#### FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080041 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Kevin Roberts Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 15 Royal King Road Date Hand-delivered or Date Postmarked Change of Address Tomball, TX 77377 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Brenda NAME NICKNAME LAST **SUFFIX** Pennington STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 15 Royal King Road STREET **ADDRESS** (Residence or Business) Tomball, TX 77377 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 15 Royal King Road MAILING **ADDRESS** Tomball, TX 77377 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 659-5200 PHONE REPORT X 30th day before election January 15 Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED **THROUGH** 01/25/2024 01/01/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/05/2024 General Special

### SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission F	ilers)	
Friends of Kevin Robert	S		00080041			
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME				
PURPOSE		Kevin Roberts				
(Attach lists on plain paper to complete this	X Candidate					
report if necessary.)	Officeholder					
	Ciliconolaci	.D (officeholder)				
X SUPPORT						
(Candidate or Measure)		TION DATE				
OPPOSE			Month	Day Year		
(Candidate or Measure)						
ASSIST	Measure	DECORIDATION				
(Officeholder)		DESCRIPTION				
15 CONTRIBUTION	1. TOTAL POLITICAL CON	N PLEDGES,				
TOTALS	ELECTRONICALLY), UN	ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED		\$	\$0.00	
	2. TOTAL POLITICAL C					
		\$	\$0.00			
EXPENDITURE	3. TOTAL UNITEMIZED PC	LITICAL EXPENDITURES		\$	\$0.00	
TOTALS	TOTALS					
	4. TOTAL POLITICAL E	VDENDITI IDES				
		\$ \$1,0	97.50			
CONTRIBUTION	DAY OF THE	<b>\$</b> \$47.9	17.72			
BALANCE	BALANCE REPORTING PERIOD					
OUTSTANDING	6. TOTAL PRINCIPAL AMO					
LOAN TOTALS	DAY OF THE REPORTIN		IIIL LAST	\$	\$0.00	
16 AFFIDAVIT						
		I swear, or affirm, under penalty of per				
		and correct and includes all informatio Title 15, Election Code.	n required to be	reported by me unde	r	
			a Pennington			
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Campaign Treasurer						
Curara to and aubacribad	hio tho	day				
Sworn to and subscribed of	nis the	day				
of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administering oath	—	
Signature of officer du	ministering batti Pilli	ted hame of officer admillistering oath	THE OF OHICE	administering Udill		

### FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 6 (Ethics Commission Filers) 12 COMMITTEE NAME 13 Filer ID Friends of Kevin Roberts 00080041 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Ms. Caroline Fairly (Attach lists on plain X CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE MEASURE (Candidate or Measure) DESCRIPTION **ASSIST** (Officeholders only)

### **SUBTOTALS - SPAC**

## FORM SPAC COVER SHEET PG 3

				4 of 6		
		EE NAME Kevin Roberts	<b>18</b> Filer ID 00080041	(Ethics Commission Filers)		
	HEDULE	SUBTOTAL AMOUNT				
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$		
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$		
7.		SCHEDULE E: LOANS		\$		
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 500.00		
9.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 597.50		
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$		
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$		
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		
l						

### 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 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 Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee Legal Ser			Wages/C	contract Labor e this form.		Travel Out of Dis OTHER (enter a		ed above)
	Total pages Schedule F1: Sch: 1/1 Rpt: 5/6	2	FILER NAME Friends of Kevin R	oberts			;		Filer ID 00080041	(Ethics Comr	nission Filers)
	Date 01/11/2024	5	Payee name Caroline Fairly Ca	mpaign							
6	Amount (\$) \$500.00	7	Payee address; 1000 S. Tyler St. Apt. 10 Amarillo, TX 7910	City;	State; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Catego Contributions/Don Candidate/Officeho	ations Made E	Зу			TX,	de of Texas. Com officeholder living bution		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Candidate/Officeholde	er name	Office sou	ight			Office he	eld	

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00080041 Sch: 1/1 Rpt: 6/6 Friends of Kevin Roberts \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/24/2024 Atchley & Associates LLP Amount (\$) Payee address; State; Zip Code \$597.50 1005 La Posada Dr Austin, TX 78752 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense PAC accounting and reporting services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH