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/09/2023	East Texas Area Council of Boy Scouts
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1331 E 5th Street
		Tyler, TX 75701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charitable Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

ense Travel in Districtionse Travel Out of Disgrey/Contract Labor OTHER (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 7/26	Eltife, Kevin P. (Mr.)		00036573
4	Date	5 Payee name		
	10/01/2023	First Av Group		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$3,000.00	P.O. Box 1390		
		Chandler, TX 75758		
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 Air charter
				All charter
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/O		ug	Cinco nota
-	Date	Payee name		
	11/01/2023	First Av Group		
-	Amount (\$)	Payee address; City; State; Zip C	ode.	
	\$6,756.00	P.O. Box 1390	ouc	
	φο, ι σοισσ	1.6. Box 1666		
		Chandler, TX 75758		
_	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(5)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver out of Bisanot		Check if Austin, TX, officeholder living expense
				Air charter
			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	12/13/2023	First Av Group		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$5,769.98	P.O. Box 1390		
		Obandlar TV 75750		
		Chandler, TX 75758	1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Air charter
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 5/7 Rpt: 8/26	Eltife, Kevin P. (Mr.) 00036573
4	Date	5 Payee name
	10/05/2023	Gary B. Barber Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O. Box 4262
		Tyler, TX 75712
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Campaigh Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	08/03/2023	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$12,196.00	Department of the Treasury
		Internal Revenue Service Center
		Ogden, UT 84201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Taxes Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		2022 Form 1120 Tax Due
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	'
	Date	Payee name
	09/23/2023	Pam Frederick Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	200 E. Ferguson
		Tyler, TX 75702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Campaign donation
	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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Di OTHER (enter a	strict a category not listed above)
_	Total marca Cabadula F1.		٦,	Filer ID	(Ethica Commission Filoro)
	Total pages Schedule F1: Sch: 6/7 Rpt: 9/26	Eltife, Kevin P. (Mr.)	3	Filer ID 00036573	(Ethics Commission Filers)
4	Date	5 Payee name			
	07/29/2023	Prothro, Wilhelmi & Co. PLLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,400.00	6855 Oak Hill Boulevard			
		Tyler, TX 75703			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if trave		side of Texas. Com	•
	LXI LINDITORL	-		K, officeholder living	
		Campaign r	epo	rt preparatio	n
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld
	Date	Payee name			
	08/29/2023	Prothro, Wilhelmi & Co. PLLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	6855 Oak Hill Boulevard			
		Tyler, TX 75703			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	/ lecounting/ Banking		side of Texas. Com (, officeholder living	
		Tax return p			g expense
		Tax Totaling	, op	aration	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O				
	Date	Payee name			
	08/15/2023	Sara Maynard Campaign			
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 1062			
	\$1,000.00	F.O. BOX 1002			
		Tyler, TV 75740			
		Tyler, TX 75710			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ما منظ	side of Tours C	anlata Cahadula T
	EXPENDITURE	Contributions/Donations Made By		side of Texas. Com K, officeholder living	
		Campaign I			5 ip
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	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/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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

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)
	Sch: 7/7 Rpt: 10/26	Eltife, Kevin P. (Mr.) 00036573
4	Date	5 Payee name
	10/01/2023	United States Treasury
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$137.37	Internal Revenue Service
l		
l		Austin, TX 73301
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Penalty Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE	Check if Austin, TX, officeholder living expense
l		Penalty Penalty
Ļ	Operation ONE V if discort	Our distance (Office health are recorded)
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	12/12/2023	Willow Brook Country Club
l	Amount (\$)	Payee address; City; State; Zip Code
	\$2,052.00	3205 W Erwin St
l		
l		Tyler, TX 75702
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Event expense
l		Event expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝		
l		
l		
I		

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/14 Rpt: 11/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/29/2023 AT&T Rooms Department Amount (\$) Payee address; State; Zip Code 1900 University Ave \$61.02 Austin, TX 78705 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/27/2023 Cafe Pacific Amount (\$) Payee address; City; State; Zip Code \$124.44 24 Highland Park Vlg Dallas, TX 75205 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/14 Rpt: 12/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 07/27/2023 Cafe Pacific Amount (\$) Payee address; City; State; Zip Code \$1,841.03 24 Highland Park Vlg Dallas, TX 75205 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/28/2023 **EmpireCLS** Payee address: Amount (\$) City; State; Zip Code \$369.38 225 Meadowlands Pkwy Secaucus, NJ 07094 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Car services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/14 Rpt: 13/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 09/01/2023 FIVE Tuscaloosa Amount (\$) Payee address; City; State; Zip Code \$152.30 2324 6th St Tuscaloosa, AL 35401 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/08/2023 FIVE Tuscaloosa Amount (\$) Payee address; City; State; Zip Code \$265.76 2324 6th St Tuscaloosa, AL 35401 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Eltife, Kevin P. (Mr.) Sch: 4/14 Rpt: 14/26 00036573 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/11/2023 Gary VanDeaver Campaign Amount (\$) Payee address; City; State; Zip Code \$2,500.00 P.O. Box 866 New Boston, TX 75570 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/05/2023 Goldman for Congress Amount (\$) Payee address; City; State; Zip Code \$3,300.00 PO Box 3306 New York, NY 10008 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Eltife, Kevin P. (Mr.) Sch: 5/14 Rpt: 15/26 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/04/2023 **Greenberg Smoked Turkeys** Amount (\$) Payee address; State; Zip Code \$1,058.00 221 N McMurrey Dr Tyler, TX 75702 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2023 Hospice of East Texas Amount (\$) Payee address; City; State; Zip Code \$3,000.00 4111 University Boulevard Tyler, TX 75701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charitable donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/14 Rpt: 16/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/24/2023 Hotel ZAZA Amount (\$) Payee address; City; State; Zip Code \$89.01 400 Lavaca St. Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/19/2023 Hotel ZAZA Amount (\$) Payee address; City; State; Zip Code \$18.41 400 Lavaca St. Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/14 Rpt: 17/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/19/2023 Hotel ZAZA Amount (\$) Payee address; City; State; Zip Code \$37.59 400 Lavaca St. Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/04/2023 III Forks Amount (\$) Payee address; City; State; Zip Code \$645.79 111 Lavaca St Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/14 Rpt: 18/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/29/2023 III Forks Amount (\$) Payee address; City; State; Zip Code \$439.90 111 Lavaca St Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/05/2023 Omaha Steaks, Inc Amount (\$) Payee address; City; State; Zip Code \$519.96 11030 O st Omaha, NE 68137 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gifts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/14 Rpt: 19/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 11/20/2023 Omni Barton Creek Resort Amount (\$) Payee address; State; Zip Code \$376.98 8212 Barton Club Dr Austin, TX 78735 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/12/2023 Omni Fort Worth Hotel Amount (\$) Payee address; City; State; Zip Code \$1,143.76 1300 Houston St Fort Worth, TX 76102 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Eltife, Kevin P. (Mr.) Sch: 10/14 Rpt: 20/26 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 09/01/2023 Reeve Jackson For Judge Campaign Amount (\$) Payee address; City; State; Zip Code \$1,000.00 P.O. Box 8355 Tyler, TX 75711 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign Donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/02/2023 Rosewood Mansion on Turtle Creek - Dallas Amount (\$) Payee address; City; State; Zip Code \$9.25 2821 Turtle Creek Blvd Dallas, TX 75219 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Eltife, Kevin P. (Mr.) Sch: 11/14 Rpt: 21/26 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/02/2023 Rosewood Mansion on Turtle Creek - Dallas Amount (\$) Payee address; City; State; Zip Code \$2,934.26 2821 Turtle Creek Blvd Dallas, TX 75219 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/16/2023 True Food Kitchen Amount (\$) Payee address; City; State; Zip Code \$203.17 222 West Avenue Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/14 Rpt: 22/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/19/2023 Tyler Patrolman's Assocation Amount (\$) Payee address; City; State; Zip Code \$1,000.00 718 W Elm St Tyler, TX 75702 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Charitable Donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/19/2023 Uber Amount (\$) Payee address; City; State; Zip Code \$68.62 507 Calles St #120 Austin, TX 78702 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/14 Rpt: 23/26 Eltife, Kevin P. (Mr.) 00036573 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 07/27/2023 Warwick Melrose Hotel Amount (\$) Payee address; State; Zip Code \$41.65 3015 Oak Lawn Ave Dallas, TX 75219 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/28/2023 Warwick Melrose Hotel Amount (\$) Payee address; City; State; Zip Code \$315.10 3015 Oak Lawn Ave Dallas, TX 75219 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Hotel expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/14 Rpt: 24/26 Eltife, Kevin P. (Mr.) 00036573 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/16/2023 WinRed Amount (\$) Payee address; City; State; Zip Code \$5,000.00 PO Box 1627 Austin, TX 78767 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Campaign donation Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

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

SCHEDULE K

	The Instru	ages Schedule K: ./2 Rpt: 25/26			
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Eltife, Kevin	P. (Mr.)		00036	573
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
-	08/21/2023	Energy Transfer LP			\$14,124.84
	00,11,1010				
		6 Address of person from whom amount is received; City; State; Zip Code			
		Dallas, TX 75225			
			olitic	al cont	Iribution returned to filer
		Partnership distribution	J	a. cc	indution retained to me.
	5-4-				T
	Date	Name of person from whom amount is received			Amount (\$)
	11/20/2023	Energy Transfer LP			\$14,238.75
		Address of person from whom amount is received; City; State; Zip Code			
		Dallas, TX 75225			
		<u> </u>	-li+ic	al cont	with this production of the filer
		Partnership distribution	Dillic	ai com	ribution returned to filer
		· · · · · · · · · · · · · · · · · · ·			i
	Date	Name of person from whom amount is received			Amount (\$)
	07/25/2023	Energy Transfer LP			\$19,674.59
		Address of person from whom amount is received; City; State; Zip Code	••••	••••	
		Dallac TV 75225			
		Dallas, TX 75225	es.		
		Purpose for which amount is received Check if po	Olitic	al cont	ribution returned to filer
	Date	Name of person from whom amount is received			Amount (\$)
	10/31/2023	Energy Transfer LP			\$12,971.15
		Address of person from whom amount is received; City; State; Zip Code			1
		Dallas, TX 75225			
		<u> </u>	olitic	al cont	ribution returned to filer
		Proceeds from sale			
	Date	Name of person from whom amount is received			Amount (\$)
	08/14/2023	Enterprise Products Partner LP MLP			\$400.00
		Address of person from whom amount is received; City; State; Zip Code			•
		Houston, TX 77002			
		Purpose for which amount is received	olitic	al cont	ribution returned to filer
		Partnership distribution			
		1			

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 2/2 Rpt: 26/26	
2	FILER NAME		3	Filer ID	(Ethics Commission Fi	ilers)
	Eltife, Kevin	P. (Mr.)		00036	5573	
4	Date 11/14/2023	 Name of person from whom amount is received Enterprise Products Partner LP MLP Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	400.00
		Houston, TX 77002				
		7 Purpose for which amount is received	oolitic	al cont	I ribution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	
	08/07/2023	UBS Financial Services				\$0.12
		Address of person from whom amount is received; City; State; Zip Code Tyler, TX 75703-4400				
		Purpose for which amount is received	oolitic	al cont	ribution returned to filer	
		Interest income				
	Date 09/08/2023	Name of person from whom amount is received UBS Financial Services Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.16
		Tyler, TX 75703-4400	100			
		Purpose for which amount is received Check if purpose for which amount is received	oolitic	al cont	ribution returned to filer	
	Date 11/07/2023	Name of person from whom amount is received UBS Financial Services Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.07
		Tyler, TX 75703-4400				
		Purpose for which amount is received Check if purpose for which amount is received	oolitic	al cont	ribution returned to filer	
	Date 12/07/2023	Name of person from whom amount is received UBS Financial Services Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.26
		Tyler, TX 75703-4400				
		Purpose for which amount is received Check if p	oolitio	al cont	I ribution returned to filer	