

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00080043	2 Total pages filed: 35	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Inna	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024
	NICKNAME	LAST Rogoff-Klein	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt #
				Amount
				Date Processed
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jon G.	MI	
	NICKNAME Gregory	LAST Marks	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;
	REDACTED PER 254.0313, GOV'T CODE		STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(954) 263-0848			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15			
	<input type="checkbox"/> 30th day before election			
		<input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
		<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election
		<input type="checkbox"/> Exceeded modified reporting limit		<input type="checkbox"/> Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month	Day	Year	
	07/01/2023	THROUGH	12/31/2023	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input checked="" type="checkbox"/> Primary
			<input type="checkbox"/> General	<input type="checkbox"/> Other
			<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)	
	District Judge District 214 Nueces		District Judge District 214	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 35

13 C / OH NAME Rogoff-Klein, Inna (The Honorable) **14** Filer ID (Ethics Commission Filers)
00080043

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. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	47,559.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	95.14
	4. TOTAL POLITICAL EXPENDITURES	\$	22,767.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	115,802.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

The Honorable Inna Rogoff-Klein

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Rogoff-Klein, Inna (The Honorable)		19 Filer ID 00080043	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	40,392.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	7,167.88
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	19,083.78
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	725.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	2,958.30
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) ARA'S MIDTOWN CAFE, LLC	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Chris	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 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 spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARROWS, ALEXANDRE	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code RIO RANCHO, NM 87124	
Contributor's Principal Occupation BUSINESS		Contributor's Job Title Manager - Pulsed Power Engineering
Contributor's employer/law firm Sandia National Laboratories		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) BERGSMA, MICHAEL <hr/> 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation oil and gas exploration		9 Contributor's Job Title owner
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLOW, OSBERT <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation retired doctor		Contributor's Job Title retired doctor
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADFORD, GARRY <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWER, PAMELA <hr/> 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78410	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation RETIRED		9 Contributor's Job Title RETIRED
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUTUS FINANCIAL, LLC <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78415	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barroso, Ron <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Law		Contributor's Job Title LAWYER
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COCKE, WILL 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation DEVELOPER		9 Contributor's Job Title DEVELOPER
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COCKE, WILL Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78404	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation DEVELOPER		Contributor's Job Title DEVELOPER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrigan & Anderson, PLLC Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/20 Rpt: 8/35
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassidy, Leslie <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78403	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, PATTY <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation BUSINESS		Contributor's Job Title DIRECTOR
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARBY, KEVIN <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation petroleum consultant		Contributor's Job Title consultant
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide 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 Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONLEY, NANCY	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code PORT ARANSAS, TX 78373	
8 Contributor's Principal Occupation BUSINESS		9 Contributor's Job Title OWNER
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURHAM, JOHN	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code PORT ARANSAS, TX 78373	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURHAM, NANCY	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78480	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURRILL Jr., WILLIAM <hr/> 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation BUSINESS		9 Contributor's Job Title OWNER
10 Contributor's employer/law firm self		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, JOE <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any) LAW OFFICES OF JOE A. FLORES
If contributor is a child, law firm of parent(s) (if any)		
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG MEHOS & ASSOCIATES, LLC <hr/> Contributor address; City; State; Zip Code WESTFORD, MA 01856	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goetz, JERRY <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$100.00
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 spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERIN, NOVA <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78460	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation investor		Contributor's Job Title owner
Contributor's employer/law firm Nova Nustar Holdings, LLC		Law firm of contributor's spouse (if any) n/a
If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLINGSWORTH III, THOMAS <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78418	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation CHIROPRACTOR		Contributor's Job Title CHIROPRACTOR
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> 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 Principal Occupation RETIRED		9 Contributor's Job Title RETIRED
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JORDAN, MARILYN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78418	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M. Hendrex, PC	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code ROCKPORT, TX 78381	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN W. LILES, PC <hr/> 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78404	7 Amount of Contribution (\$) \$2,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KINS, CAROL <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78411	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF RALPH M RODRIGUEZ PLLC <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEHRMAN, JEFFREY <hr/> 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation LAWYER		9 Contributor's Job Title LAWYER
10 Contributor's employer/law firm ANDERSON, LEHRMAN, BARRE, AND MARAIST, LLP		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LIPPINCOTT, ANN <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78411	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of William J. Kelly PC <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78760	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARKS, JON <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411-1227	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation LAWYER		Contributor's Job Title LAWYER
Contributor's employer/law firm Sheinberg Tool Co., Inc.		Law firm of contributor's spouse (if any) NA
If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILBY, LAURA <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NARANG, SHALINI (Dr.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78412	
8 Contributor's Principal Occupation DOCTOR		9 Contributor's Job Title DOCTOR
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEBLETT, DUNCAN (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code PORT ARANSAS, TX 78373	
Contributor's Principal Occupation RETIRED		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'CONNOR, SHAWN	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78411	
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWENS, ELIZABETH	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code PORT ARANSAS, TX 78373	
8 Contributor's Principal Occupation business		9 Contributor's Job Title owner
10 Contributor's employer/law firm Fins Grill and Icehouse		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEDROTTI, MICHAEL	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78411	
Contributor's Principal Occupation BUSINESS		Contributor's Job Title PRESIDENT
Contributor's employer/law firm Texegy, LLC		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RESENDEZ, DAVID	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> 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 Principal Occupation Attorney		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHEINBERG, ANDREW	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm Sheinberg Tool Co., Inc.		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHEINBERG, LEIGH	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm Sheinberg Tool Co., Inc.		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		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	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERWOOD, ROBERT	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code PORT ARANSAS, TX 78373	
8 Contributor's Principal Occupation CONSTABLE		9 Contributor's Job Title CONSTABLE
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STONE, DON	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78410	
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STUART WHITE ATTORNEYS, PLLC	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78411	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUAREZ, JESSE <hr/> 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78467	7 Amount of Contribution (\$) \$180.00
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 spouse (if any) n/a
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSSEY, JERRY <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78411	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSSEY, SAM <hr/> Contributor address; City; State; Zip Code DALLAS, TX 75220	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		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
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD A. HUNTER JR., P.C.	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TSCHRITTER, LUKE	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78418	
Contributor's Principal Occupation CONSULTANT		Contributor's Job Title CEO
Contributor's employer/law firm DREAMERS & WALKERS CONSULTING		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taubman, Andrew	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Contributor's Principal Occupation Investments		Contributor's Job Title INVESTOR
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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 Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAUGHN, CAROLYN	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78426	
8 Contributor's Principal Occupation BUSINESS		9 Contributor's Job Title OWNER
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBB, RANDY	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78405	
Contributor's Principal Occupation BUSINESS		Contributor's Job Title OWNER
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEISBORD, ILYA	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code FORREST HILLS, NY 11375	
Contributor's Principal Occupation IT		Contributor's Job Title IT
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this 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
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIGINGTON, RUMLEY DUNN & BLAIR, LLP <hr/> 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78401	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILDER, ERIN <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78414	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation BUSINESS		Contributor's Job Title EXECUTIVE DIRECTOR
Contributor's employer/law firm American Heart Association - Corpus Christi		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZEBBA LLC <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78463	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 24/35	
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/21/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEARDEN, MATT	8 Amount of contribution (\$) \$578.40	9 In-kind contribution description VALET PARKING FOR FUNDRAISING EVENT
	7 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78410		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) constructoin		13 Contributor's job title (FOR JUDICIAL) (See instructions) manager	
14 Contributor's employer/law firm (FOR JUDICIAL) Dickson Builders		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARILLO, ALBERT	Amount of contribution (\$) \$107.48	In-kind contribution description FOOD FOR MEET & GREET
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) business development		Contributor's job title (FOR JUDICIAL) (See instructions) Sr. Business Development Representative	
Contributor's employer/law firm (FOR JUDICIAL) American Chrome and Chemicals, Inc.		Law firm of contributor's spouse (if any) (FOR JUDICIAL) n/a	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURHAM, CHERYL	Amount of contribution (\$) \$682.00	In-kind contribution description FLORAL, DESERT AND CLEANUP FOR FUNDRAISING EVENT
	Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78373		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) event coordinator		Contributor's job title (FOR JUDICIAL) (See instructions) event coordinator	
Contributor's employer/law firm (FOR JUDICIAL) Coastal Concierge		Law firm of contributor's spouse (if any) (FOR JUDICIAL) n?a	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 26/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043
4 Date 08/23/2023	5 Payee name ARROW DISPLAY SIGNS	
6 Amount (\$) \$2,381.50	7 Payee address; City; State; Zip Code 1343 S. STAPLES CORPUS CHRISTI, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2023	Payee name ARROW DISPLAY SIGNS	
Amount (\$) \$2,165.00	Payee address; City; State; Zip Code 1343 S. STAPLES CORPUS CHRISTI, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2023	Payee name Dreamers & Walkers Consulting	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 18639 Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense July consulting fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 27/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043
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4 Date 08/15/2023	5 Payee name Dreamers & Walkers Consulting
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO BOX 18639 Corpus Christi, TX 78418
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense August consulting fee.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/15/2023	Payee name Dreamers & Walkers Consulting
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Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 18639 Corpus Christi, TX 78418
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense September consulting fee.
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2023	Payee name Dreamers & Walkers Consulting
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Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 18639 Corpus Christi, TX 78418
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October consulting fee.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 28/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043
4 Date 11/15/2023	5 Payee name Dreamers & Walkers Consulting	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO BOX 18639 Corpus Christi, TX 78418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November consulting fee.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2023	Payee name Dreamers & Walkers Consulting	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO BOX 18639 Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense December consulting fee.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2023	Payee name Dreamers & Walkers Consulting	
Amount (\$) \$201.75	Payee address; City; State; Zip Code PO BOX 18639 Corpus Christi, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ENVELOPES, POSTAGE, DONATION SLIPS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/7 Rpt: 29/35	2	FILER NAME Rogoff-Klein, Inna (The Honorable)	3	Filer ID (Ethics Commission Filers) 00080043
4	Date 11/09/2023	5	Payee name Dreamers & Walkers Consulting		
6	Amount (\$) \$2,282.09	7	Payee address; City; State; Zip Code PO BOX 18639 Corpus Christi, TX 78418		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 10/01/2023		Payee name KINGMAKER DATA		
	Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 1309 Coffeen Ave suite 1200 Sheridan, WY 82801		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DATA ANALYSIS		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 09/04/2023		Payee name Klein, INNA		
	Amount (\$) \$764.97		Payee address; City; State; Zip Code 901 LEOPARD 9TH FLOOR Corpus Christi, TX 78401		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT FOR PENS AND MAILING		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 30/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043
4 Date 09/04/2023	5 Payee name Klein, INNA	
6 Amount (\$) \$1,343.33	7 Payee address; City; State; Zip Code 901 LEOPARD 9TH FLOOR Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT FOR PENS. COM ADVERTISING EXPENSE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/20/2023	Payee name Klein, INNA	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 901 LEOPARD 9TH FLOOR Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT FOR SECURITY AT YMCA EVENT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/11/2023	Payee name Klein, INNA	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 901 LEOPARD 9TH FLOOR Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REIMBURSEMENT FOR MEDIA HOLIDAY ADVERTISING EXPENSE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 31/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043
4 Date 08/04/2023	5 Payee name NORTHWEST BUSINESS ASSOCIATION	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GOLF TOURNAMENT SPONSORSHIP
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2023	Payee name PADRE ISLAND BUSINESS ASSOCIATION	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 14493 SPID SUITE A CORPUS CHRISTI, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TASTE OF ISLAND EVENT SPONSORSHIP
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2023	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 32/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043
4 Date 12/04/2023	5 Payee name YMCA	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 417 S UPPER BROADWAY CORPUS CHRISTI, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EVENT SPONSORSHIP
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 33/35	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3 Filer ID (Ethics Commission Filers) 00080043
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/15/2023	6 Payee name Corpus Christi Yacht Club
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7 Amount (\$) \$725.00	8 Payee address; City; State; Zip Code 98 Coopers Alley Corpus Christi, TX 78401
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff holiday appreciation dinner.
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SECURITY FOR YMCA EVENT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/15/2023	Payee name GULF COAST MAILING SERVICE	
Amount (\$) \$764.97 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6901 SPID SUITE 103A CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILING AND MERCHANDISE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 12/08/2023	Payee name LOPEZ BROADCASTING	
Amount (\$) \$350.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2209 NPID CORPUS CHRISTI, TX 78412	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA HOLIDAY ADVERTISING
	9 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

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)

The Instruction Guide explains how to complete this form.

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
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4 Date 08/15/2023	5 Payee name Pens.com
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6 Amount (\$) \$1,343.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 342 SHELBYVILLE MILLS RD SHELBYVILLE, TN 37160
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOGO MERCHANDISE EXPENSE
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/19/2023	Payee name RAMON, LEO (Officer)
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Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 710 EAST MAIN ROBSTOWN, TX 78380
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SECURITY FOR YMCA EVENT
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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