FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087686 76 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Kenneth R. NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Kent Chambers CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 502 W. Montgomery, Ste. 551 MAILING Receipt # Amount **ADDRESS** Change of Address Willis, TX 77378 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Rebecca E. NAME NICKNAME LAST **SUFFIX** Groenow STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 240 Bee Balm Ct. **ADDRESS** (Residence or Business) Conroe, TX 77304 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION**

Forms p	orovided	by	Texas	Ethics	Commission

TREASURER

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

(936) 697-3997

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

ELECTION DATE

07/01/2023

Year

Year

July 15

lx l

Month

Month

30th day before election

8th day before election

THROUGH

χ Primary

General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2023

12 OFFICE SOUGHT (if known)

reporting limit

15th day after campaign treasurer

appointment (officeholder only)

Final Report (Attach C/OH-FR)

Year

Other

Court Of Appeals, Justice Place 4 District 9

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Chambers, Kenneth	R. (Mr.)	14 Filer ID 00087686	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d 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						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS	\$ 100.00					
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 20,008.30		
EXPENDITURE TOTALS	\$ 0.00					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 41,538.18		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE PRIOD	LAST DAY OF THE	\$ 17,922.67		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS ASTRING PERIOD	OF THE LAST DAY	\$ 5,000.00		
17 AFFIDAVIT						
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.				
		Mr. Ke	enneth R. Chambers			
			of Candidate or Officeho	lder		
AFFIX NO	ΓARY STAMP / SEAL AB	OVE				
		aid	, this the	day		
of	, 20, to c	ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	r administering oath		

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

				3 of 76	
	ER NAM	ME s, Kenneth R. (Mr.)	19 Filer ID 00087686	(Eth	nics Commission Filers)
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	19,493.85
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	514.45
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	21,445.76
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	20,092.42
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	12.86

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1: ch: 1/14 Rpt: 4/76
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			1	ler ID (Ethics Commission Filers) 0087686
4	Date 12/05/2023	5 Full name of contributor Baradar, Jean6 Contributor address; City;	out-of-state PAC (ID#:			mount of Contribution (\$) \$50.00
		Beaumont, TX 77720				
8		Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	Contributor's (Retired	employer/law firm		11 Law firm of contributor's sp	oouse (if any)
12		s a child, law firm of parent(s) (if	f any)	<u> </u>		
		I				
	Date Full name of contributor out-of-state PAC (ID#:) 12/05/2023 Baradar, Jean Contributor address; City; State; Zip Code		Ai 	nount of Contribution (\$) \$50.00		
	Contributor's l	Beaumont, TX 77720 Principal Occupation		Contributor's Job Title		
	Retired	Tincipal Occupation		Retired		
		employer/law firm		Law firm of contributor's sp	oouse (if any)
	If contributor i	s a child, law firm of parent(s) (if	f any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	l Ai	mount of Contribution (\$)
	11/28/2023	Bost, Brent	_			\$520.87
	Contributor address; City; State; Zip Code					
L	Contributor's I	COLLEYVILLE, TX 7603 Principal Occupation		Contributor's Job Title		
	physician	Thicipal Occupation		physician		
	Contributor's employer/law firm Law firm of contributor's s				oouse (if any)
	Self					
	If contributor i	s a child, law firm of parent(s) (if	fany)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/76
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 12/05/2023	5 Full name of contributor Brinkley, Dean6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$104.42
		Nederland, TX 77627				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's of Brinkley Law	employer/law firm v firm		11 Law firm of contributor's sp	oous	e (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023 Brinkley, Dean Contributor address; City; State; Zip Code				\$106.33	
		Nederland, TX 77627				
		Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
		Law Firm, P.C.				
	if contributor i	s a child, law firm of parent(s) (i	r any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/15/2023	Brown, Bert	_			\$530.43
		Contributor address; City; Beaumont, TX 77707	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	physician	Timopai Cocapation		physician		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Christus Trir	nity Medical Providers				
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/14 Rpt: 6/76
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 12/05/2023	5 Full name of contributor Brown, Bert6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$150.00
		Beaumont, TX 77707				
8		Principal Occupation		9 Contributor's Job Title		
	physician physician					
10		employer/law firm nity Medical Providers		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/04/2023 Carpenter, Deborah Contributor address; City; State; Zip Code			-	\$1,166.58	
		Beaumont, TX 77702				
	Contributor's Principal Occupation Contributor's Job Title					
	Office Mana			Office Manager		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Dave S. Car	penter, DDS s a child, law firm of parent(s) (i	family			
	ii contributor i	s a criliu, iaw ilim of pareni(s) (i	i any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/01/2023	Chambers, Les	_			\$520.87
	Contributor address; City; State; Zip Code			•		
	Contributor's I	Lufkin, TX 75904 Principal Occupation		Contributor's Job Title		
	Unemployed	·		Unemployed		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Unemployed					
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/76
2	FILER NAME	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 12/06/2023	Full name of contributor Chamblin, Patricia Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$260.59
		Beaumont, TX 77706				
8		Principal Occupation		9 Contributor's Job Title		
40	Lawyer			Lawyer		Ct and
10	Mehaffy We	employer/law firm ber		11 Law firm of contributor's sp	ous	se (II any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	12/04/2023 Cook, William Contributor address; City; State; Zip Code				\$500.00	
	Contributorio	Beaumont, TX 77707		Contributor's Job Title		
	Radiologist	Principal Occupation		Radiologist		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	I		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023 Cross, David Contributor address; City; State; Zip Code				\$50.00	
	Contributor's I	Beaumont, TX 77713 Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired	molpai Geografion		Retired		
Н	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Retired					
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	es Schedule A(J)1: 4 Rpt: 8/76	
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3 Filer ID 0008768	(Ethics Commissio	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/05/2023 Dorsett, Margaret 6 Contributor address; City; State; Zip Code Conroe, TX 77304			7 Amount o	f Contribution (\$)	\$520.87	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1		
	Teacher			Teacher			
10	O Contributor's employer/law firm Conroe ISD			oouse (if any)			
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount o	f Contribution (\$)	
	11/11/2023 Dravis, Ted Contributor address; City; State; Zip Code Sugar Land, TX 77479				. Contribution (c)	\$104.42	
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney	- ппстрат Оссирацоп		Attorney			
		employer/law firm		Law firm of contributor's sp	nouse (if any)		
	Mercury Inst			Law iiiii oi contributor 3 3p	ouse (ii arry)		
		s a child, law firm of parent(s) (if ar	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount o	f Contribution (\$)	
	11/15/2023	Dykeman, Greg Contributor address; City; Sta Beaumont, TX 77706	tte; Zip Code				\$530.43
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		
	Lawyer			Lawyer			
	Contributor's employer/law firm Law firm of contributor's sp				ouse (if any)		
	Strong Pipki	n					
	If contributor is	s a child, law firm of parent(s) (if ar	ny)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/14 Rpt: 9/76
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 12/05/2023	5 Full name of contributor Gibson, T.C.6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$150.00
		Beaumont, TX 77706				
8		Principal Occupation		9 Contributor's Job Title		
_	Retired			Retired		
10	Retired	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)
	12/05/2023 Gray, Daryl Contributor address; City; State; Zip Code				\$41.96	
		Nederland, TX 77627				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Teacher			Teacher		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Nederland IS		f			
	if contributor i	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/19/2023	Groenow, Rebecca				\$53.32
		Contributor address; City; Conroe, TX 77304				
_	Contributor's I	I		Contributor's Job Title	<u> </u>	
	Payroll Spec			Payroll Specialist		
Г	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hometap Eq	uity Partners				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/14 Rpt: 10/76
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			1	Filer ID (Ethics Commission Filers) 00087686
4	Date 12/04/2023	5 Full name of contributorIshee, Staci6 Contributor address; City;	out-of-state PAC (ID#:		_	Amount of Contribution (\$) \$53.32
		Beaumont, TX 77706				
8		Principal Occupation		9 Contributor's Job Title		
	Retired			Retired		
10	Contributor's (Retired	employer/law firm		11 Law firm of contributor's sp	pous	e (if any)
12		s a child, law firm of parent(s) (i	any)	<u> </u>		
=	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	10/15/2023 Levang, Chad Contributor address; City; State; Zip Code				\$1,000.00	
		Montgomery, TX 77316				
		Principal Occupation		Contributor's Job Title		
	Pilot			Pilot		
	Contributor's of United Airlin	employer/law firm		Law firm of contributor's sp	pous	e (if any)
		s a child, law firm of parent(s) (i	· anv)			
	ii contributor i	s a crima, law iiiii or parcria(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	11/25/2023	Linsey, Merle Ellis				\$100.00
Contributor address; City; State; Zip Code Willis, TX 77378						
_	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	pous	e (if any)
	Retired					
	If contributor i	s a child, law firm of parent(s) (i	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/14 Rpt: 11/76
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 10/21/2023	5 Full name of contributor Lora, Oliver6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$104.42
		Willis, TX 77318				
8		Principal Occupation		9 Contributor's Job Title		
	Unemployed Unemployed					
10	10 Contributor's employer/law firmUnemployed11 Law firm of contributor's sp				oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	I .		
-	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)
	12/04/2023 Mike Ramsey, PC Contributor address; City; State; Zip Code				\$5,000.00	
		Beaumont, TX 77706				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Mike Ramse	y, PC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	12/05/2023	Morman, Angie	_			\$53.32
Contributor address; City; State; Zip Code Beaumont, TX 77707						
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Court Repor	ter		Court Reporter		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Jefferson Co	ounty				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/14 Rpt: 12/76
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 09/28/2023	5 Full name of contributor Pipkin, John 6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,603.12
		Houston, TX 77040				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney					
10	Contributor's e Pipkin fergus	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
	. II continuator i	o a orma, law iiiii or paroni(o) (ii	cary)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/28/2023 Portner Bond, PLLC			\$1,000.00		
		Contributor address; City; Seaumont, TX 77701	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Lawyer	· ····o·pai occupatio		Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Portner Bon	d, PLLC				
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/13/2023	Rutledge, Kathryn				\$1,000.00
		Contributor address; City; Silving Willis, TX 77378	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Retired	-Tilicipal Occupation		Retired		
-		employer/law firm		Law firm of contributor's sp	oous	se (if anv)
	Retired	• •		· ·		· · · · · · · · · · · · · · · · · · ·
	If contributor i	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/76
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 11/19/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$106.33	
		Beaumont, TX 77706				
8		Principal Occupation		9 Contributor's Job Title		
	Minister			Minister		
10		employer/law firm emorial Baptist Church		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	12/05/2023	Sandusky, Jeff Contributor address; City;	State; Zip Code			\$78.40
		Beaumont, TX 77706		_		
		Principal Occupation		Contributor's Job Title		
	Minister			Minister		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		emorial Baptist Church	£ 0.00.0			
	ii contributor i	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	07/08/2023	Sico, Craig				\$1,000.00
		Contributor address; City; George West, TX 78022				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Lawyer			Lawyer		
	Contributor's employer/law firm Law firm of contributor's			oous	se (if any)	
Craig M Sico PLLC						
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/76		
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 12/03/2023	5 Full name of contributor out-of-state PAC (ID#:) Simmons, Dayna 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$106.33	
		Beaumont, TX 77706				
8		Principal Occupation		9 Contributor's Job Title		
10	Realtor	and a conflored finance		Realtor		on (if any)
10		employer/law firm nons Real Estate		11 Law firm of contributor's sp	ous	se (II any)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023	Simmons, Kenneth Contributor address; City;	State; Zip Code			\$208.54
_	Contributor's	Beaumont, TX 77706 Principal Occupation		Contributor's Job Title		
	Sales	- ппстрат Оссираноп		Sales		
-		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Dayna Simm	nons real estate				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023	Soper, Emily Contributor address; City; Beaumont, TX 77707	State; Zip Code			\$67.99
	Contributor's I	Principal Occupation		Contributor's Job Title		
	VP of Opera	·		VP of Operations		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Common Se	nse Society				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/76	
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 12/05/2023	5 Full name of contributor out-of-state PAC (ID#:)			7	Amount of Contribution (\$) \$26.81
		Winnie, TX 77665				
8		Principal Occupation		9 Contributor's Job Title	•	
	VP of Opera	tions		VP of Operations		
10	Contributor's 6 Common Se	employer/law firm ense Society		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f anv)			
		, , , , , , , , , , , , , , , , , , , ,	,,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	12/03/2023 Soper, Tom Contributor address; City; State; Zip Code			\$106.33		
	Contributor's I	Beaumont, TX 77707 Principal Occupation		Contributor's Job Title		
	VP of HR			VP of HR		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Market Bask	et				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/24/2023	Stewart, Clint				\$53.32
		Contributor address; City;	State; Zip Code			
		Winnie, TX 77665				
		Principal Occupation		Contributor's Job Title		
	Teacher			Teacher		Ct and
	Contributor's employer/law firm Law firm of contributor's Veritas Classical Academy			Law firm of contributor's sp	oous	se (If any)
		s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL C	SCHEDULE A(J)1		
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/76
2	FILER NAME Chambers, H	Kenneth R. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087686
4	Date 12/05/2023			7 Amount of Contribution (\$) \$104.42	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	L
	Teacher			Teacher	
10		employer/law firm sical Academy		11 Law firm of contributor's sp	oouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if ar	ny)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	11/15/2023 Sutton & Jacobs LLP Contributor address; City; State; Zip Code Beaumont, TX 77701			\$1,000.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Lawyer	тпора Оссаранот		Lawyer	
		employer/law firm		Law firm of contributor's sp	nouse (if any)
	Sutton & Jac				(* 39)
		s a child, law firm of parent(s) (if ar	ny)	<u> </u>	
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
12/05/2023 Templeton, Caleb Contributor address; City; State; Zip Code Beaumont, TX 77706			\$52.37		
	Contributor's I	Principal Occupation		Contributor's Job Title	
	CRNA			CRNA	
Contributor's employer/law firm				Law firm of contributor's sp	oouse (if any)
	Anesthesia /	Associates			
	If contributor i	s a child, law firm of parent(s) (if ar	ny)		

MONET	TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A(J)1			
The Instru	action Guide explains how to complete th	1 Total pages Schedule A(J)1: Sch: 14/14 Rpt: 17/76				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Chambers,	Kenneth R. (Mr.)		00087686			
4 Date 5 Full name of contributor out-of-state PAC (ID#:		D#:)	7 Amount of Contribution (\$)			
12/05/2023	Thomas, Brett 6 Contributor address; City; State; Zip Code		\$53.32 			
	Beaumont, TX 77706					
8 Contributor's	Principal Occupation	9 Contributor's Job Title				
Lawyer		Lawyer				
10 Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)			
Roebuck Th	nomas Roebuck & Adams					
12 If contributor	is a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)			
11/26/2023	Van Horn, Amy		\$104.42			
	Contributor address; City; State; Zip Code Spring, TX 77380					
Contributor's	Principal Occupation	Contributor's Job Title				
Unemployed		Unemployed				
	employer/law firm	Law firm of contributor's spouse (if any)				
Unemployed		Eaw initi of contributor 3 3	pouse (ii arry)			
	is a child, law firm of parent(s) (if any)					
ii contributor	is a crima, raw mini or parcria(s) (ii arry)					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The allowation	ation Cuido combino bossato comunicato Abio f	1 Total pages Schedule A2:			
	i ne instru	ction Guide explains how to complete this f	orm.	Sch: 1/2 Rpt:	18/76	
	FILER NAME Chambers,	Kenneth R. (Mr.)		3 Filer ID (Ethic 00087686	es Commission Filers)	
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5	Date	6 Full name of contributor out-of-state PAC (ID#:)		9 In-kind contribution	
	12/05/2023	Chambers, Marisa		contribution (\$)	description Basket and dessert for	
		7 Contributor address; City; State; Zip Code			silent auction	
					! 	
		Willis, TX 77378		Check if travel of	I Dutside of Texas. Complete Schedule T.	
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		nstructions)	
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)	
_	Unemployed		Unemployed			
		employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
	Unemployed					
16	if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Data	Full pame of contributor		Amount of	In kind contribution	
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: Groenow, Rebecca)	Amount of contribution (\$)	In-kind contribution description	
	12,00,2020	Contributor address; City; State; Zip Code			Basket and dessert for	
					silent auction	
					· -	
		Conroe, TX 77304			outside of Texas. Complete Schedule T.	
	Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)	
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)	
	Payroll Spe		Payroll Specialist			
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
	Hometap Ed	quity Partners				
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description	
	12/05/2023	Jones, Rylee			Dessert for silent auction	
		Contributor address; City; State; Zip Code			! !	
					I I	
		Willis, TX 77378		Check if travel of	loutside of Texas. Complete Schedule T.	
	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)	
	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)					
	Contributors Unemployed		Unemployed	(FOR JUDICIAL)	(See instructions)	
-		employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if anv) (FOR JUDICIAL)	
	Unemployed			() (
		is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			<u> </u>			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 19/76 3 Filer ID (Ethics Commission Filers) FILER NAME Chambers, Kenneth R. (Mr.) 00087686 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/05/2023 Jordan, Melissa \$55.00 Basket for silent auction 7 Contributor address; City; State; Zip Code Willis, TX 77378 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) Unemployed Unemployed 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Unemployed 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/05/2023 Mersiovsky, Amy \$30.00 Dessert for silent auction Contributor address; City; State; Zip Code Conroe, TX 77303 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Self If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/26 Rpt: 20/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	07/01/2023	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.12	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fee
Ļ		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
L	07/08/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.50	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Processing Fee
L	Commists ONII V if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
	09/28/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.55	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Processing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/26 Rpt: 21/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	10/05/2023	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.12	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/15/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.50	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
L	10/21/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.83	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 3/26 Rpt: 22/76	Chambers, Kenneth R. (Mr.) 00087686				
4	Date	5 Payee name				
	11/11/2023	DonorBox				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1.83	1520 Belle View Blvd.				
		#4106				
		Alexandria, VA 22307				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Processing Fee				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
_	expenditure to benefit C/OI					
	Date	Payee name				
	11/26/2023	DonorBox				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.83	1520 Belle View Blvd.				
		#4106				
		Alexandria, VA 22307				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Processing Fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	11/28/2023	DonorBox				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$9.12	1520 Belle View Blvd.				
		#4106				
		Alexandria, VA 22307				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	LXI LINDITORL	Check if Austin, TX, officeholder living expense				
		Processing Fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/26 Rpt: 23/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	12/04/2023	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.75	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee
		Frocessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/05/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.92	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Processing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/05/2023	DonorBox
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1.83	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing committee Legal Services Salaries The Instruction Guide explains how to o	/Wage	s/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	FILER NAME		3	Filer ID	(Ethics Commission Filers)
-	Sch: 5/26 Rpt: 24/76	Chambers, Kenneth R. (Mr.)			00087686	(Lunes Gommester)
4	Date	Payee name				
	12/05/2023	DonorBox				
6	Amount (\$)	Payee address; City; State; Zip C	ode			
	\$1.19	1520 Belle View Blvd.				
		#4106				
		Alexandria, VA 22307				
8	PURPOSE	A) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	Fees	()		side of Texas. Com	plete Schedule T.
	EXPENDITURE	1 000		Check if Austin, T	X, officeholder living	expense
				Processing Fee	9	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught		Office he	eld
	Date	Payee name				
	12/05/2023	DonorBox				
	Amount (\$)	Payee address; City; State; Zip (code			
	\$3.65	1520 Belle View Blvd.				
	,	#4106				
		Alexandria, VA 22307				
	PURPOSE OF	A) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Fees		<u> </u>	side of Texas. Com X, officeholder living	
				Processing Fee		l expense
				1 1000331119 1 00	•	
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office he	eld
	expenditure to benefit C/O					
	Date	Payee name				
	12/05/2023	DonorBox				
	Amount (\$)	Payee address; City; State; Zip (ode			
	\$1.83	1520 Belle View Blvd.				
		#4106				
		Alexandria, VA 22307				
	PURPOSE	A) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	Fees	` `		side of Texas. Com	plete Schedule T.
	EXPENDITURE			ш	X, officeholder living	expense
				Processing Fee	9	
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught		Office he	eld
L	expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/26 Rpt: 25/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	12/05/2023	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.37	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.73	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Processing Fee
	0 1: 0:11:4"	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.56	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experionale to benefit 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/26 Rpt: 26/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	11/15/2023	DonorBox
6	Amount (\$) \$14.75	7 Payee address; City; State; Zip Code 1520 Belle View Blvd.
		#4106 Alexandria, VA 22307
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	11/15/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.75	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee
		Flocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/19/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.95	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	(A) = 1 · ·
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/26 Rpt: 27/76	2 FILER NAME Chambers, Kenneth R. (Mr.) 3 Filer ID (Ethics Commission Filers) 00087686
4	Date 11/19/2023	5 Payee name DonorBox
6	Amount (\$) \$1.47	7 Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/24/2023	Payee name DonorBox
	Amount (\$) \$1.47	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/03/2023	Payee name DonorBox
	Amount (\$) \$2.95	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 9/26 Rpt: 28/76	2 FILER NAME Chambers, Kenneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686
4	Date 12/03/2023	5 Payee name DonorBox	I
6	Amount (\$) \$2.95	7 Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 12/04/2023	Payee name DonorBox	
	Amount (\$) \$1.47	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 12/04/2023	Payee name DonorBox	
	Amount (\$) \$32.45	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/26 Rpt: 29/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	12/05/2023	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.47	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
Ļ	DUDD 0.05	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Categories
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
┕		
	Date	Payee name
	12/05/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.73	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/05/2023	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.47	1520 Belle View Blvd.
	Ψ1.47	
		#4106
		Alexandria, VA 22307
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fee
L	Complete CALLY''	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage E Contributions/ Donations Made By - Gift/Awards/Mem

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

e Travel in E se Travel Ou s/Contract Labor OTHER (e

	Candidate/Officeholder/Politica Credit Card Payment	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: 11/26 Rpt: 30/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	12/05/2023	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.95	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fee
		i i i i i i i i i i i i i i i i i i i
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	
	•	
	Date	Payee name
	07/01/2023	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.41	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fee
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/08/2023	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/26 Rpt: 31/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	09/28/2023	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.79	354 Oyster Point Blvd.
		South San Francisco, CA 94080
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee
		1 Toccssing i ce
Ļ	Complete ONLY if direct	Condidate/Office holder name Office county
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/05/2023	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.41	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee
		1 Toccssing i ce
_	Complete ONLY if direct	Condidate/Office holder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2023	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.30	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing Fee
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farmano to sonone or or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F Legal Services S

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/26 Rpt: 32/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	10/21/2023	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.33	354 Oyster Point Blvd.
		South San Francisco, CA 94080
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee
		1 Toccssing Fee
Ļ	Commission ONII V if disease	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	11/11/2023	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.33	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee
		Flocessing Fee
L	On and the ONE Wife disease	Occasional Office had been assessed to the control of the control
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	11/26/2023	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.33	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORL	Check if Austin, TX, officeholder living expense
		Processing Fee
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/OI	'
<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 14/26 Rpt: 33/76	Chambers, Kenneth R. (Mr.) 00087686		
4	Date	5 Payee name		
	11/28/2023	Stripe		
6	Amount (\$)	7 Payee address; City; State; Zip 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 Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Processing Fee		
Ļ	Opening ONLY if allowed	Occadidate (Office health are reserved)		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	12/04/2023	Stripe		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$14.80	354 Oyster Point Blvd.		
		South San Francisco, CA 94080		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Processing Fee		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·		
	Date	Payee name		
	12/05/2023	Stripe		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.82	354 Oyster Point Blvd.		
		South San Francisco, CA 94080		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Processing Fee		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1: Sch: 15/26 Rpt: 34/76	2 FILER NAME Chambers, Kenneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686
4	Date 12/05/2023	5 Payee name Stripe	-
6	Amount (\$) \$3.33	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd.	
		South San Francisco, CA 94080	
8	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OCCESSING Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 12/05/2023	Payee name Stripe	
	Amount (\$) \$2.27	Payee address; City; State; Zip Code 354 Oyster Point Blvd.	
		South San Francisco, CA 94080	
	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 12/05/2023	Payee name Stripe	
	Amount (\$) \$6.35	Payee address; City; State; Zip Code 354 Oyster Point Blvd.	
		South San Francisco, CA 94080	
	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OCESSING Fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/26 Rpt: 35/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	12/05/2023	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.33	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
\vdash	Date	Payee name
	12/05/2023	Stripe
_	Amount (\$)	Payee address; City; State; Zip Code
	\$2.57	354 Oyster Point Blvd.
	φ2.57	334 Oyster Form Bivu.
		South San Francisco, CA 94080
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/05/2023	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.52	354 Oyster Point Blvd.
	•	
		South San Francisco, CA 94080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 17/26 Rpt: 36/76	2 FILER NAME Chambers, Kenneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686		
4	Date 12/06/2023	5 Payee name Stripe			
6	Amount (\$) \$7.86	7 Payee address; City; State; Zip Code354 Oyster Point Blvd.South San Francisco, CA 94080			
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held		
	Date 11/15/2023	Payee name Stripe			
	Amount (\$) \$15.68	Payee address; City; State; Zip Code 354 Oyster Point Blvd. South San Francisco, CA 94080			
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held		
	Date 11/15/2023	Payee name Stripe			
	Amount (\$) \$15.68	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 outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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 complete	this form.
1	Total pages Schedule F1: Sch: 18/26 Rpt: 37/76	2 FILER NAME Chambers, Kenneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686
4	Date 11/19/2023	5 Payee name Stripe	
6	Amount (\$) \$3.38	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) De	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense rocessing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 11/19/2023	Payee name Stripe	
	Amount (\$) \$1.85	Payee address; City; State; Zip Code 354 Oyster Point Blvd. South San Francisco, CA 94080	
	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense rocessing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 11/24/2023	Payee name Stripe	
	Amount (\$) \$1.85	Payee address; City; State; Zip Code 354 Oyster Point Blvd.	
		South San Francisco, CA 94080	
	PURPOSE OF EXPENDITURE	Fees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense rocessing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Servi				/ages	se s/Contract Labor ete this form.		Travel Out of D OTHER (enter a	strict a category not listed ab	oove)	
1	Total pages Schedule F1:	2	FILER NAMI	 E						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 19/26 Rpt: 38/76		Chambers,		n R. (Mr.)						00087686		,
4	Date	5	Payee name	!									
	12/03/2023		Stripe										
6	Amount (\$)	7	Payee addre	ess; C	ity;	State;	Zip Co	de					
	\$3.38		354 Oyster		-		·						
	, , , ,												
			South San	Francisc	o, CA 940	080							
8	PURPOSE	(a)	Category (S	oo Catogorio	e lieted at the t	ton of this eah	odulo)	(b)	Description				
	OF	ľ` <i>′</i>	Fees	ee Calegorie	s iisteu at tile t	op or triis scrie	euule)	` ′		outs	ide of Texas. Con	plete Schedule T.	
	EXPENDITURE								Check if Austin	ı, TX	, officeholder livin	g expense	
									Processing F	ee			
9	Complete ONLY if direct		Candidate/Off	iceholder	name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н											
H	Date	Π	Payee name										
	12/03/2023		Stripe										
L		L	•										
	Amount (\$)		Payee addre		ity;	State;	Zip Co	de					
	\$3.38		354 Oyster	Point Bl	vd.								
			South San	Francisc	o, CA 940	080							
	PURPOSE	(a)	Category (S	ee Categorie	es listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees				,		_	outs	ide of Texas. Con	plete Schedule T.	
	EXPENDITURE								—		, officeholder livin	g expense	
									Processing F	ee			
L													
	Complete ONLY if direct		Candidate/Off	iceholder	name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н											
	Date		Payee name										
	12/04/2023		Stripe										
H	Amount (\$)	H	Payee addre	.ee. C	ity;	State:	Zip Co	ıde					
	\$1.85		354 Oyster			Otato,	Z.p 00	uc					
	Ψ1.00		OO+ Oysici	i omit bi	v a.								
			South San	Francisc	o, CA 940	180							
	PURPOSE	(a)	Category (S	ee Categorie	es listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees									plete Schedule T.	
									ш		, officeholder livin	g expense	
ĺ									Processing F	-66			
_													
ĺ	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	iceholder	name	C	Office sou	ght			Office h	eld	
L													

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 com	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/26 Rpt: 39/76	Chambers, Kenneth R. (Mr.)		00087686
4	Date	5 Payee name		-
	12/04/2023	Stripe		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$34.13	354 Oyster Point Blvd.		
		-		
		South San Francisco, CA 94080		
8	PURPOSE		h)	Description
Ü	OF	(a) Category (See Categories listed at the top of this schedule)	۰, ا	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 665	j	Check if Austin, TX, officeholder living expense
				Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
L	expenditure to benefit C/Ol	1		
	Date	Payee name		
	12/05/2023	Stripe		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1.85	354 Oyster Point Blvd.		
		South San Francisco, CA 94080		
	PURPOSE	(-) -	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)	۰, ا	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	j	Check if Austin, TX, officeholder living expense
				Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	12/05/2023	Stripe		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1.08	354 Oyster Point Blvd.		
		South San Francisco, CA 94080		
	PURPOSE	(-) -	h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)	~, 	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 665	j	Check if Austin, TX, officeholder living expense
				Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	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 Committee

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

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

	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: 21/26 Rpt: 40/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	12/05/2023	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.85	354 Oyster Point Blvd.
		South San Francisco, CA 94080
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fee
		Troopseling Foo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
	Date	Payee name
	12/05/2023	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.38	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2023	Capital One
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,223.88	PO Box 71083
		Charlotte, NC 28272
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card payment
		Credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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	s how to con	nple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 22/26 Rpt: 41/76		Chambers, Kenneth R. (Mr.)			00087686
4	Date	5	Payee name			·
	11/01/2023		Capital One			
6	Amount (\$)	7	Payee address; City; State	e; Zip Cod	de	
	\$1,138.57		PO Box 71083			
			Charlotte, NC 28272			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sc	chedule)	(b)	Description
	EXPENDITURE		Credit Card Payment			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Credit card payment
9	Complete ONLY if direct		andidate/Officeholder name	Office soug	ght	Office held
	expenditure to benefit C/OI	Н				
	Date		Payee name			
	09/07/2023		Capital One			
	Amount (\$)		Payee address; City; State	e; Zip Cod	de	
	\$431.04		PO Box 71083			
			Charlotte, NC 28272			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description
	EXPENDITURE		Credit Card Payment			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Credit card payment
	Complete ONLY if direct		andidate/Officeholder name	Office soug	ght	Office held
	expenditure to benefit C/O	H				
	Date		Payee name			
	10/01/2023		Capital One			
	Amount (\$)	ı		e; Zip Coo	de	
	\$60.00		PO Box 71083			
			Charlotte, NC 28272			
	PURPOSE OF		Category (See Categories listed at the top of this so	chedule)	(b)	Description
	EXPENDITURE		Credit Card Payment			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Credit card payment
	Complete ONLY if direct		andidate/Officeholder name	Office soug	ght	Office held
L	expenditure to benefit C/O	Η			_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/26 Rpt: 42/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	11/27/2023	Conroe Noon Kiwanis Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 872
		Conroe, TX 77305
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parade
		T diado
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/04/2023	Fellowship of Montgomery
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	12681 FM 149
	4000.00	=======================================
		Montgomery, TX 77316
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Booth at event
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/28/2023	Liberty County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1808 Sam Houston St
		#309
		Liberty, TX 77575
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Display table at candidate forum
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this for	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 24/26 Rpt: 43/76	Chambers, Kenneth R. (Mr.)	00087686
4	Date	5 Payee name	-
	11/18/2023	Mersiovsky, Amy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1,325.00	229 Bedford Ln.	
l			
		Conroe, TX 77303	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
	OF EXPENDITURE	Printing Expense	if travel outside of Texas. Complete Schedule T.
		Check T-shirts	if Austin, TX, officeholder living expense
		1-511111.5	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
⊨	Data	T _	
	Date	Payee name	
L	12/26/2023	Mersiovsky, Amy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,610.00	229 Bedford Ln.	
L		Conroe, TX 77303	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	I finding Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		T-shirts	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	12/16/2023	Montgomery County Republican Women	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	PO Box 1766	
	7-20.00		
		Conroe, TX 77305	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
l	OF	, , , , , , , , , , , , , , , , , , ,	if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Ad in ne	ewsletter
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
L		··	
L			
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/26 Rpt: 44/76	Chambers,	Kenneth R. (Mr.)					00087686	
4	Date	5 Payee name							
	10/22/2023	Radiant Ma	ırk Design Studio, LL0	C					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
	\$665.00	350 Lake V	iew Dr.						
		Montgomer	y, TX 77356						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			_		de of Texas. Comp officeholder living	
						Graphic design			САРСПОС
						, ,			
9	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
	11/19/2023	Radiant Ma	ırk Design Studio, LL0	C					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$475.00	350 Lake V	iew Dr.						
		Montgomer	y, TX 77356						
	PURPOSE OF		ee Categories listed at the top of	of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			<u></u>		de of Texas. Comp officeholder living	
						Graphic design			Сиропос
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI	Н							
	Date	Payee name							
	12/16/2023	Radiant Ma	rk Design Studio, LL0	С					
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$332.50	350 Lake V	ïew Dr.						
L		Montgomer	y, TX 77356				_		
	PURPOSE	(a) Category (S	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense					de of Texas. Com officeholder living	
						Graphic design			expense
						Jiapino dosig	J I	J. 440	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	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 Coi

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
OTHER (output a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/26 Rpt: 45/76	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	11/20/2023	Republican Party of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,875.00	PO Box 2206
		Austin, TX 78768
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Candidate filing fee
		Candidate ming lee
Ļ	Operation ONLY if dispert	Our Hidde (Office helder grown and Office accepts)
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	09/04/2023	Sarah Dixon Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$577.13	17251 Glen Oaks Dr.
		Conroe, TX 77385
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Photography for ads
		T Hotography for das
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
┕	·	
	Date	Payee name
	12/26/2023	USAA Savings Bank
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$1,138.78	9800 Fredericksburg Rd.
		San Antonio, TX 78288
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Credit card payment
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	

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 Gift/Awards/Memorials Expense Travel Out of District 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: 1/28 Rpt: 46/76 Chambers, Kenneth R. (Mr.) 00087686 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/25/2023 Ashley R Marketing Amount (\$) Payee address; State; Zip Code \$3,442.29 1977 Floret Dr. Windsor, CO 80550 **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Social media marketing 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/06/2023 Bentwater Yacht & Country Club Amount (\$) Payee address; City; State; Zip Code \$55.00 800 Bentwater Dr Montgomery, TX 77356 **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 Luncheon meeting 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 Gift/Awards/Memorials Expense Travel Out of District 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: 2/28 Rpt: 47/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/04/2023 Bentwater Yacht & Country Club Amount (\$) Payee address; City; State; Zip Code \$55.00 800 Bentwater Dr Montgomery, TX 77356 **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 Luncheon meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/06/2023 Bentwater Yacht & Country Club Amount (\$) Payee address; City; State; Zip Code \$60.00 800 Bentwater Dr Montgomery, TX 77356 **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 Luncheon meeting 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: 3/28 Rpt: 48/76 Chambers, Kenneth R. (Mr.) 00087686 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/30/2023 Cajun Flavors Inc. Amount (\$) Payee address; State; Zip Code City; \$3,520.00 1744 Rose Ln Beaumont, TX 77713 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraiser venue and food 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/02/2023 Capital One Payee address: Amount (\$) City; State; Zip Code \$25.00 PO Box 71083 Charlotte, NC 28272 **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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Past due fee 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: 4/28 Rpt: 49/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/07/2023 Conroe's Incredible Pizza Company Amount (\$) Payee address; City; State; Zip Code \$9.74 230 S Loop 336 W Conroe, TX 77304 **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 Dinner meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2023 Conroe/Lake Conroe Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$60.00 P.O. Box 2347 Conroe, TX 77305 **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 Luncheon meeting 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 Gift/Awards/Memorials Expense Travel Out of District 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: 5/28 Rpt: 50/76 Chambers, Kenneth R. (Mr.) 00087686 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/08/2023 Conroe/Lake Conroe Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$40.00 P.O. Box 2347 Conroe, TX 77305 **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 Networking breakfast 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/26/2023 Golden Triangle Republican Women Amount (\$) Payee address; City; State; Zip Code \$72.33 PO Box 12902 Beaumont, TX 77726 **TYPE OF** Non-Political Political Х **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 Luncheon meeting 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 Gift/Awards/Memorials Expense Travel Out of District 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: 6/28 Rpt: 51/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/25/2023 Golden Triangle Republican Women Amount (\$) Payee address; City; State; Zip Code \$72.33 PO Box 12902 Beaumont, TX 77726 **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 Luncheon meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/28/2023 Golden Triangle Republican Women Amount (\$) Payee address; City; State; Zip Code \$72.33 PO Box 12902 Beaumont, TX 77726 TYPE OF Non-Political Political Х **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 Dinner meeting 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 Gift/Awards/Memorials Expense Travel Out of District 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: 7/28 Rpt: 52/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/18/2023 Greater Magnolia Parkway Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$35.00 18423 FM 1488 Suite C Magnolia, TX 77355 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 Luncheon meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Greater Magnolia Parkway Chamber of Commerce 10/31/2023 Amount (\$) Payee address; City; State; Zip Code \$125.00 18423 FM 1488 Suite C Magnolia, TX 77355 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Parade 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: 8/28 Rpt: 53/76 Chambers, Kenneth R. (Mr.) 00087686 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/30/2023 Lake Conroe Area Republican Women Amount (\$) Payee address; City; State; Zip Code \$30.00 PO Box 737 Montgomery, TX 77356 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 Luncheon meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/03/2023 Lake Conroe Area Republican Women Amount (\$) Payee address; City; State; Zip Code \$27.00 PO Box 737 Montgomery, TX 77356 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 Dinner meeting 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: 9/28 Rpt: 54/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/03/2023 Lake Conroe Area Republican Women Amount (\$) Payee address; City; State; Zip Code \$27.00 PO Box 737 Montgomery, TX 77356 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 Dinner meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/31/2023 Liberty Belles Republican Women Amount (\$) Payee address; City; State; Zip Code \$38.00 PO Box 1081 Conroe, TX 77305 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 Luncheon meeting 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: 10/28 Rpt: 55/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/16/2023 Liberty Belles Republican Women Amount (\$) Payee address; City; State; Zip Code \$38.00 PO Box 1081 Conroe, TX 77305 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 Luncheon meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/24/2023 Lowes #00232 Amount (\$) Payee address; City; State; Zip Code \$61.66 1920 Westview Blvd Conroe, TX 77304 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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense T-posts for campaign signs 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 Gift/Awards/Memorials Expense Travel Out of District 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: 11/28 Rpt: 56/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 09/24/2023 Lowes #00232 Amount (\$) Payee address; City; State; Zip Code \$46.76 1920 Westview Blvd Conroe, TX 77304 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 Bottled water for sponsored golf tournament 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2023 Montgomery Area Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$50.00 PO Box 486 Montgomery, TX 77356 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 Networking breakfast 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. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/28 Rpt: 57/76 Chambers, Kenneth R. (Mr.) 00087686 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/04/2023 Montgomery County Pachyderm Club Amount (\$) Payee address; City; State; Zip Code \$60.00 PO Box 1663 Conroe, TX 77305 **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 Christmas party 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/04/2023 Montgomery County Pachyderm Club Amount (\$) Payee address; City; State; Zip Code \$55.00 PO Box 1663 Conroe, TX 77305 **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 Christmas party 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 Gift/Awards/Memorials Expense Travel Out of District 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: 13/28 Rpt: 58/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/28/2023 **Montgomery County Printers** Amount (\$) Payee address; State; Zip Code \$357.00 310 N Danville St D Willis, TX 77378 **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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Coozies for sponsored golf tournament 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **Montgomery County Printers** 09/22/2023 Amount (\$) Payee address; City; State; Zip Code \$447.00 310 N Danville Suite D Willis, TX 77378 **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Coozies for sponsored golf tournament 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. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/28 Rpt: 59/76 Chambers, Kenneth R. (Mr.) 00087686 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/03/2023 **Montgomery County Printers** Amount (\$) Payee address; State; Zip Code \$85.00 310 N Danville St D Willis, TX 77378 **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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business cards** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/25/2023 Montgomery County Republican Women Amount (\$) Payee address; City; State; Zip Code \$54.84 PO Box 1766 Conroe, TX 77305 **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 Luncheon meeting 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: 15/28 Rpt: 60/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/18/2023 Montgomery County Republican Women Amount (\$) Payee address; City; State; Zip Code \$54.84 P O Box 1766 Conroe, TX 77305 **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 Luncheon meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/13/2023 Montgomery County Republican Women Amount (\$) Payee address; City; State; Zip Code \$159.90 P O Box 1766 Conroe, TX 77305 **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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraiser dinner 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 Gift/Awards/Memorials Expense Travel Out of District 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: 16/28 Rpt: 61/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 08/02/2023 North Houston Fellowship of Christian Athletes Amount (\$) Payee address; City; State; Zip Code \$200.00 431 Nursery Rd Ste A300 The Woodlands, TX 77380 **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Golf tournament hole sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Potomac Strategy Group LLC 10/17/2023 Amount (\$) Payee address; City; State; Zip Code \$1,308.75 807 Brazos Street Suite 202 Austin, TX 78701 **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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Push cards 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: 17/28 Rpt: 62/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/10/2023 Roxanne Acosta-Hellberg Campaign Amount (\$) Payee address; City; State; Zip Code \$50.00 1085 Pearl St. Beaumont, TX 77701 **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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraiser dinner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/28/2023 San Jacinto Republican Party Amount (\$) Payee address; City; State; Zip Code \$100.00 PO Box 370 Coldspring, TX 77331 **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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Display table at candidate forum 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: 18/28 Rpt: 63/76 Chambers, Kenneth R. (Mr.) 00087686 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/11/2023 Sign Boss Amount (\$) Payee address; State; Zip Code City; \$2,598.00 32815 FM 2978 Magnolia, TX 77354 **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign signs 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/28/2023 Sign Boss Amount (\$) Payee address; City; State; Zip Code \$470.89 32815 FM 2978 Magnolia, TX 77354 **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign banner 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: 19/28 Rpt: 64/76 Chambers, Kenneth R. (Mr.) 00087686 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/01/2023 Sign Boss Amount (\$) Payee address; State; Zip Code City; \$4,763.00 32815 FM2978 Magnolia, TX 77354 **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign signs 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 Southeast Texas Republican Women Amount (\$) Payee address; City; State; Zip Code \$53.00 P.O. Box 1071 Nederland, TX 77627 **TYPE OF** Political Non-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 Dinner meeting 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: 20/28 Rpt: 65/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/27/2023 Springcreek BBQ Amount (\$) Payee address; City; State; Zip Code \$23.71 19099 I-45 Shenandoah, TX 77385 **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 Dinner meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/06/2023 Sunoco Gas Station Amount (\$) Payee address; City; State; Zip Code \$32.45 101 S Danville St Willis, TX 77378 **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 Bottled water for sponsored golf tournament 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 Gift/Awards/Memorials Expense Travel Out of District 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: 21/28 Rpt: 66/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/05/2023 The Leadership Institute Amount (\$) Payee address; State; Zip Code \$25.00 1101 N. Highland St. Arlington, VA 22201 **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. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign training 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/15/2023 The Woodlands Area Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$50.00 9320 Lakeside Blvd. The Woodlands, TX 77381 **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 Networking breakfast 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: 22/28 Rpt: 67/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 11/27/2023 The Woodlands Area Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$30.00 9320 Lakeside Blvd. The Woodlands, TX 77381 **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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Reception 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2023 The Woodlands Area Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$50.00 9320 Lakeside Blvd. The Woodlands, TX 77381 **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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Chamber dues 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 Gift/Awards/Memorials Expense Travel Out of District 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: 23/28 Rpt: 68/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/04/2023 The Woodlands Republican Women Amount (\$) Payee address; City; State; Zip Code \$82.00 PO Box 7294 The Woodlands, TX 77387 **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 Luncheon meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2023 The Woodlands Republican Women Amount (\$) Payee address; City; State; Zip Code \$82.00 PO Box 7294 The Woodlands, TX 77387 **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 Luncheon meeting 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 Gift/Awards/Memorials Expense Travel Out of District 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: 24/28 Rpt: 69/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/03/2023 The Woodlands Republican Women Amount (\$) Payee address; City; State; Zip Code \$82.00 PO Box 7294 The Woodlands, TX 77387 **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 Luncheon meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/13/2023 The Woodlands Republican Women Amount (\$) Payee address; City; State; Zip Code \$76.88 PO Box 7294 The Woodlands, TX 77387 **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 Luncheon meeting 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: 25/28 Rpt: 70/76 Chambers, Kenneth R. (Mr.) 00087686 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/16/2023 Tractor Supply #198 Amount (\$) Payee address; State; Zip Code \$264.67 12466 Interstate 45 N Willis, TX 77378 **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense T-posts for campaign signs 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/25/2023 Tractor Supply #198 Amount (\$) Payee address; City; State; Zip Code \$232.20 12466 Interstate 45 N Willis, TX 77378 **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. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense T-posts for campaign signs 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: 26/28 Rpt: 71/76 Chambers, Kenneth R. (Mr.) 00087686 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/21/2023 UPS Store 4211 Amount (\$) Payee address; State; Zip Code City; \$59.29 502 W. Montgomery Willis, TX 77378 **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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Pricinct Maps** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/19/2023 Vistaprint Amount (\$) Payee address; City; State; Zip Code \$112.56 275 Wyman St Waltham, MA 02451 **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. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Thank you cards for donors 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: 27/28 Rpt: 72/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/13/2023 Wayne Mack Campaign Amount (\$) Payee address; City; State; Zip Code \$70.00 P.O. Box 2234 Conroe, TX 77305 **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 Prayer breakfast 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/16/2023 Will Metcalf Campaign Amount (\$) Payee address; City; State; Zip Code \$20.00 P.O. Box 454 Conroe, TX 77305 **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 Fundraiser dinner 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: 28/28 Rpt: 73/76 Chambers, Kenneth R. (Mr.) 00087686 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/16/2023 Will Metcalf Campaign Amount (\$) Payee address; City; State; Zip Code \$20.00 P.O. Box 454 Conroe, TX 77305 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 Fundraiser dinner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 Rpt: 74/76	
2	FILER NAME		3				ilore)
_		Kenneth R. (Mr.)	*	000		•	ileis)
_				000			
4	Date 07/20/2023	 Name of person from whom amount is received Woodforest National Bank 				8 Amount (\$)	\$0.75
	07/20/2023						Φ0.75
		6 Address of person from whom amount is received; City; State; Zip Code					
		Willis, TX 77378					
			1111				
		7 Purpose for which amount is received	OOIIti	cai co	ontri	bution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	08/20/2023	Woodforest National Bank					\$0.94
		Address of person from whom amount is received; City; State; Zip Code					
		Willis, TX 77378					
		Purpose for which amount is received	ooliti	cal co	ntri	bution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/20/2023	Woodforest National Bank					\$1.69
		Address of person from whom amount is received; City; State; Zip Code					
		Willis, TX 77378					
		Purpose for which amount is received	ooliti	cal co	ntri	bution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/21/2023	Woodforest National Bank					\$1.28
		Address of person from whom amount is received; City; State; Zip Code					
		Willis, TX 77378					
		Purpose for which amount is received	ooliti	cal co	ntri	bution returned to filer	
		Interest					
	Date	Name of person from whom amount is received				Amount (\$)	
	10/20/2023	Woodforest National Bank				(1)	\$2.85
		Address of person from whom amount is received; City; State; Zip Code					
		Willis, TX 77378					
		Purpose for which amount is received Check if	ooliti	cal co	ntri	bution returned to filer	
		Interest					
		<u> </u>					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 75/76 2 FILER NAME Filer ID (Ethics Commission Filers) Chambers, Kenneth R. (Mr.) 00087686 8 Amount (\$) Date 5 Name of person from whom amount is received 11/20/2023 \$3.09 Woodforest National Bank 6 Address of person from whom amount is received; City; State; Zip Code Willis, TX 77378 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Name of person from whom amount is received Date 12/20/2023 Woodforest National Bank \$2.26 Address of person from whom amount is received; City; State; Zip Code Willis, TX 77378 Purpose for which amount is received Check if political contribution returned to filer Interest

OUTSTA	ANDING LOANS	SCHEDULE L
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 76/76
2 FILER NAME Chambers, Ke	enneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686
LENDER INFORMATION	4 Name of lender Chambers, Kenneth	•
	5 Lender address; City; State; Zip Code	
	Willis, TX 77378	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicabl	7 Guarantor address; City; State; Zip Code	
	•	