

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086411	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Keith G.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/04/2024
	NICKNAME LAST Henry	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 2449 Texas City, TX 77592		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Kerrie T.	MI	
	NICKNAME LAST Pierce	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8333 Braesmain Dr. #1248 Houston, TX 77025		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 969-8900		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2023 12/31/2023		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) State Representative District 23	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Henry, Keith G. **14 Filer ID** (Ethics Commission Filers)
00086411

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,100.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	14,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,100.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	600.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Keith G. Henry

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Henry, Keith G.	19 Filer ID (Ethics Commission Filers) 00086411
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,100.81
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 900.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 600.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 13,900.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/12
2 FILER NAME Henry, Keith G.		3 Filer ID (Ethics Commission Filers) 00086411
4 Date 12/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Actblue Texas <hr/> 6 Contributor address; City; State; Zip Code Somerville , MA 02144	7 Amount of Contribution (\$) \$9.60
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Actblue Texas <hr/> Contributor address; City; State; Zip Code Somerville , MA 02144	Amount of Contribution (\$) \$96.05
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Actblue Texas <hr/> Contributor address; City; State; Zip Code Somerville , MA 02144	Amount of Contribution (\$) \$312.16
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adego Recovery Center LLC <hr/> Contributor address; City; State; Zip Code Katy, TX 77449	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonelli, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Antonelli Travel Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/12
2 FILER NAME Henry, Keith G.		3 Filer ID (Ethics Commission Filers) 00086411
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celestine, Jabre <hr/> 6 Contributor address; City; State; Zip Code Pearland , TX 77584	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Daiquiri Shop		9 Employer (See Instructions) Self-Employed
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins , Warren <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$48.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) Self Employed
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins , Rashaun <hr/> Contributor address; City; State; Zip Code Texas city, TX 77591	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Trucker		Employer (See Instructions) Self-Employed
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines , Eric (Sgt.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Houston Police Department
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter- Simpson, Lorraine <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) UTMB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/12
2 FILER NAME Henry, Keith G.		3 Filer ID (Ethics Commission Filers) 00086411
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Shanequa (Agent)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Houston, TX 77095	
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Self-Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Jimmy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Baytown , TX 77591	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Shell
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'neal , David (The Honorable)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Galveston , TX 77550	
Principal occupation / Job title (See Instructions) TRUSTEE		Employer (See Instructions) GISD School Board
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sneed, Riwanda Sneed	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Texas City , TX 77591	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) 1867 Settlement
Date 11/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toatley, Ronnie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Galveston , TX 77550	
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) Galveston County Sheriff Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/12
2 FILER NAME Henry, Keith G.		3 Filer ID (Ethics Commission Filers) 00086411
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sanders, tristian <hr/> 6 Contributor address; City; State; Zip Code LaMarque , TX 77568	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) coach		9 Employer (See Instructions) Galveston County Sun Devils

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/12
2 FILER NAME Henry, Keith G.		3 Filer ID (Ethics Commission Filers) 00086411
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/11/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall , Krane	9 Loan Amount (\$) \$900.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Texas City , TX 77591	10 Interest Rate 10
		11 Maturity Date 01/11/2024
12 Principal occupation / Job title (See Instructions) Manager		13 Employer (See Instructions) HPC Industrial Powered By Clean Harbors
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		19 Amount Guaranteed (\$)
21 Employer (See Instructions)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 9/12	2 FILER NAME Henry, Keith G.	3 Filer ID (Ethics Commission Filers) 00086411
4 Date 12/01/2023	5 Payee name Upsocial Network	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 1000 Emmett F. Lowry Expressway Texas City , TX 77591	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rental Space
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/3 Rpt: 10/12	2 FILER NAME Henry, Keith G.	3 Filer ID (Ethics Commission Filers) 00086411
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/31/2023	6 Payee name Arceneaux, Rahu
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7 Amount (\$) \$2,400.00	8 Payee address; City; State; Zip Code PO Box 2449 Texas City , TX 77592
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Director of Communications; Publicist
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2023	Payee name Encarnacion , Sisi
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Amount (\$) \$2,400.00	Payee address; City; State; Zip Code 4429 Hamilton Ave Dallas, TX 77521
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Consultant
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2: Sch: 2/3 Rpt: 11/12	2 FILER NAME Henry, Keith G.	3 Filer ID (Ethics Commission Filers) 00086411
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/31/2023	6 Payee name Hall, Justin
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7 Amount (\$) \$600.00	8 Payee address; City; State; Zip Code 1101 Groveshire Dr. Texas City , TX 77591
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Loan
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2023	Payee name Nerds to go
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Amount (\$) \$8,000.00	Payee address; City; State; Zip Code 903 Road FM 18 Suite J Kemah , TX 77565
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Website, Email, Communications
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 3/3 Rpt: 12/12	2 FILER NAME Henry, Keith G.	3 Filer ID (Ethics Commission Filers) 00086411
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/31/2023	6 Payee name New Moon Photography
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7 Amount (\$) \$500.00	8 Payee address; City; State; Zip Code PO Box 2449 Texas City , TX 77592
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photographer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photographer
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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