JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	I Guide explains how to co	mplete this form.	1 Filer ID (Ethics Comm 00080043	· · · · · · · · · · · · · · · · · · ·	2 Total pages	s filed: 35
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER	The Honorable	Inna			Date Received	E USE ONLY
					ELECTRONI	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Rogoff-Klein		SOLLY		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Ύ;	ZIP CODE		ed or Date Postmarked
ADDRESS	REDACTED PER 2	.54.0313, GOV'T (CODE		Receipt #	Amount
Change of Address						
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Jon G.				
	NICKNAME	LAST			SUFFIX	
	Gregory	Marks			501 HX	
		marito				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	S	STATE; ZIP CODE
ADDRESS	REDACTED PER 2					
(Residence or Business)	REDACTED PER 2	34.0313, 007 1 0	JODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (954) 263-0848	IONE NUMBER	EXTENSION			
8 REPORT						
TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	_	Attach C/OH-FR)
9 PERIOD	Month Day Yea	ar		Month Day	Year	
COVERED	07/01/2023		HROUGH	12/31/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ar XF	Primary	Runoff	Other	
	03/05/2024		Seneral	 Special		
			beneral			
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	District Judge District 2	14 Nueces		District Judge D		
	1			1		
		GO ⁻	FO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Ve	ersion V3.5.1.0bfcfb6

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 35

L

13 C / OH NAME	Rogoff-Klein, Inna (T	he Honorable)	14 Filer ID 00080043	(Ethics Commiss	sion Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER N/	AME			
		COMMITTEE CAMPAIGN TREASURER AL	DDRESS			
16 CONTRIBUTION TOTALS		I. IZED POLITICAL CONTRIBUTIONS(OTHEF ES OF LOANS, OR CONTRIBUTIONS MAD		\$	0.00	
		ICAL CONTRIBUTIONS		\$	47,559.88	
		PLEDGES, LOANS, OR GUARANTEES OF IZED POLITICAL EXPENDITURES	LOANS)			
TOTALS	3. TOTAL UNITEN	IZED FOLITICAL EXPENDITORES		\$	95.14	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	22,767.08	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF	THE LAST DAY OF THE	\$ 1	L15,802.27	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN	NS AS OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT						
			penalty of perjury, that the a udes all information required Code.			
		The	Honorable Inna Rogoff-K	lein		
		Signa	ture of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the	ď	lay	
of	, 20, to c	ertify which, witness my hand and seal of offic	ce.			
Signature of offic	cer administering oath	Printed name of officer administering o	ath Title of office	er administering o	oath	
L Forms provided by Te:	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5	5.1.0bfcfb67	

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	COV	ER SHEET PG 3 3 of 35
18 FILER NAME 19 Rogoff-Klein, Inna (The Honorable) 19	9 Filer ID (E 00080043	thics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	40,392
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s	7.167

1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 40,7	392.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,	167.88
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,	083.78
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	725.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 2,	958.30
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

SUBTOTALS - JC/OH

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 1/20 Rpt: 4/35
2 FILER NAME Rogoff-Klein,	, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 07/28/2023	 5 Full name of contributor out-of-state PAC (ID#: ARA'S MIDTOWN CAFE, LLC 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,500.00
	CORPUS CHRISTI, TX 78413		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/26/2023	Adler, Chris Contributor address; City; State; Zip Code		\$500.00
	Corpus Christi, TX 78411		
Contributor's F retired	Principal Occupation	Contributor's Job Title RETIRED	
Contributor's e N/A	mployer/law firm	Law firm of contributor's sp N/A	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 12/10/2023	Full name of contributor out-of-state PAC (ID#:_ BARROWS, ALEXANDRE Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$200.00
	RIO RANCHO, NM 87124		
	rincipal Occupation	Contributor's Job Title	·
BUSINESS		Manager - Pulsed Powe	
	mployer/law firm nal Laboratories	Law firm of contributor's sp N/A	bouse (if any)
	s a child, law firm of parent(s) (if any)	N/A	
	hy Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 0bfcfb67

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/20 Rpt: 5/35	
2 FILER NAME Rogoff-Klein	, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 10/30/2023	5 Full name of contributor out-of-state PAC (ID#: BERGSMA, MICHAEL)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78413		
	Principal Occupation	9 Contributor's Job Title	
oil and gas e	•	OWNEr	nourse (if any)
10 Contributor's e self	anpioyemaw inm	11 Law firm of contributor's sp n/a	Jouse (ii any)
	s a child, law firm of parent(s) (if any)	170	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/28/2023	BLOW, OSBERT		\$500.00
	Contributor address; City; State; Zip Code		•
	CORPUS CHRISTI, TX 78412		
Contributor's I	Principal Occupation	Contributor's Job Title	•
retired docto	r	retired doctor	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
n/a			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/02/2023	BRADFORD, GARRY		\$250.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78414		
	Principal Occupation	Contributor's Job Title OWNER	
BUSINESS	malayor/lay firm	-	
self	employer/law firm	Law firm of contributor's sp n/a	Jouse (II any)
	s a child, law firm of parent(s) (if any)	1170	
in contributor i			
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/20 Rpt: 6/35	
2 FILER NAME Rogoff-Klein	, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 07/09/2023	 5 Full name of contributor out-of-state PAC (ID#: BROWER, PAMELA 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$1,000.00
	CORPUS CHRISTI, TX 78410		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
RETIRED		RETIRED	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
N/A		N/A	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/26/2023	BRUTUS FINANCIAL, LLC)	\$2,500.00
	Contributor address; City; State; Zip Code		
	· · · · · · · · · · · · · · · · · · ·		
	CORPUS CHRISTI, TX 78415		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/11/2023	Barroso, Ron		\$250.00
	Contributor address; City; State; Zip Code		
Contributoria	Corpus Christi, TX 78411	Contributorio Job Title	
Law	Principal Occupation	Contributor's Job Title	
	employer/law firm	Law firm of contributor's sp	oouse (if anv)
self		N/A	
If contributor is	s a child, law firm of parent(s) (if any)	L	
	hy Texas Ethics Commission	s state ty us	Version V3 5 1 Obfefh67

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 4/20 Rpt: 7/35
2 FILER NAME Rogoff-Klein,	Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
11/08/2023	5 Full name of contributor out-of-state PAC (ID#: COCKE, WILL		7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78401		
8 Contributor's P		9 Contributor's Job Title DEVELOPER	
10 Contributor's er self	mployer/law firm	11 Law firm of contributor's sp N/A	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	1	
Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:_ COCKE, WILL Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00
	CORPUS CHRISTI, TX 78404		
Contributor's Pi DEVELOPER	rincipal Occupation	Contributor's Job Title DEVELOPER	
Contributor's er SELF	mployer/law firm	Law firm of contributor's sp N/A	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date 07/11/2023	Full name of contributor out-of-state PAC (ID#:_ Carrigan & Anderson, PLLC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
	CORPUS CHRISTI, TX 78401		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Contributor's er	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
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2 FILER NAME Rogoff-Klein	, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 10/05/2023	 5 Full name of contributorout-of-state PAC (ID#: Cassidy, Leslie 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$150.00
	Corpus Christi, TX 78403		
	Principal Occupation	9 Contributor's Job Title	
Attorney 10 Contributor's e	mployor/low firm	ATTORNEY 11 Law firm of contributor's sp	nource (if any)
self	anpoyeniaw in th	N/A	Jouse (ii aliy)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/28/2023	Clark, PATTY		\$100.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78412		
	Principal Occupation	Contributor's Job Title	
BUSINESS		DIRECTOR	
N/A	employer/law firm	Law firm of contributor's sp N/A	oouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	N	Amount of Contribution (\$)
10/06/2023	DARBY, KEVIN)	\$250.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78414		
Contributor's F	Principal Occupation	Contributor's Job Title	
petroleum co	pnsultant	consultant	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
self		N/A	
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruction Guide	e explains how to complete	this form.	1 Total pages Schedule A(J)1: Sch: 6/20 Rpt: 9/35
2 FILER NAME Rogoff-Klein, Inna (The H	lonorable)		3 Filer ID (Ethics Commission Filers) 00080043
	, NANCY	C (ID#:)	7 Amount of Contribution (\$) \$500.00
	RANSAS, TX 78373		
8 Contributor's Principal Occup BUSINESS	pation	9 Contributor's Job Title OWNER	
10 Contributor's employer/law fi N/A	rm	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is a child, law fi	rm of parent(s) (if any)	I	
08/21/2023 DURHAN	of contributor out-of-state PA A, JOHN or address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$2,500.00
PORT AF	RANSAS, TX 78373	Contributor's Job Title	
RETIRED		RETIRED	
Contributor's employer/law fi N/A	rm	Law firm of contributor's sp N/A	bouse (if any)
If contributor is a child, law fi	rm of parent(s) (if any)		
08/22/2023 DURHAN	of contributor out-of-state PA <i>I</i> , NANCY or address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
CORPUS	S CHRISTI, TX 78480		
Contributor's Principal Occup	pation	Contributor's Job Title	
RETIRED		RETIRED	
Contributor's employer/law fi N/A	rm	Law firm of contributor's sp N/A	bouse (if any)
If contributor is a child, law fi	rm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/20 Rpt: 10/35	
2 FILER NAME Rogoff-Klein,	Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
09/25/2023	 5 Full name of contributor out-of-state PAC (ID#:_DURRILL Jr., WILLIAM 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00
	CORPUS CHRISTI, TX 78401		
	rincipal Occupation	9 Contributor's Job Title	
BUSINESS 10 Contributor's e self	mployer/law firm	OWNER 11 Law firm of contributor's sp N/A	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ FLORES, JOE Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
Ocutilistada	CORPUS CHRISTI, TX 78401	Contributed a lab Title	
ATTORNEY	rincipal Occupation	Contributor's Job Title ATTORNEY	
Contributor's e SELF	mployer/law firm	Law firm of contributor's sp LAW OFFICES OF JOE	
If contributor is	a child, law firm of parent(s) (if any)		
Date 07/03/2023	Full name of contributor out-of-state PAC (ID#:_ GREG MEHOS & ASSOCIATES, LLC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
Contributor's P	WESTFORD, MA 01856 Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
	ay Taylog Ethiog Commission		

The Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 8/20 Rpt: 11/35
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 5 Full name of contributor out-of-state PAC (ID#: 11/17/2023 Goetz, JERRY 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00
Corpus Christi, TX 78404	-	
8 Contributor's Principal Occupation ATTORNEY	9 Contributor's Job Title ATTORNEY	
10 Contributor's employer/law firm LAW OFFICE OF GERALD S. GOETZ	11 Law firm of contributor's sp N/A	bouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (ID#: 11/02/2023 HERIN, NOVA Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
CORPUS CHRISTI, TX 78460	Contributoria Job Titla	
Contributor's Principal Occupation investor	Contributor's Job Title owner	
Contributor's employer/law firm	Law firm of contributor's sp	oouse (if any)
Nova Nustar Holdings, LLC If contributor is a child, law firm of parent(s) (if any)	n/a	
Date Full name of contributor out-of-state PAC (ID#: 11/02/2023 HOLLINGSWORTH III, THOMAS Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78418)	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation	Contributor's Job Title	
CHIROPRACTOR	CHIROPRACTOR	
Contributor's employer/law firm Law firm of contributor's sy self N/A		bouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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The Instrue	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/20 Rpt: 12/35
2 FILER NAME Rogoff-Klein	2 FILER NAME Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 09/28/2023	5 Full name of contributor out-of-state PAC (ID#: JONES, AL		7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78411		
8 Contributor's F RETIRED	Principal Occupation	9 Contributor's Job Title RETIRED	
10 Contributor's e N/A	employer/law firm	11 Law firm of contributor's sp N/A	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributorout-of-state PAC (ID#:) JORDAN, MARILYN Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.00
Contributor's E	CORPUS CHRISTI, TX 78418 Principal Occupation	Contributor's Job Title	
RETIRED		RETIRED	
Contributor's e N/A	employer/law firm	Law firm of contributor's sp N/A	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/15/2023	Full name of contributor out-of-state PAC (ID#:_ James M. Hendrex, PC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
	ROCKPORT, TX 78381		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	hy Texas Ethics Commission www.ethic	s state ty us	Version V/3 5 1 0bfcfh67

The Instrue	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/20 Rpt: 13/35
2 FILER NAME Rogoff-Klein	, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 11/13/2023	 5 Full name of contributor out-of-state PAC (ID#: KEVIN W. LILES, PC 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)\$2,500.00
	Communication address, City, State, Zip Code		
	CORPUS CHRISTI, TX 78404		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/18/2023	KINS, CAROL		\$250.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78411		
Contributor's F RETIRED	Principal Occupation	Contributor's Job Title RETIRED	
Contributor's e N/A	employer/law firm	Law firm of contributor's sp N/A	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 10/05/2023	Full name of contributor out-of-state PAC (ID#: LAW OFFICE OF RALPH M RODRIGUEZ PLL		Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78401		
Contributor's F	Principal Occupation	Contributor's Job Title	I
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
L Formo providad	hy Texas Ethics Commission www.ethic	es state ty us	Version V3.5.1.0hfcfh67

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/20 Rpt: 14/35	
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043	
4 Date 5 Full name of contributor out-of-state PAC (ID# 09/28/2023 LEHRMAN, JEFFREY 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00	
CORPUS CHRISTI, TX 78413			
8 Contributor's Principal Occupation LAWYER	9 Contributor's Job Title LAWYER		
10 Contributor's employer/law firm ANDERSON, LEHRMAN, BARRE, AND MARAIST, LLP 12 If contributor is a child, law firm of parent(s) (if any)	11 Law firm of contributor's sp N/A	ouse (if any)	
Date Full name of contributor out-of-state PAC (ID# 11/09/2023 LIPPINCOTT, ANN Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00	
CORPUS CHRISTI, TX 78411			
Contributor's Principal Occupation RETIRED	Contributor's Job Title RETIRED		
Contributor's employer/law firm N/A	Law firm of contributor's sp N/A	ouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC (ID# 09/12/2023 Law Office of William J. Kelly PC Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00	
Corpus Christi, TX 78401			
Contributor's Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's sp		ouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
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The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/20 Rpt: 15/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Rogoff-Klein	, Inna (The Honorable)		00080043	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/03/2023	Linebarger Goggan Blair & Sampson, LLP		\$1,000.00	
	6 Contributor address; City; State; Zip Code			
	AUSTIN, TX 78760			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/22/2023	Full name of contributor out-of-state PAC (ID#: MARKS, JON)	\$500.00	
12/22/2023				
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411-1227			
	Principal Occupation	Contributor's Job Title		
LAWYER		LAWYER		
	employer/law firm	Law firm of contributor's sp	oouse (if any)	
Sheinberg T	ool Co., Inc.	NA		
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/02/2023	MILBY, LAURA		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78410			
Contributor's F	Principal Occupation	Contributor's Job Title		
retired		retired		
	Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)	
N/A N/A				
If contributor is a child, law firm of parent(s) (if any)				
Forms provided	hy Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 0bfcfb67	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/20 Rpt: 16/35	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	n, Inna (The Honorable)		00080043
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/28/2023	NARANG, SHALINI (Dr.)		\$500.00
	6 Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78412		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
DOCTOR		DOCTOR	
	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
SELF		N/A	
12 If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/08/2023	NEBLETT, DUNCAN (Mrs.)		\$200.00
	Contributor address; City; State; Zip Code		
	PORT ARANSAS, TX 78373		
	Principal Occupation	Contributor's Job Title	
RETIRED		N/A	
Contributor's N/A	employer/law firm	Law firm of contributor's sp N/A	bouse (if any)
	is a shild low firm of norant/a) (if any)	N/A	
	is a child, law firm of parent(s) (if any)		
Deta			
Date 09/28/2023	Full name of contributor out-of-state PAC (ID#: O'CONNOR, SHAWN)	Amount of Contribution (\$) \$250.00
03/20/2023	Contributor address; City; State; Zip Code		φ230.00
	Contributor address, City, State, Zip Code		
	CORPUS CHRISTI, TX 78411		
Contributor's	Principal Occupation	Contributor's Job Title	
BUSINESS		OWNER	
Contributor's	Contributor's employer/law firm Law firm of contributor's s		oouse (if any)
self N/A			
If contributor is a child, law firm of parent(s) (if any)			
<u> </u>			
⊢orms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.0bfcfb67

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/20 Rpt: 17/35	
2 FILER NAME	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Rogoff-Klein	, Inna (The Honorable)		00080043
4 Date 11/08/2023	 5 Full name of contributor out-of-state PAC (ID#: OWENS, ELIZABETH 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$500.00
	PORT ARANSAS, TX 78373		
8 Contributor's F business	Principal Occupation	9 Contributor's Job Title owner	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Fins Grill and	d Icehouse	N/A	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/08/2023	PEDROTTI, MICHAEL		\$500.00
	Contributor address; City; State; Zip Code		•
	· · · · · · · · · · · · · · · · · · ·		
	CORPUS CHRISTI, TX 78411		
Contributor's F	Principal Occupation	Contributor's Job Title	
BUSINESS		PRESIDENT	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Texegy, LLC		N/A	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2023	RESENDEZ, DAVID		\$250.00
,,,	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78414		
Contributor's F	Principal Occupation	Contributor's Job Title	
BUSINESS		OWNER	
Contributor's employer/law firm Law firm of contributor's s		pouse (if any)	
N/A N/A			
If contributor is a child, law firm of parent(s) (if any)			
Eorms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.0bfcfb67

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/20 Rpt: 18/35		
2 FILER NAME Rogoff-Klein,	Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043	
10/05/2023	5 Full name of contributor out-of-state PAC (ID#: Rodrigue, ADAM		7 Amount of Contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78404			
8 Contributor's P Attorney	rincipal Occupation	9 Contributor's Job Title ATTORNEY		
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)	
SELF		N/A		
12 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/06/2023	SHEINBERG, ANDREW		\$300.00	
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411			
	Principal Occupation	Contributor's Job Title		
BUSINESS		OWNER		
	mployer/law firm	Law firm of contributor's sp	oouse (if any)	
Sheinberg To		N/A		
	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/06/2023	SHEINBERG, LEIGH		\$100.00	
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78411			
Contributor's P	rincipal Occupation	Contributor's Job Title		
BUSINESS		OWNER		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
Sheinberg Tool Co., Inc. N/A				
If contributor is a child, law firm of parent(s) (if any)				
Forms provided	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.0bfcfb67	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 16/20 Rpt: 19/35
2 FILER NAME Rogoff-Klein	, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 11/08/2023	 Full name of contributor out-of-state PAC (ID#: SHERWOOD, ROBERT 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$100.00
	PORT ARANSAS, TX 78373		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
CONSTABL		CONSTABLE	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	``````````````````````````````````````	Amount of Contribution (\$)
11/02/2023	STONE, DON)	\$100.00
11,02,2020	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	CORPUS CHRISTI, TX 78410		
Contributor's I	I Principal Occupation	Contributor's Job Title	
BUSINESS		OWNER	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
N/A		N/A	
If contributor i	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/13/2023	STUART WHITE ATTORNEYS, PLLC		\$2,500.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78411		
Contributor's	Principal Occupation	Contributor's Job Title	1
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<u> </u>	by Toyoo Ethico Commission		Version V/2 E 1 Obfefb67

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/20 Rpt: 20/35
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 5 Full name of contributor □ out-of-state PAC 11/30/2023 SUAREZ, JESSE 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$180.00
CORPUS CHRISTI, TX 78467		
8 Contributor's Principal Occupation ELECTRICIAN	9 Contributor's Job Title ELECTRICIAN	
10 Contributor's employer/law firm self	11 Law firm of contributor's sp n/a	pouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	·	
Date Full name of contributor out-of-state PAC 09/19/2023 SUSSER, JERRY Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00
CORPUS CHRISTI, TX 78411		
Contributor's Principal Occupation BUSINESS	Contributor's Job Title OWNER	
Contributor's employer/law firm N/A	Law firm of contributor's sp N/A	bouse (if any)
If contributor is a child, law firm of parent(s) (if any)	·	
Date Full name of contributor out-of-state PAC 10/04/2023 SUSSER, SAM Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
DALLAS, TX 75220 Contributor's Principal Occupation	Contributor's Job Title	
BUSINESS		
Contributor's employer/law firm N/A	ibutor's employer/law firm Law firm of contributor's sp N/	
If contributor is a child, law firm of parent(s) (if any)	l	
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The Instruc	tion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 18/20 Rpt: 21/35	
2 FILER NAME Rogoff-Klein,	Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
11/08/2023	 5 Full name of contributorout-of-state PAC (ID#:) TODD A. HUNTER JR., P.C. 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$150.00
	CORPUS CHRISTI, TX 78401		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e	nployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/30/2023	TSCHRITTER, LUKE		\$2.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78418		
Contributor's P	rincipal Occupation	Contributor's Job Title	•
CONSULTA	IT	CEO	
	nployer/law firm	Law firm of contributor's sp	oouse (if any)
	& WALKERS CONSULTING	N/A	
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/09/2023	Taubman, Andrew		\$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Investments		INVESTOR	
Contributor's employer/law firm Law firm of contributor's s		oouse (if any)	
N/A N/A			
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethics	s.state.tx.us	Version V3.5.1.0bfcfb67

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/20 Rpt: 22/35	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Rogoff-Klein, Inna (The Hond	orable)		00080043
4 Date 5 Full name of c 11/13/2023 VAUGHN, C 6 Contributor ac) 7 Amount of Contribution (\$) \$1,000.00
CORPUS C	HRISTI, TX 78426		
8 Contributor's Principal Occupation BUSINESS	on	9 Contributor's Job Title OWNER	
10 Contributor's employer/law firm N/A		11 Law firm of contributo N/A	r's spouse (if any)
12 If contributor is a child, law firm of	of parent(s) (if any)		
Date Full name of c	contributor 🔲 out-of-	state PAC (ID#:) Amount of Contribution (\$)
12/27/2023 WEBB, RAN			\$1,000.00
Contributor ac	Idress; City; State; Zip Co	ode	
CORPUS C	HRISTI, TX 78405		
Contributor's Principal Occupation	on	Contributor's Job Title	
BUSINESS		OWNER	
Contributor's employer/law firm		Law firm of contributo	r's spouse (if any)
N/A		N/A	
If contributor is a child, law firm o	of parent(s) (if any)		
Date Full name of c	contributor 🗌 out-of-	state PAC (ID#:) Amount of Contribution (\$)
07/03/2023 WEISBORD	, ILYA		\$10.00
Contributor ac	Idress; City; State; Zip Co	ode	
	HLLS, NY 11375		
Contributor's Principal Occupatio	on	Contributor's Job Title	
		IT	
Contributor's employer/law firmLaw firm of contributor's sN/AN/A		r's spouse (if any)	
	of poropt(o) (if only)	N/A	
If contributor is a child, law firm of parent(s) (if any)			
Forms provided by Texas Ethics		www.ethics.state.tx.us	Version V3.5.1.0bfcfb67

The Instruc	tion Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 20/20 Rpt: 23/35
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043	
07/03/2023			7 Amount of Contribution (\$) \$500.00
	CORPUS CHRISTI, TX 78401		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)	1	
Date 09/28/2023	Full name of contributor out-of-state PAC (ID#: WILDER, ERIN Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$250.00
	CORPUS CHRISTI, TX 78414		
	rincipal Occupation	Contributor's Job Title	<u> </u>
BUSINESS		EXECUTIVE DIRECTO	
	mployer/law firm art Association - Corpus Christi	Law firm of contributor's sp N/A	iouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	1	
Date 10/26/2023	6/2023 Full name of contributor out-of-state PAC (ID#:) ZEBA LLC Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00
	CORPUS CHRISTI, TX 78463		
Contributor's P	rincipal Occupation	Contributor's Job Title	<u> </u>
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	I	
Forms provided b	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.0bfcfb6

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

			-					
The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 24/35						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	n, Inna (The Honorable)	00080043						
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description					
11/21/2023			contribution (\$) description \$578.40 I VALET PARKING FOR					
	7 Contributor address; City; State; Zip Code		FUNDRAISING EVENT					
	CORPUS CHRISTI, TX 78410		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / 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) (See instructions)					
constructoin	l de la constante de	manager						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
Dickson Bui	Iders	n/a						
16 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 In-kind contribution					
12/02/2023			contribution (\$) description					
	Contributor address; City; State; Zip Code		\$107.481FOOD FOR MEET & GREET					
			I					
	Corpus Christi, TX 78413							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions)						
			·····					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)						
business de	velopment	Sr. Business Development Representative						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
American C	hrome and Chemicals, Inc.	n/a						
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 In-kind contribution					
11/21/2023	DURHAM, CHERYL		contribution (\$) description					
	Contributor address; City; State; Zip Code		\$682.00 I FLORAL, DESERT AND CLEANUP FOR					
			FUNDRAISING EVENT					
	CORPUS CHRISTI, TX 78373		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
event coord	inator	event coordinator						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
Coastal Cor	ncierge	n?a						
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 25/35						
2 FILER NAME Rogoff-Kleir	n, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043						
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5 Date 12/12/2023	 6 Full name of contributor out-of-state PAC (ID#: GUTTIEREZ, JASON 7 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401)	8 Amount of 9 In-kind contribution contribution (\$) description \$1,500.00 FOOD AND BEVERAGE FOR FUNDRAISER					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)					
CONSTRUC	principal occupation (FOR JUDICIAL) CTION employer/law firm (FOR JUDICIAL)	 13 Contributor's job title OWNER 15 Law firm of contributor 	(FOR JUDICIAL) (See instructions) or's spouse (if any) (FOR JUDICIAL)					
SELF	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	N/A						
Date 11/21/2023	Full name of contributor out-of-state PAC (ID#: HAGY, JOHN Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description \$1,900.00 FOOD AND BEVERAGE FOR FUNDRAISING EVENT						
Principal occu	corpus christi, TX 78418 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's business	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) manager						
Spec-Tacula	employer/law firm (FOR JUDICIAL) ar, Inc. is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A						
Date 09/28/2023	Full name of contributor out-of-state PAC (ID#: URBAN, KAREN Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$2,400.00 I FOOD/BEVERAGE PARKING FOR FUNDRAISER					
Principal occu	CORPUS CHRISTI, TX 78411 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's RETIRED	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) RETIRED						
N/A	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A						
If contributor i	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 1/7 Rpt: 26/35		Rogoff-Klein, Inna (The Honorable) 00080043							
4	Date	5	Payee name							
	08/23/2023		ARROW DISPLAY SIGNS							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$2,381.50		1343 S. STAPLES							
			CORPUS CHRISTI, TX 78404							
8	PURPOSE	(a) (Category (See Categories listed at the top of	of this sche	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense		suulo)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						YARD SIGN	S			
_	-									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0)ffice sou	ht		Office held		
	Date	ŀ	Payee name							
	12/15/2023	,	ARROW DISPLAY SIGNS							
	Amount (\$) Payee address; City; State; Zip Code									
	\$2,165.00		1343 S. STAPLES							
		(CORPUS CHRISTI, TX 78404							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Advertising Expense	of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0)ffice sou	ht		Office held		
	Date	I	Payee name							
	07/15/2023	1	Dreamers & Walkers Consulting							
	Amount (\$)	1	Payee address; City;	State;	Zip Co	le				
	\$500.00		PO BOX 18639							
		(Corpus Christi, TX 78418							
	PURPOSE OF		Category (See Categories listed at the top of	of this sche	edule)	(b) Description		ide of Tourse, Operative Cohort de T		
	EXPENDITURE		Consulting Expense				n, TX	ide of Texas. Complete Schedule T. K, officeholder living expense fee.		
	Complete ONLY if direct	C	andidate/Officeholder name	0	Office sou	ht		Office held		
	expenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 2/7 Rpt: 27/35		Rogoff-Klein, Inna (The Honora	able)				00080043		
4	Date	5	Payee name							
	08/15/2023		Dreamers & Walkers Consultin	g						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$500.00		PO BOX 18639							
			Corpus Christi, TX 78418							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description				
	OF		Consulting Expense	5 01 1113 3011	icuaic)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		0					, officeholder living expense		
						August cons	ultir	ng fee.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held		
	Date		Payee name							
	09/15/2023		Dreamers & Walkers Consultin	g						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$500.00		PO BOX 18639		•					
			Corpus Christi, TX 78418							
	PURPOSE OF		Category (See Categories listed at the top	o of this sch	edule)	(b) Description				
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						September c				
						Coptonisor o	0			
	Complete ONLY if direct	L C	andidate/Officeholder name	C	Dffice sou	aht		Office held		
	expenditure to benefit C/OI	Η			·					
	Date		Payee name							
	10/15/2023		Dreamers & Walkers Consultin	g						
	Amount (\$)		Payee address; City;	State;	; Zip Co	de				
	\$500.00		PO BOX 18639							
			Corpus Christi, TX 78418							
	PURPOSE	(a)	Category (See Categories listed at the top	o of this sch	iedule)	(b) Description				
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
						October cons	sult	ing itt.		
	Complete ONLY if direct		andidate/Officeholder name		Office sou	ht		Office held		
	expenditure to benefit C/OI			C	Since SOU	jiit				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel in District Travel Out of Distric	pment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME		-	3 Filer ID (I	Ethics Commission Filers)		
-	Sch: 3/7 Rpt: 28/35		Rogoff-Klein, Inna (The Honorable)			00080043	· · · · · · · · · · · · · · · · · · ·		
4	Date	5	Payee name						
	11/15/2023		Dreamers & Walkers Consulting						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$500.00		PO BOX 18639						
			Corpus Christi, TX 78418						
8	PURPOSE	(2)	-		(b) Description				
Ô	OF	(a)	Category (See Categories listed at the top of this sch Consulting Expense	nedule)	(b) Description	outside of Texas. Complet	te Schedule T.		
	EXPENDITURE					n, TX, officeholder living ex			
					November co	onsulting fee.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght	Office held			
⊨	Date		Payee name						
	12/15/2023		Dreamers & Walkers Consulting						
-	Amount (\$)	-	_	; Zip Co	de				
	\$500.00		PO BOX 18639	, ziρ co	ue				
	\$500.00		PO BOX 10039						
			Corpus Christi, TX 78418						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Consulting Expense			outside of Texas. Complet n, TX, officeholder living ex			
					December co		pense		
					December of	shoulding lee.			
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	abt	Office held			
	expenditure to benefit C/OI			onice sou	gin	Office field			
_		<u> </u>							
	Date		Payee name						
	09/20/2023		Dreamers & Walkers Consulting						
	Amount (\$)			; Zip Co	de				
	\$201.75		PO BOX 18639						
			Corpus Christi, TX 78418						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense			outside of Texas. Complet			
						n, TX, officeholder living ex			
					CIVELOPES	S, POSTAGE, DO	INATION SLIPS		
_				0#:	a la t	Off: 1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)
-	Sch: 4/7 Rpt: 29/35	-	Rogoff-Klein, Inna (The Honorable)			ľ	00080043
4	Date	5	Payee name				
	11/09/2023		Dreamers & Walkers Consulting				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$2,282.09		PO BOX 18639				
			Corpus Christi, TX 78418				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	adula)	(b) Description		
-	OF		Advertising Expense	edule)	-	outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	I, TX	, officeholder living expense
					SIGNS		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	yht		Office held
	Date		Payee name				
	10/01/2023		KINGMAKER DATA				
_	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$3,000.00		1309 Coffeeen Ave	1			
	40,000,000		suite 1200				
			Sheridan, WY 82801				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct		Candidate/Officeholder name O	office soug	aht		Office held
	expenditure to benefit C/OI			· · · · · .			
_	Date		Payee name				
	09/04/2023		Klein, INNA				
	Amount (\$)			Zip Co	10		
	\$764.97		Payee address; City; State; 901 LEOPARD		le		
	\$704.97						
			9TH FLOOR				
			Corpus Christi, TX 78401				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Loan Repayment/Reimbursement				ide of Texas. Complete Schedule T.
							, officeholder living expense ENT FOR PENS AND MAILING
						_1VIC	
_	Complete ONLV if direct	Ļ	Candidato/Officabaldar name	office cours	t		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jiit		Office held
_							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 5/7 Rpt: 30/35	Rogoff-Klein, Inna (The Honorable)00080043							
4	Date 09/04/2023	Payee name Klein, INNA							
6	Amount (\$) \$1,343.33	Payee address; City; State; Zip Code 901 LEOPARD 9TH FLOOR Corpus Christi, TX 78401 Filler							
8	PURPOSE OF EXPENDITURE	OF Loan Repayment/Reimbursement Created at the top of this schedule Created at the top of t							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/20/2023	Klein, INNA							
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 901 LEOPARD 9TH FLOOR Corpus Christi, TX 78401							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense MENT FOR SECURITY AT YMCA						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/11/2023	Klein, INNA							
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 901 LEOPARD 9TH FLOOR Corpus Christi, TX 78401							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense MENT FOR MEDIA HOLIDAY IG EXPENSE						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Giff/Awards/Memorials Expense Printing Expense Travel out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 6/7 Rpt: 31/35	Rogoff-Klein, Inna (The Honorable) 00080043							
4	Date 08/04/2023	Payee name NORTHWEST BUSINESS ASSOCIATION							
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code .00 4225 RIVER HILL DR CORPUS CHRISTI, TX 78410							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOLF TOURNAMENT SPONSORSHIP 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	09/22/2023	PADRE ISLAND BUSINESS ASSOCIATION							
_	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	14493 SPID							
	+_,	SUITE A CORPUS CHRISTI, TX 78418							
_	DUDDOCE								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TASTE OF ISLAND EVENT SPONSORSHIP 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	11/11/2023	REPUBLICAN PARTY - NUECES COUNTY							
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 5151 FLYNN PARKWAY SUITE 103 CORPUS CHRISTI, TX 78411							
	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 FILING FEE 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	F F I Committee L	EXPENDITURE CATEG vent Expense ees ood/Beverage Expense iift/Awards/Memorials Expense egal Services The Instruction Guide explain	Loan Repayı Office Overh Polling Expe Printing Expe Salaries/Wag	ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 7/7 Rpt: 32/35		Inna (The Honorable)				00080043	()
4	Date	-						
4	12/04/2023	5 Payee name YMCA						
6	Amount (\$) \$300.00	7 Payee address417 S UPPE	s; City; Sta R BROADWAY	te; Zip Code	2			
		CORPUS CH	IRISTI, TX 78401					
8	PURPOSE OF EXPENDITURE	(a) Category _{(See} Advertising E	Categories listed at the top of this sixpense	schedule) (I		n, TX,	de of Texas. Comp officeholder living DRSHIP	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	eholder name	Office sough	nt		Office he	ld

	RRED OBLIGATIONS			SCHEDULE F2			
	EXPENDITURE C	ATEGORIES FO	R BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper	Loan Re Office Ov Polling E Printing I Salaries/	payment/Reimbursement verhead/Rental Expense expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F2:				3 Filer ID (Ethics Commission Filers)			
Sch: 1/1 Rpt: 33/35	Rogoff-Klein, Inna (The Honora	ble)		00080043			
⁴ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$							
5 Date	6 Payee name						
12/15/2023	Corpus Christi Yacht Club						
7 Amount (\$) \$725.00	8 Payee address; City;98 Coopers Alley	State; Zip C	ode				
	Corpus Christi, TX 78401						
9 TYPE OF EXPENDITURE	X Political	Non-Po	litical				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff holiday appreciation dinner.						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office so	ught	Office held			

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reinbursement Solicitation/Fundraising Expense brhead/Rental Expense Transportation Equipment & Related Expense pense Travel in District xpense Travel Out of District /ages/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule G: Sch: 1/2 Rpt: 34/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043	
4	Date 11/15/2023	5 Payee name FIEDLER, ERIK (Officer)		
6	Amount (\$) \$250.00 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 710 EAST MAIN ROBSTOWN, TX 78380		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SECURITY FOR YMCA EVENT	
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office sought Office held			
	Date 08/15/2023	Payee name GULF COAST MAILING SERVICE		
	Amount (\$) \$764.97 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 97 6901 SPID SUITE 103A CORPUS CHRISTI, TX 78412		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MAILING AND MERCHANDISE	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held		Office sought Office held		
	Date 12/08/2023	Payee name LOPEZ BROADCASTING		
	Amount (\$)Payee address;City;State;Zip Code\$350.002209 NPID		de	
	X Reimbursement from political contributions intended	political contributions		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense MEDIA HOLIDAY ADVERTISING	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex y - Gitt/Awards/Memorials Expense Printing E	ayment/Reinbursement Solicitation/Fundraising Expense berhead/Rental Expense Transportation Equipment & Related Expense pense Travel in District xpense Travel Out of District vages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule G: Sch: 2/2 Rpt: 35/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043		
4 Date 08/15/2023	5 Payee name Pens.com			
6 Amount (\$) \$1,343.33 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 342 SHELBYVILLE MILLS RD SHELBYVILLE, TN 37160			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LOGO MERCHANDISE EXPENSE		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		
Date 10/19/2023	Payee name RAMON, LEO (Officer)			
Amount (\$) \$250.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 710 EAST MAIN ROBSTOWN, TX 78380			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SECURITY FOR YMCA EVENT		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held		