

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00088264 | <b>2</b> Total pages filed:<br><br>11  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Colleen M.   | MI   | <b>OFFICE USE ONLY</b>                 |
|   | NICKNAME  | LAST<br>Manske  | SUFFIX   |  |
| Date Received<br><b>ELECTRONICALLY FILED</b><br>02/05/2024  |   |   |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>121 E. Monseratte<br><br>El Campo, TX 77437  |   |  | Date Hand-delivered or Date Postmarked |
|   |   |   |  | Receipt #      Amount                  |
|   |   |   |  | Date Processed                         |
|   |   |   |  | Date Imaged                            |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Francis  | MI   |  |
|   | NICKNAME  | LAST<br>Cerrillo  | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>121 E. Monseratte<br><br>El Campo, TX 77437  |   |  |  |
|   |   |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |  |
|   | (713)   | 206-9540  |  |  |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" 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)                         |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year  | THROUGH   | Month    Day    Year   |  |
|   | 01/01/2024  |   | 01/25/2024   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>03/05/2024   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   | <b>12</b> OFFICE SOUGHT (if known)   |  |
|   |   |   | District Judge (Multi-county) Place Wharton-Mat<br>District 23   |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 11

**13** C / OH NAME      Manske, Colleen M. (Mrs.)      **14** Filer ID      (Ethics Commission Filers)  
00088264

**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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME                       |
|   | COMMITTEE ADDRESS                    |
|   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |  |    |           |
|-------------------------------|--|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 3,050.00  |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 11,550.82 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 12,203.14 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 10,000.00 |

**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.

Mrs. Colleen M. Manske  
\_\_\_\_\_  
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**

|   |   |                                |                            |
|---|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Manske, Colleen M. (Mrs.) |   | <b>19 Filer ID</b><br>00088264 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b>                      |   |                                | <b>SUBTOTAL AMOUNT</b>     |
| NAME OF SCHEDULE                                  |   |                                |                            |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$                             | 1,100.00                   |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                             | 1,950.00                   |
| 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        | \$                             | 1,662.50                   |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                             |                            |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                             |                            |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$                             | 4,944.16                   |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 4,944.16                   |
| 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

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/11 |
| <b>2</b> FILER NAME<br>Manske, Colleen M. (Mrs.)                           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088264   |
| <b>4</b> Date<br>01/24/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hlavinka Jr., Jos. (Mr.) | <b>7</b> Amount of Contribution (\$) \$100.00              |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>East Bernard, TX 77435                                     |  |
| <b>8</b> Contributor's Principal Occupation<br>unknown                     |   | <b>9</b> Contributor's Job Title<br>unknown                |
| <b>10</b> Contributor's employer/law firm<br>n/a                           |   | <b>11</b> Law firm of contributor's spouse (if any)<br>n/a |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)<br>n/a |   |  |
| <b>Date</b><br>01/08/2024  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wittig, Ronnie (Mr.)       | <b>Amount of Contribution (\$)</b><br>\$1,000.00           |
|  | <b>Contributor address; City; State; Zip Code</b><br><br>Wharton, TX 77488  |  |
| <b>Contributor's Principal Occupation</b><br>Rancher                       |   | <b>Contributor's Job Title</b><br>Rancher                  |
| <b>Contributor's employer/law firm</b><br>Wittig Cattle Co.                |   | <b>Law firm of contributor's spouse (if any)</b><br>n/a    |
| <b>If contributor is a child, law firm of parent(s) (if any)</b><br>n/a    |   |  |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |  |   |   |
|---|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | 1 Total pages Schedule A2:<br>Sch: 1/2 Rpt: 5/11                                |   |
| 2 FILER NAME<br>Manske, Colleen M. (Mrs.)                                   |  | 3 Filer ID (Ethics Commission Filers)<br>00088264                               |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$  |   |
| 5 Date<br>01/22/2024  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Manske & Manske, PLLC | 8 Amount of contribution (\$)<br>\$100.00                                       | 9 In-kind contribution description<br>Contribution/Sponsor to Boling Community Center                   |
|   | 7 Contributor address; City; State; Zip Code<br><br>EL CAMPO, TX 77437                                     | <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)                        |  | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                    |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |   |   |
| Date<br>01/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Manske & Manske, PLLC   | Amount of contribution (\$)<br>\$200.00   | In-kind contribution description<br>Donation/Sponsor - Wharton Pilot Club - Chili Supper                |
|   | Contributor address; City; State; Zip Code<br><br>EL CAMPO, TX 77437                                       | <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)                           |  | Contributor's job title (FOR JUDICIAL) (See instructions)                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)                              |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    |  |   |   |
| Date<br>01/24/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Manske & Manske, PLLC   | Amount of contribution (\$)<br>\$825.00   | In-kind contribution description<br>Donation of Estate Planning Documents for Fundraiser to Burr School |
|   | Contributor address; City; State; Zip Code<br><br>EL CAMPO, TX 77437                                       | <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)                           |  | Contributor's job title (FOR JUDICIAL) (See instructions)                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)                              |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)    |  |   |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |  |   |   |
|---|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | 1 Total pages Schedule A2:<br>Sch: 2/2 Rpt: 6/11                                |   |
| 2 FILER NAME<br>Manske, Colleen M. (Mrs.)                                   |  | 3 Filer ID (Ethics Commission Filers)<br>00088264                               |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$  |   |
| 5 Date<br>01/20/2024  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Manske & Manske, PLLC | 8 Amount of contribution (\$)<br>\$825.00                                       | 9 In-kind contribution description<br>Donation of Estate<br>Planning Documents to<br>Louise School Senior<br>Serve Fundraiser |
|   | 7 Contributor address; City; State; Zip Code<br><br>EL CAMPO, TX 77437                                     | <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)                        |  | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                    |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |   |
| 16 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 7/11             | <b>2</b> FILER NAME<br>Manske, Colleen M. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088264   |
| <b>4</b> Date<br>01/22/2024   | <b>5</b> Payee name<br>Rapid Printing LLC  |  |
| <b>6</b> Amount (\$)<br>\$1,662.50                                  | <b>7</b> Payee address; City; State; Zip Code<br>1708 N Navarro, Suite 300<br><br>Victoria, TX 77901 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>24x12 signs<br>48x24 signs |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought  |
|   |  | Office held  |

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |                                  |  |  |
|--|--|--|----------------------------------|--|--|
| <b>1</b> Total pages Schedule F4:<br>Sch: 1/2 Rpt: 8/11  |  | <b>2</b> FILER NAME<br>Manske, Colleen M. (Mrs.)                                     |                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088264                                       |  |
| <b>4</b> CREDIT CARD ISSUER  |  | Name of financial institution<br>American Express                                    |                                  | <b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD<br>\$                       |  |
| <b>6</b> PAYMENT   |  | (a) Amount Charged<br>\$2,432.34   | (b) Date of Charge<br>01/22/2024 | (c) Date(s) Credit Card Issuer Paid  |  |
| <b>7</b> PAYEE   |  | (a) Payee name<br>Houston Sign Company   |                                  | (b) Payee address; City, State, Zip Code<br>5801 Chimney Rock Road<br>Houston, TX 77081        |  |
| <b>8</b> PURPOSE OF EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political |  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense |                                  | (b) Description<br>48x96" double sided<br>48x48" double sided                                  |  |
|  |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |                                  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense                      |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  | Candidate/Officeholder name  |                                  | Office sought  |  |
|  |  |  |                                  | Office held  |  |
| <b>PAYMENT</b>   |  | (a) Amount Charged<br>\$299.73   | (b) Date of Charge<br>01/03/2024 | (c) Date(s) Credit Card Issuer Paid  |  |
| <b>PAYEE</b>   |  | (a) Payee name<br>Custom Coasters Now  |                                  | (b) Payee address; City, State, Zip Code<br>4000 Greenbriar Dr., Ste 200<br>Stafford, TX 77477 |  |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   |  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense |                                  | (b) Description<br>250 - Pulpboard Coasters  |  |
|  |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |                                  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense                      |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name  |                                  | Office sought  |  |
|  |  |  |                                  | Office held  |  |
| <b>PAYMENT</b>   |  | (a) Amount Charged<br>\$1,782.01   | (b) Date of Charge<br>01/09/2024 | (c) Date(s) Credit Card Issuer Paid  |  |
| <b>PAYEE</b>   |  | (a) Payee name<br>Houston Sign Company   |                                  | (b) Payee address; City, State, Zip Code<br>5801 Chimney Rock Road<br>Houston, TX 77081        |  |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   |  | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense |                                  | (b) Description<br>48x48 double sided signs<br>48x96 double sided signs                        |  |
|  |  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  |                                  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense                      |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name  |                                  | Office sought  |  |
|  |  |  |                                  | Office held  |  |



# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:<br>Sch: 2/2 Rpt: 9/11  | <b>2</b> FILER NAME<br>Manske, Colleen M. (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088264                         |
| <b>4</b> CREDIT CARD ISSUER  | Name of financial institution<br>see previous   | <b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD<br>\$         |
| <b>6</b> PAYMENT   | (a) Amount Charged<br>\$275.50  | (b) Date of Charge<br>01/04/2024   |
|  |   | (c) Date(s) Credit Card Issuer Paid  |
| <b>7</b> PAYEE   | (a) Payee name<br>Tractor Supply Co.  | (b) Payee address; City, State, Zip Code<br>115 East Boling<br>Wharton, TX 77488 |
| <b>8</b> PURPOSE OF EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category<br>(See Categories listed at the top of this schedule)<br>Advertising Expense  | (b) Description<br>TPOST 6 FT 1.25 GN - for Signs                                |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held                                   |
| <b>PAYMENT</b>   | (a) Amount Charged<br>\$154.58  | (b) Date of Charge<br>01/17/2024   |
|  |   | (c) Date(s) Credit Card Issuer Paid  |
| <b>PAYEE</b>   | (a) Payee name<br>Zazzle.com  | (b) Payee address; City, State, Zip Code<br>1200 Chestnut St.<br>Menio, CA 94025 |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political   | (a) Category<br>(See Categories listed at the top of this schedule)<br>Printing Expense   | (b) Description<br>Custom Campaign Buttons                                       |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/2 Rpt: 10/11   | <b>2</b> FILER NAME<br>Manske, Colleen M. (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088264   |
| <b>4</b> Date<br>01/03/2024   | <b>5</b> Payee name<br>Custom Coasters Now   |  |
| <b>6</b> Amount (\$)<br>\$299.73<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>4000 Greenbriar Dr., Ste 200<br><br>Stafford, TX 77477  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>250 - Pulpboard Coasters                  |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____ |  |
| Date<br>01/09/2024  | Payee name<br>Houston Sign Company   |  |
| Amount (\$)<br>\$1,782.01<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended        | Payee address; City; State; Zip Code<br>5801 Chimney Rock Road<br><br>Houston, TX 77081  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Printing Expense   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>48x48 double sided signs<br>48x96 double sided signs |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name _____ Office sought _____ Office held _____ |  |
| Date<br>01/22/2024  | Payee name<br>Houston Sign Company   |  |
| Amount (\$)<br>\$2,432.34<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended        | Payee address; City; State; Zip Code<br>5801 Chimney Rock Road<br><br>Houston, TX 77081  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Printing Expense   | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>48x96" double sided<br>48x48" double sided           |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 2/2 Rpt: 11/11 | <b>2</b> FILER NAME<br>Manske, Colleen M. (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088264 |
|---|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>01/04/2024 | <b>5</b> Payee name<br>Tractor Supply Co. |
|-----------------------------|---|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$275.50<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>115 East Boling<br><br>Wharton, TX 77488 |
|---|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TPOST 6 FT 1.25 GN - for Signs |
|---------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>01/17/2024 | Payee name<br>Zazzle.com |
|--------------------|--------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$154.58<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>1200 Chestnut St.<br><br>Menio, CA 94025 |
|--|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Custom Campaign Buttons |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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