CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

Filer		ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
0008	36942		28			Date Received	
	DIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	ALLY FILED
OFFI NAM	CEHOLDER E		Kristen S.			01/16/2024	
		NICKNAME	LAST		SUFFIX	"[
			Coons			Date Hand-delivered	or Dato Bostmarkod
	SINAL	X January 15	Runoff	Other (s	pecify)	Date Hand-delivered	or Date i ostillarkeu
REP	ORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after cam				
		8th day before election	appointment (office	• • •		Date Processed	•
ODIC	SINAL PERIOD	<u> </u>			Year		
	ERED	Month Day Ye 07/01/2023	THROUGH	Month Day 12/31/2023	real	Date Imaged	
EVDI	LANATION OF C			12/31/2023		<u> </u>	
		e was misspelled in some (of the contributions also	a with another certile	utor Vriotin ···-	o corrected to "IV-	icton" and Kay Kal
AFFI	DAVIT		Lawe	ear or affirm under n	enalty of nerium	that this correcte	ed renort is true
AFFI	DAVIT			ear, or affirm, under p correct.	enalty of perjury	, that this correcte	ed report is true
AFFII	DAVIT		and				ed report is true
AFFII	DAVIT		and	correct.	and all applica s: I swear, or aith and without	ble statements: affirm that the original an intent to mislea	ginal report
AFFII	DAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa	and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is in	ble statements: affirm that the original an intent to misled the report. that I am filing thises day after the dataccurate or incom	ginal report ad or to s corrected ate I learned aplete. I
AFFII	DAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that	and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is in	affirm that the orig an intent to misleaned in the report. that I am filing this ss day after the da accurate or incomnission in the repo	ginal report ad or to s corrected ate I learned aplete. I
AFFII	DAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica I swear, or aith and without brmation contain swear, or affirm, the 14th busine ginally filed is in any error or or and faith.	affirm that the orig an intent to misleaned in the report. that I am filing this ss day after the da accurate or incomnission in the repo	ginal report ad or to s corrected ate I learned aplete. I
		AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the infe Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica I swear, or aith and without brmation contain swear, or affirm, the 14th busine ginally filed is in any error or or and faith.	affirm that the original an intent to mislead the report. that I am filling this say after the dataccurate or incomplission in the report.	ginal report ad or to s corrected ate I learned aplete. I
AFF	FIX NOTARY ST.	AMP / SEAL ABOVE	and Che X	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica I swear, or aith and without ormation contain the 14th busine ginally filed is in any error or or od faith. Kristen S. Corre of Candidate	affirm that the origan intent to misleaned in the report. that I am filing this say after the diaccurate or incomission in the report.	ginal report ad or to s corrected ate I learned iplete. I irt as originally
AFF	FIX NOTARY ST		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as or swear, or affirm, that filed was made in go Signatu	and all applica I swear, or aith and without ormation contain swear, or affirm, the 14th busine grangly filed is in any error or or od faith. Kristen S. Care of Candidate, this t	affirm that the origan intent to misleaned in the report. that I am filing this say after the diaccurate or incomission in the report.	ginal report ad or to s corrected ate I learned iplete. I irt as originally
AFF	FIX NOTARY ST	ribed before me, by the sa	and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as or swear, or affirm, that filed was made in go Signatu	and all applica I swear, or aith and without ormation contain swear, or affirm, the 14th busine grangly filed is in any error or or od faith. Kristen S. Care of Candidate, this t	affirm that the origan intent to misleaned in the report. that I am filing this say after the diaccurate or incomission in the report.	ginal report ad or to s corrected ate I learned iplete. I irt as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction G	Guide explains how to complete t	his form.	1 Filer ID	nmission Filers)	2 Total pages f	iled:
			0008694		:	28
3 CANDIDATE NAME	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
INAIVIL		Kristen S.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	01/16/2024	
		Coons				
					Date Hand-delivered	or Date Postmarked
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; APT	/ SUITE #; C	CITY; STATE	; ZIP CODE	Descint #	Amount
	15667 Robin Ridge				Receipt #	Amount
 	San Antonio, TX 78248				Date Processed	
Change of Address						
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mrs.	Terri				
INAIVIE						
	NICKNAME	LAST			SUFFIX	
		Richardson				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE)); APT / SUIT	TE#; CITY;	STATE;	ZIP CODE
ADDRESS	23504 Lori Way					
(Residence or Business)						
	San Antonio, TX 78258					
	1051 0005	DUONE N			EVENIOUS	
7 CAMPAIGN TREASURER	AREA CODE (210) 264-9813	PHONE	NUMBER		EXTENSION	
PHONE	(210) 204-9013					
8 REPORT TYPE	X January 15	30th day	y before conve	ntion / election	Runoff	
	July 15	Oth day	before conven	tion / election	☐ Final report /	Attach SC C/OH-FR)
	July 15	oiii day	belore conven	tion / election	Final report (Allacii 3C C/OH-FR)
9 PERIOD	Month Day Ye	ear			Month	Day Year
COVERED	07/01/2023		THR	OUGH	12/	31/2023
			1.			
10 CONVENTION / ELECTION DATE	Month Day Ye 03/05/2024	ear	1	1 OFFICE SOUGHT	STATE CHA	AIR
	03/03/2024				X COUNTY C	HAIR
12 POLITICAL	Republican		<u> </u>	COUNTY (If Appli	icable)	
PARTY						
			TO 5: 5= 			
		GO	TO PAGE 2	<u> </u>		

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

3 of 28

13 CANDIDATE NAME	Coons, Kristen S.			14 Filer ID 00086942	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		andidate's knowledge or	political committees to supp consent. Candidates are re			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRES	S			
	SPECIFIC					
		COMMITTEE CAMPAIG	GN TREASURER NAME			
		COMMITTEE CAMPAIG	ON TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS			RIBUTIONS (OTHER THAN ITRIBUTIONS MADE ELEC		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR	GUARANTEES OF LOANS)	\$	7,072.77
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS					\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	12,456.82
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		AINTAINED AS OF THE LA	AST DAY OF THE	\$	7,139.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		UTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT		true	ear, or affirm, under penalty and correct and includes al er Title 15, Election Code.			
			Kri	sten S. Coons		
			Signa	ature of Candidate		
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	ertify which, witness my h	nand and seal of office.			
Signature of office	cer administering oath	Printed name of of	ficer administering oath	Title of office	er administeri	ng oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

				4 of 28
18 CANDIDATE N		19 Filer ID 00086942	(Ethics Commission	Filers)
20 SCHEDULE SUNAME OF SCH			SUBTOTAL AN	MOUNT
1. X SO	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,372.77
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	700.00
3. X SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X SC	4. X SCHEDULE E: LOANS			
5. X SC	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
6. X SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,329.92
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11. So	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				
			•	

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 5/28	
2	FILER NAME Coons, Kristo	en S.		3	Filer ID (Ethics Commission 00086942	n Filers)
4	Date 10/20/2023	 Full name of contributor	,	7	Amount of Contribution (\$)	\$100.00
_		San Antonio, TX 78209		<u>L</u>		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 10/20/2023	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occu	San Antonio, TX 78256 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Retired					
	Date 10/20/2023	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$200.00
		San Antonio, TX 78259				
	Principal occu Retored	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/10/2023	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/01/2023	Full name of contributor out-of-state PAC Clouser, Yvonne Contributor address; City; State; Zip Code Universal City, TX 78148	(ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			·			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 6/28	
2	FILER NAME Coons, Kriste	en S.		3	Filer ID (Ethics Commission 00086942	n Filers)
4	Date 08/01/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$260.00
		San Antonio, TX 78248				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/20/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78258 Dation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_ Creekmore, Cheri Contributor address; City; State; Zip Code Universal City, TX 78148			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_ Crone, Jennifer Contributor address; City; State; Zip Code San Antonio, TX 78232			Amount of Contribution (\$)	\$25.00
	Principal occu Marketing	pation / Job title (See Instructions)	Employer (See Instructions Rebecca E. Coutran	<u> </u>		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_ Dale, Sharon Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	_E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 7/28	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Coons, Krist	en S. ·				00086942	
4	Date 08/02/2023	 5 Full name of contributor Hasslocher, James C 6 Contributor address; City; S 	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		San Antonio, TX 78209					
8	Principal occu Business Ov	-	S)	9 Employer (See Instruction Self-Employed	ons)		
	Date 10/20/2023	Full name of contributor Hastings, Pat Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78258					
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instruction	ons)		
	Date 10/17/2023	Full name of contributor Katz, Kay Kellogg Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Monroe, LA 71201					
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instruction	ons)		
	Date 11/21/2023	Full name of contributor Katz, Kay Kellogg Contributor address; City; S Monroe, LA 71201	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instruction	ons)		
	Date 09/04/2023	Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
$oxed{\!$	5	Georgetown, TX 78626	, 				
	Principal occu Vice Preside	pation / Job title (See Instructions ent	5)	Employer (See Instruction Southwestern University			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 8/28	
2	FILER NAME Coons, Kristo	en S.		3	Filer ID (Ethics Commission 00086942	n Filers)
4	Date 11/01/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
		Comfort, TX 78013	1			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/20/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$107.77
	Principal occu	Castle Hills, TX 78213 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Fractional CI	FO	UK Consulting			
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: Kirby, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Castle Hills, TX 78213				
	Principal occu Fractional Cl	pation / Job title (See Instructions) FO	Employer (See Instructions UK Consulting	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Legendre-Hofmann, Donna Contributor address; City; State; Zip Code San Antonio, TX 78232			Amount of Contribution (\$)	\$40.00
	Principal occu Food Server	pation / Job title (See Instructions)	Employer (See Instructions Purple Garlic Restaurar			
	Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: Marvin, Ruby Contributor address; City; State; Zip Code San Antonio, TX 78248		•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 9/28	
2	FILER NAME Coons, Kriste	en S.			3	Filer ID (Ethics Commission 00086942	n Filers)
4	Date 11/21/2023	5 Full name of contributor McArthur, Janelle6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Deire sin al access	San Antonio, TX 78240	la la		Ĺ		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date 12/06/2023	Full name of contributor Moore, Texas Contributor address; City; Stat				Amount of Contribution (\$)	\$50.00
	Principal occu	Pleasanton, TX 78064 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Farmer/Rand	cher		Self-Employed			
	Date 10/03/2023	Full name of contributor Mrzlak, Lydia Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78247					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/03/2023	Full name of contributor Murphy, Karen Contributor address; City; Stat San Antonio, TX 78260				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 12/15/2023	Full name of contributor Nixon, Benji Contributor address; City; Stat San Antonio, TX 78217	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu General Con	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
	Scheral Coll			Con Employed			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 10/28	
2	FILER NAME Coons, Kristo	en S.			3	Filer ID (Ethics Commission 00086942	ı Filers)
4	Date 12/06/2023	Parks, Cassie	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
_		Driftwood, TX 78619					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 11/22/2023	Parks, James Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78247 pation / Job title (See Instructions)		Employer (See Instructions)		
	Senior Manager Texas Management As		Texas Management Ass		iation		
	Date 09/18/2023	Full name of contributor on the Richardson, Robert (The Hono Contributor address; City; State; Z)		Amount of Contribution (\$)	\$100.00
		San Antonio, TX 78258					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas)		
	Date 09/25/2023	Full name of contributor of contributor rackets of contributor address; City; State; Zity; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/20/2023	Skokan, Natalie	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
			,				

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 11/28	
2	FILER NAME Coons, Kriste	en S.		3	Filer ID (Ethics Commission 00086942	n Filers)
4	Date 11/10/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		San Antonio, TX 78249				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_ Tyrling, Judy Contributor address; City; State; Zip Code San Antonio, TX 78254)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#:_ Vance, Kelly Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Indian Trail, NC 28079 pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#:_ Wentworth, Jeffrey (The Honorable) Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_Wills, Shirley Contributor address; City; State; Zip Code San Antonio, TX 78209)		Amount of Contribution (\$)	\$100.00
	Principal occu PR Consulta	oation / Job title (See Instructions) nt	Employer (See Instructions Self-Employed	i)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	The Instruction Guide explains how to complete this form.				Total pages Sch	nedule A2:	
1111	e msuu	iction Guide explains now to complete this i	Offii.		Sch: 1/1 Rpt:	12/28	
l	ER NAME			3	Filer ID (Ethic	s Commission Filers)	
	ons, Kris	ten S.			00086942		
4 TO	TAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		0.00	
5 Date	e	6 Full name of contributor out-of-state PAC (ID#:)	8		9 In-kind contribution	
09/	25/2023	023 Boldway, Jillian			contribution (\$)	description Design of Logo, Buttons,	
		7 Contributor address; City; State; Zip Code			\$300.00 I	and formatted letterhead	
					:		
		New Braunfels, TX 78132	ī			utside of Texas. Complete Schedule T.	
l	ncipal occı tired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JU	DICIAL) (See ir	nstructions)	
12 Con	ntributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL)	(See instructions)	
14 Con	ntributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's s	spouse (if any) (I	FOR JUDICIAL)	
16 If co	ontributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
10 11 00	Jillibutoi	is a clind, law little of paretiles) (ii arry) (i ore sobletice)					
				_			
Date	e 01/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	In-kind contribution description	
12/	01/2023	Tandy, Bruce				Tech support and initial	
		Contributor address; City; State; Zip Code				website development	
					I i		
		Boerne, TX 78015			Chock if traval o	utside of Texas. Complete Schedule T.	
Prin	ncipal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	1-JU		nstructions)	
l	nior Finte		Self-Employed		,		
Con	ntributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FO	R JUDICIAL)	(See instructions)	
Con	ntributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's s	spouse (if any) (I	FOR JUDICIAL)	
If co	ontributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				
l							

PLE	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	plains how to comp	lete this form.	- 1	Total pages Sche Sch: 1/1 Rpt: 1	
2 FILER N				3	Filer ID (Et	hics Commission Filers)
4	Kristen S.			+	00086942	
TOTAL	OF UNITEMIZED PLEDO	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID	#:		Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Coc	le			
						tside of Texas. Complete Schedule 1
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	structio	ns)	

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to com	plete this f	orm.		pages Schedule E: L/1 Rpt: 14/28
2	FILER NAME Coons, Kristen	S.) (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS				\$ 0.00
5	Date of loan 10/24/2023	7 Name of lender Coons, Kristen	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$10,000.00
6	Is lender a financial institution? No	8 Lender address; City; San Antonio, TX 78248	State;	Zip Code		10 Interest Rate 0% 11 Maturity Date
12		on / Job title (See Instructions)		13 Employer (See Instruction	ons)	
14	Retired Description of Col X None	lateral		15 Check if personal funds	were deposite	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instruction	ons)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District
Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction	·		ages	/Contract Labor		OTHER (enter a	a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Ξ					3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/1 Rpt: 15/28		Coons, Kris							00086942		
4	Date	5	Payee name									
	12/21/2023		3-D Signs									
6	Amount (\$) \$4,026.90	7	Payee addre 7986 1st St Somerset,	reet	State;	Zip Co	de					
8	PURPOSE	(a)	Category (s	ee Categories listed a	t the ten of this cohe	odulo)	(b)	Description				\dashv
ľ	OF	(,	Advertising		i the top of this sch	edule)	()		outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE		, .a					Check if Austin	, TX	officeholder living	g expense	
								Printing of 25	50 4	x 4 Campa	ign Signs	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	12/22/2023		Sign Buster	s								
Н	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					\exists
	\$5,100.00		P.O. Box 2			·						
	7-,											
				o, TX 78224								
	PURPOSE OF	(a)		ee Categories listed a	t the top of this sch	edule)	(b)	Description				
l	EXPENDITURE		Advertising	Expense				-		de of Texas. Com officeholder living	plete Schedule T.	
								ш			ign signs, Sign	
											nd Sign Cleanup after	
⊢	Commission ONII V if direct		Condidate/Off)#:	l 4			Office he		\dashv
	Complete ONLY if direct expenditure to benefit C/OI		Janαidate/Oπ	ceholder name	C	Office sou	gnt			Office no	eia	
l												
ı												

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Vages/Contract Labor		Travel in Dis Travel Out of			
			The Instruction Guide explains I	now to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/13 Rpt: 16/28	Coons, Kris	sten S.				0008694	2	
4	Date	5 Payee name							
	10/17/2023	3-D Signs							
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$1,627.00	7986 1st St	reet						
	Reimbursement from								
	X political contributions intended	Somerset, ⁻	TX 78069						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel o	utside of Texas. Complete Schedule T.	
	OF	Printing Exp	oense			Ch	eck if Austin,	TX, officeholder living expense	
	EXPENDITURE				Printing of 100 4x	х4 с	ampaign	signs	
9	expenditure to benefit	L Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Payee name							
	09/25/2023	Alamo Impr							
_	Amount (\$)	Payee addre		Zip Co	nde				
	\$270.63	4712 Resea	•	Zip Ct	Jue				
	Φ270.03	4/12 Resea	aich Dhve						
	Reimbursement from political contributions intended	San Antoni	o, TX 78240						
	PURPOSE	Category (See Categories listed at the top of this schedule)			Description	Ch	eck if travel o	utside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Printing Expense			Check if Austin, TX, officeholder living expense				
	EXPENDITORE				Printing of 100 B	utto	ns 3.5 ro	und	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought Office held				
	expenditure to benefit				· ·				
	C/OH								
	Date	Payee name							
	10/26/2023	Alamo Impr							
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	nde				
	\$306.35	4712 Resea		21p 00	ouc .				
		4712110301	archi Brive						
	X Reimbursement from political contributions intended	San Antoni	o, TX 78240						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ch	eck if travel o	utside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Solicitation/	Fundraising Expense			Ch	eck if Austin,	TX, officeholder living expense	
	EXPENDITORE							eturn envelopes for	
					fundraising mailo	outs.			
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit				3 ·				
	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment		/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a categ	ory not listed above)	
	·		The Instruction Guide explains I	now to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics	Commission Filers)	
	Sch: 2/13 Rpt: 17/28	Coons, Kris	sten S.				00086942		
4	Date	5 Payee name				•			
	10/14/2023	Amazon							
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$40.20	440 Terry A	ve. N						
	Reimbursement from	_							
	x political contributions intended	Seattle, WA	A 98109						
8	PURPOSE			! -! - \	(b) Description	☐ Ch	and if traval outside of	Texas. Complete Schedule T.	
°	OF	' ' ' '	ee Categories listed at the top of this sche	edule)	(b) Description	=	eck if Austin, TX, office	·	
	EXPENDITURE	Office Supp	nies		Business station			3.4	
					Business station	ai y			
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office	hold	
9	expenditure to benefit	Candidate/Office	noider name		Office sought		Office	rileiu	
	C/OH								
	Date	Payee name							
	08/02/2023	l	ostal & Business Center						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$166.00	13423 Blan	•	·					
	Reimbursement from								
	X political contributions intended	San Antoni	o, TX 78216						
			<u> </u>		Baradan F	7.0			
	PURPOSE OF	Category (s	Description		eck if travel outside of eck if Austin, TX, office	Texas. Complete Schedule T. holder living expense			
	EXPENDITURE	Office Over	head/Rental Expense		Postal box rental	_		3.4	
					1 ostal box rental	1 101	campaign		
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought Office held				
	expenditure to benefit	Carraidate/Onice	noider hame		Office Sought		Office	Ticlu	
	C/OH								
	Date	Payee name							
	09/06/2023	Coons, Kris	sten						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$19.78	15667 Robi	in Ridge						
	Reimbursement from								
	X political contributions intended	San Anntor	nio, TX 78248						
\vdash	PURPOSE		ee Categories listed at the top of this sche	edule)	Description	Ch	eck if travel outside of	Texas. Complete Schedule T.	
	OF	Travel In Di		, aa.o,		_	eck if Austin, TX, office	•	
	EXPENDITURE	maver in Bi			Round trip 30.2 N	 Milea	age to RNC/IBC	Breakfast at Club	
					Giraud -		-		
	Complete ONLY if direct	I Candidate/Office	holder name		Office sought		Office	held	
	expenditure to benefit				-				
	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Av	Beverage Expense wards/Memorials Expense Services	Polling Ex Printing Ex			Travel in District Travel Out of Di	
	Credit Card Payment	The	Instruction Guide explains l	how to co	mplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 3/13 Rpt: 18/28	Coons, Kristen S	S.			(00086942	
4	Date	5 Payee name						
Ĺ	09/07/2023	Coons, Kristen						
6	Amount (\$)	7 Payee address;	City; State;	Zip Co	de			
	\$12.58	15667 Robin Ric	dge					
	Reimbursement from political contributions intended	San Anntonio, T	X 78248					
8	PURPOSE	(a) Category (See Cate	egories listed at the top of this sche	edule)	(b) Description	Che	eck if travel outs	ide of Texas. Complete Schedule T.
	OF	Travel In District	,	,		Che	eck if Austin, TX	, officeholder living expense
	EXPENDITURE	2.00.00			19.20 miles round Meeting annound			e to Alamo Pachyderm
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	r name		Office sought		(Office held
	Date	Payee name						
	09/08/2023	Coons, Kristen						
_	Amount (\$)	Payee address;	City; State;	Zip Co	de			
	\$17.29		•	Zip C0	uc			
		15667 Robin Ric	ay c					
	X Reimbursement from political contributions intended	San Anntonio, T	X 78248					
	PURPOSE	Category (See Cate	egories listed at the top of this sche	edule)	Description	=		ide of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District				_		, officeholder living expense
					26.40 roundtrip n home for Senato			ome to Diana Denman's on.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	r name		Office sought		C	Office held
	Date	Payee name	·					
	09/09/2023	Coons, Kristen						
	Amount (\$)	Payee address;	City; State;	Zip Co	de			
	\$19.78	15667 Robin Ric	dge					
	Reimbursement from political contributions intended	San Anntonio, T	X 78248					
	PURPOSE	Category (See Cate	egories listed at the top of this sch	edule)	Description	Che	eck if travel outs	ide of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District			Ī	Che	eck if Austin, TX	, officeholder living expense
	LAFENDITURE				30.20 round trip i at Hyatt Regency			ome to CLEAT Luncheon Riverwalk
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholde	r name		Office sought		(Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		kpense /ages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule G:	2	FILER NAMI	<u> </u>				3	Filer ID (Ethics Commiss	sion Filers)
L	Sch: 4/13 Rpt: 19/28		Coons, Kris	sten S.					00086942	
4	Date	5	Payee name							
	09/10/2023		Coons, Kris	sten						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$12.31		15667 Rob	in Ridge						
	Reimbursement from political contributions intended		San Anntor	nio, TX 78248						
8	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	edule)	(b) Description	_	neck if travel outside of Texas. Comp	
	OF EXPENDITURE		Travel In D	istrict			L	_	eck if Austin, TX, officeholder living	
									trip from home to Leon V or Petition Signing Even	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Office held	
	Date		Payee name							
	09/12/2023		Coons, Kris	sten						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de			
	\$27.38		15667 Rob	in Ridge						
	X Reimbursement from political contributions intended		San Anntor	nio, TX 78248						
	PURPOSE OF		Category (S	ee Categories listed at the	top of this sche	edule)	Description	=	neck if travel outside of Texas. Comp	
	EXPENDITURE		Travel Out	of District			L	_	eck if Austin, TX, officeholder living	
									Itrip from home to Kenda San Antonio Rd, Boern	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Office held	
	Date	Π	Payee name							
	09/14/2023		Coons, Kris	sten						
	Amount (\$)	Τ	Payee addre	ss; City;	State;	Zip Co	de			
	\$6.81		15667 Rob	in Ridge						
	Reimbursement from political contributions intended		San Anntor	nio, TX 78248						
	PURPOSE		Category (S	ee Categories listed at the	e top of this sche	edule)	Description	_	eck if travel outside of Texas. Comp	
	OF EXPENDITURE		Travel In D	istrict				_	eck if Austin, TX, officeholder living	
									from home to SARW to starcrest Dr, 78216	announce
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/13 Rpt: 20/28	Coons, Kristen S.	00086942
4	Date	5 Payee name	
	09/18/2023	Coons, Kristen	
6	Amount (\$)	7 Payee address; City; State; Zip C	ode
	\$14.54	15667 Robin Ridge	
	Reimbursement from political contributions intended	San Anntonio, TX 78248	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	Travel In District	Check if Austin, TX, officeholder living expense
	EXPENDITURE		22.2 miles round trip to D10 NE Neighborhood Alliance- 4500 Wurzbach Pkwy - Candidacy Announcement
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	09/19/2023	Coons, Kristen	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$10.48	15667 Robin Ridge	
	Reimbursement from political contributions intended	San Anntonio, TX 78248	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
			16 miles round trip- Home to 4431 Horizon Hill BLVD - Candidacy Announcement at Alamo City RW
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	09/20/2023	Coons, Kristen	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$3.41	15667 Robin Ridge	
	Reimbursement from political contributions intended	San Anntonio, TX 78248	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
			5.2 miles roundtrip from home to Camino Real Club at 13259 Blanco Rd to announce Candidacy
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/13 Rpt: 21/28 Coons, Kristen S. 00086942 Date Payee name 09/26/2023 Coons, Kristen Payee address; Amount (\$) City; State; Zip Code \$8.12 15667 Robin Ridge Reimbursement from political contributions Х intended San Anntonio, TX 78248 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** 12.4 miles round trip from home to 16609 San Pedro Ave - Precinct 3 Mgmt Committee Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/27/2023 Coons, Kristen Amount (\$) Payee address; City; State; Zip Code \$5.90 15667 Robin Ridge Reimbursement from political contributions Χ San Anntonio, TX 78248 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** 9.0 miles roundtrip from home to 1139 E. Sonterra BLVD for D9 Neighborhood Alliance meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2023 Coons, Kristen Payee address; City; State; Zip Code Amount (\$) \$7.07 15667 Robin Ridge Reimbursement from Χ political contributions intended San Anntonio, TX 78248 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Description

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit

C/OH

Category (See Categories listed at the top of this schedule)

Travel In District

Candidate/Officeholder name

Check if Austin, TX, officeholder living expense

Office held

10.8 miles roundtrip from home to 10703 Wurzbach Rd -

Catholic Daughters Luncheon

Office sought

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	ense 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 for	
1	Total pages Schedule G: Sch: 7/13 Rpt: 22/28	FILER NAME Coons, Kristen S.	3 Filer ID (Ethics Commission Filers) 00086942
_	·	<u> </u>	00000342
4	Date	Payee name	
	09/30/2023	Coons, Kristen	
6	Amount (\$) \$13.76	Payee address; City; State; Zip Code 15667 Robin Ridge	
	X political contributions intended	San Anntonio, TX 78248	
8	PURPOSE	(b) Description (See Categories listed at the top of this schedule)	
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
	ZA ZABITONZ		e roundtrip from home to 13715 FM 1560 - aven - Kayleigh McEnany.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name Office sou	ight Office held
	Date	Payee name	
	10/10/2023	Coons, Kristen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.05	15667 Robin Ridge	
	Reimbursement from political contributions intended	San Anntonio, TX 78248	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	On Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
	ZA ZABITONZ		e roundtrip from home to Paesano's Lincoln Senator Cornyn's Brunch
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name Office sou	ight Office held
	Date	Payee name	
	10/17/2023	Coons, Kristen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.41	15667 Robin Ridge	
	Reimbursement from political contributions intended	San Anntonio, TX 78248	
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	On Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
			e from home to 13259 Blanco Road to al Republican Club
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name Office sou	ight Office held

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed	
	credit card r ayment		The Instruction Guide explains	how to co	omplete this form.	_		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commiss	sion Filers)
	Sch: 8/13 Rpt: 23/28	Coons, Kris	ten S.			(00086942	
4	Date	5 Payee name						
	10/21/2023	Coons, Kris	ten					
6	Amount (\$)	7 Payee addres	ss; City; State	; Zip Co	ode			
	\$9.83	15667 Robi	n Ridge					
	Reimbursement from		-					
	X political contributions intended	San Annton	io, TX 78248					
8	PURPOSE		ee Categories listed at the top of this sch	andula)	(b) Description	7 Che	eck if travel outside of Texas. Comp	nlete Schedule T
Ü	OF	Travel In Di		iedule)	(b) Description	=	eck if Austin, TX, officeholder living	
	EXPENDITURE	l liavei iii bi	30100		15 miles roundtri	n fro	m home to 284 Oblate I	Dr 78216 for
					Catholic Daughte			
9	Complete ONLY if direct	L Candidate/Officel	nolder name		Office sought		Office held	
	expenditure to benefit							
	C/OH							
	Date	Payee name						
	10/26/2023	Coons, Kris	ten					
	Amount (\$)	Payee addres	ss; City; State	; Zip Co	ode			
	\$8.78	15667 Robi	n Ridge					
	Reimbursement from							
	X political contributions intended	San Annton	io, TX 78248					
	PURPOSE	Category (Se	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Comp	olete Schedule T.
	OF	Travel In Di		,		Che	eck if Austin, TX, officeholder living	expense
	EXPENDITURE						from home to RPBC Hdo	q for Bexar
					County GOP Mn	gt C	ommittee Meeting	
		Candidate/Officel	nolder name		Office sought		Office held	
	expenditure to benefit C/OH							
		1						
	Date	Payee name						
	10/27/2023	Coons, Kris						
	Amount (\$)	Payee addres		; Zip Co	ode			
	\$5.50	15667 Robi	n Ridge					
	X Reimbursement from political contributions							
	intended	San Annton	io, TX 78248					
	PURPOSE OF	Category (Se	ee Categories listed at the top of this sch	nedule)	Description	_	eck if travel outside of Texas. Comp	
	EXPENDITURE	Travel In Di	strict		L	_	eck if Austin, TX, officeholder living	
						•	om home to Gov Abbott 17702 MNW Military Hv	
		<u> </u>					•	- ,
	Complete ONLY if direct expenditure to benefit	Candidate/Officel	nolder name		Office sought		Office held	
	C/OH							

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Prin Sala	ting Expense tries/Wages/Contract to complete this		Travel Out of OTHER (en		d above)
1	Total pages Schedule G:	2 FILER NAM	1E			3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 9/13 Rpt: 24/28	Coons, Kr	isten S.				0008694	42	
4	Date	5 Payee nam	е						
	11/09/2023	Coons, Kr	isten						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$11.00	15667 Ro	bin Ridge						
	Reimbursement from political contributions intended	San Annto	onio, TX 78248						
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b) Descri	ption 🔲 (Check if travel	outside of Texas. Com	nplete Schedule T.
	OF EXPENDITURE	Travel In [District				Check if Austin	, TX, officeholder living	j expense
					16.8 miles Interstate			me to CEC Mtg	at 8925
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office s	ought		Office held	
	Date	Payee nam	e						
	11/30/2023	Coons, Kr	isten						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$4.39	15667 Ro	bin Ridge						
	Reimbursement from political contributions intended	San Annto	onio, TX 78248						
	PURPOSE	Category	See Categories listed at the top	of this schedule)	Descri			outside of Texas. Con	
	OF EXPENDITURE	Travel In [District			ш		, TX, officeholder living	
								e to RPBC Hd(he Room PCT	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office s	ought		Office held	
	Date	Payee nam	e						
	11/30/2023	Coons, Kr	isten						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$6.42	15667 Ro	bin Ridge						
	Reimbursement from political contributions intended	San Annto	onio, TX 78248						
	PURPOSE	Category	See Categories listed at the top	of this schedule)	Descri			outside of Texas. Con	•
	OF EXPENDITURE	Travel In [District					, TX, officeholder living	
								e to 2375 NW I as Card mailing	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office s	ought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/	Expense Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NA	ME			3	Filer ID (Ethics Commission Filers)
	Sch: 10/13 Rpt: 25/28	Coons, k	Kristen S.				00086942
4	Date	5 Payee na	me			<u> </u>	
	12/07/2023	Coons, k					
6	Amount (\$)	7 Payee ad	dress; City; State	; Zip Co	ode		
	\$6.35	15667 R	obin Ridge				
	Reimbursement from						
	X political contributions intended	San Ann	tonio, TX 78248				
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	edule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	Travel In	District			Ch	neck if Austin, TX, officeholder living expense
	EXI ENDITORE				9.7 Miles from Ho Pachyderm Meet		e to 8626 N New Braunfels for Alam /Luncheon
9	Complete ONLY if direct	Candidate/Off	iceholder name		Office sought		Office held
	expenditure to benefit C/OH						
	Date	Payee na	me				
	12/07/2023	Coons, k	Kristen				
	Amount (\$)	Payee ad	dress; City; State:	; Zip Co	ode		
	\$7.21	1 1	obin Ridge	, <u>_</u> .p o	540		
		1500710	obiii raage				
	X Reimbursement from political contributions intended	San Ann	tonio, TX 78248				
	PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	Travel In	District			Ch	neck if Austin, TX, officeholder living expense
	LXI LINDITORL						dQ from Pachyderm Mtg and return
					Home for Filing for	or R	RPBC Chair candidacy
	Complete ONLY if direct	Candidate/Off	iceholder name		Office sought		Office held
	expenditure to benefit C/OH						
	С/ОП						
	Date	Payee na	me				
	12/19/2023	Coons, k	Kristen				
	Amount (\$)	Payee ad	dress; City; State	Zip Co	ode		
	\$10.48	1 1	obin Ridge	•			
	Reimbursement from		3.				
	political contributions intended	San Ann	tonio, TX 78248				
	PURPOSE	Category	(See Categories listed at the top of this sch	edule)	Description	_	neck if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	Travel In	District			Ch	neck if Austin, TX, officeholder living expense
							om home to 4431 Horizon Blvd for
					Alamo City RW L	_unc	cneon/meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	iceholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printing	Overnead/Rental Expense Expense g Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment	The Instruction Guide explains how to	complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 11/13 Rpt: 26/28	Coons, Kristen S.		00086942				
4	Date	5 Payee name						
	12/09/2023	Coons, Kristen						
6	Amount (\$)	7 Payee address; City; State; Zip	Code					
	\$11.14	15667 Robin Ridge						
	X Reimbursement from political contributions intended	San Anntonio, TX 78248						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
Ū	OF	Travel In District	(b) Bescription	Check if Austin, TX, officeholder living expense				
	EXPENDITURE	That's in Bisalist		o from home to 8427 Broadway 78209 etition signing event				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
	Date	Payee name						
	12/17/2023	Coons, Kristen						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$16.24	15667 Robin Ridge						
	Reimbursement from	1000 Nobili Nago						
	political contributions intended	San Anntonio, TX 78248						
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Travel In District	Check if Austin, TX, officeholder living expense					
				rip from home to Korean American ent Witte Museum 3801 Broadway				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
	Date	Payee name						
	10/23/2023	H-E-B						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$66.00	1150 NW Loop 1604						
	Reimbursement from political contributions intended	San Antonio, TX 78248						
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if Austin, TX, officeholder living expense				
	EXPENDITORE		Purchase of 5 books of stamps for solicitation of contributions					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in D Travel Out				
Credit Card Payment The Instruction Guide explains how to complete this form.											
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID	(Ethics Commission I	Filers)		
	Sch: 12/13 Rpt: 27/28	Coons, Kris	sten S.				000869	942			
4	Date	5 Payee name	9			•					
	10/23/2023	Office Depot Office Max									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$71.58	1205 N Lo	op 1604 W								
	Reimbursement from political contributions intended	San Anton	io, TX 78258								
8	PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule)	(b) Description	Ch	neck if travel	I outside of Texas. Complete S	chedule T.		
	OF	F Solicitation/Fundraising Expense				Check if Austin, TX, officeholder living expense					
	EXPENDITURE	EXPENDITURE				Mailing labels for donors and PAC solitications					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	Candidate/Officeholder name Office sought Office held								
	Date	Payee name									
	08/29/2023	Target									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$18.68	13700 San Pedro Avenue									
	Reimbursement from										
	x political contributions intended	San Anton	io, TX 78232								
H	PURPOSE	Category (5	See Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel	I outside of Texas. Complete S	chedule T.		
	OF EXPENDITURE	Office Sup		•		Ch	neck if Austin	n, TX, officeholder living expens	se		
EXPENDITURE			r -		Paper and card						
	Complete ONLY if direct	Candidate/Office	eholder name		Office sought			Office held			
	expenditure to benefit C/OH										
\vdash											
	Date	Payee name									
	11/11/2023	United Stat	tes Postal Service								
	Amount (\$) Payee address; City; State; Zip Code										
	\$132.00	12951 Hue	bner Rd								
	Reimbursement from political contributions intended	San Anton	io, TX 78230								
	PURPOSE	Category (5	See Categories listed at the top of this sch	nedule)	Description	_		l outside of Texas. Complete S			
	OF EXPENDITURE	Solicitation	/Fundraising Expense			_		n, TX, officeholder living expens	se		
						Stamps for return donation envelopes					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought			Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 13/13 Rpt: 28/28 Coons, Kristen S. 00086942 Date Payee name 10/04/2023 Vistaprint 6 Amount (\$) Payee address; City; State; Zip Code \$339.47 275 Wyman St Reimbursement from political contributions intended Х Watham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Printing Expense EXPENDITURE** Printing 500 circle stickers and 950 Envelope seals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH