FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087906 14 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Kenna M. NAME Date Received **ELECTRONICALLY FILED** 02/05/2024 NICKNAME LAST **SUFFIX** Seiler CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 7 Lace Point MAILING Amount Receipt # **ADDRESS** Change of Address The Woodlands, TX 77382 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Alison NAME NICKNAME LAST **SUFFIX** Kerbow **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 2700 Research Forest Drive **ADDRESS** Suite 100 (Residence or Business) The Woodlands, TX 77381 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 419-7770 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 01/25/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024

Forms provided by Texas Ethics Commission

11 OFFICE

OFFICE HELD (if any)

Court Of Appeals, Justice Place 4 District 9

GO TO PAGE 2
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General

Special

12 OFFICE SOUGHT (if known)

Court Of Appeals, Justice Place 4 District 9

Version V3.5.1.9000c47f

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Seiler, Kenna M. (Mr	S.)	14 Filer ID 00087906	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without the difficeholders are required to report this information.	he candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	S	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		ICAL CONTRIBUTIONS		\$ 10,280.00
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			1
TOTALS				\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 19,608.88
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 23,322.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the ac I information required t	companying report is to be reported by me
		Mrs.	Kenna M. Seiler	
		Signature of	Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 14
_	ER NAN iler, Ke	nna M. (Mrs.)	19 Filer ID 00087906	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	10,280.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				16,803.92
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	654.96
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,150.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (\(J)1			
	The Instru	ction Guide explains hov	v to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/14	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Seiler, Kenn	a M. (Mrs.)			(00087906	
4	Date 01/01/2024	5 Full name of contributor Bat, David (Mr.)	out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	\$200.00
		6 Contributor address; City; S The Woodlands, TX 7738	ds, TX 77382				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title Consultant			
10	10 Contributor's employer/law firm11 Law firm of contributor's sKimberlite Oilfield Research			pouse	e (if any)		
12		s a child, law firm of parent(s) (if	any)	<u> </u>			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ,	Amount of Contribution (\$)	
	01/05/2024 Ford, Don (Mr.)					`,	\$500.00
	Contributor address; City; State; Zip Code						
		Houston, TX 77002					
	Contributor's Principal Occupation Contributor's Job Title						
	Attorney			Attorney			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse	e (if any)	
	Ford + Bergi	ner LLP					
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/09/2024	Gauntt Koen Binney & Ki	dd				\$2,500.00
		Contributor address; City; S	tate; Zip Code				
		Spring, TX 77386		T			
	Contributor's F	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm Law firm			Law firm of contributor's s	pouse	e (if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/14
2	FILER NAME Seiler, Kenn	a M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087906
4	Date 01/11/2024	5 Full name of contributor Goldberg, Daniel (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:_ate; Zip Code		7	Amount of Contribution (\$) \$180.00
		Houston, TX 77004				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
				Attorney		
10		employer/law firm		11 Law firm of contributor's sp		se (if any)
The Goldberg Law Office The Goldberg Law Office					е	
12	! If contributor is	s a child, law firm of parent(s) (if a	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/07/2024 Goldberg, Michele (Ms.) Contributor address; City; State; Zip Code				\$50.00	
		Bellaire, TX 77401				
	Contributor's F	Principal Occupation		Contributor's Job Title	•	
	Attorney			self		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Law Offices	of Michele Goldberg				
	If contributor is	s a child, law firm of parent(s) (if a	ny)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	01/10/2024	Kloffenstein, Adam (Mr.)	_ ` -	,		\$500.00
		Contributor address; City; St Magnolia, TX 77354	ate; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Professional			Professional athlete		
		employer/law firm		Law firm of contributor's sp	יוח	se (if any)
	St. Louis Ca			Law iiiii or contributor 5 5p	,ou.	se (ii dily)
		s a child, law firm of parent(s) (if a	ny)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/14
2	FILER NAME Seiler, Kenn	a M. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087906
4	Date 01/04/2024	5 Full name of contributor Manley, Molly6 Contributor address; City;Cleveland, TX 77327	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$400.00
Ļ	<u>_</u>					
8	Business Ov			9 Contributor's Job Title owner		
10		employer/law firm		11 Law firm of contributor's sp	2011	so (if any)
10	Crooked Ant			James B. Manley, P.C.	Jou	se (II ally)
12		s a child, law firm of parent(s) (if	any)	Sames 2. manoy, 1.e.		
	Date	Full name of contributor	out-of-state PAC (ID#:		Π	Amount of Contribution (\$)
	01/15/2024	Morrison, Francis (Dr.) Contributor address; City; : Huntsville, TX 77340	State; Zip Code			\$500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Physician			Physician		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	01/02/2024	O"Hara, Patrick (Mr.)	— `	,		\$250.00
		Contributor address; City; Spring, TX 77389	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	O'Hara Law	Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

N	IONET	ARY POLITICAL CONT	TRIBUTIONS	SCHEDULE A(J)1
Tł	he Instru	ction Guide explains how to cor	mplete this form.	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/14
	LER NAME	a M. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087906
4 Da			of-state PAC (ID#:) Code	7 Amount of Contribution (\$) \$200.00
		Conroe, TX 77384		
8 Contributor's Principal Occupation 9 Contributor's Job Title				
re	tired			
10 Contributor's employer/law firm retired11 Law firm of contributor's s			spouse (if any)	
		s a child, law firm of parent(s) (if any)	I	
		Full name of contributor out-o	() () () () () () () () () ()	Amount of Contribution (#)
			or-state PAC (ID#:)	Amount of Contribution (\$)
01	1/15/2024	Smith, Darlene (Mrs.) Contributor address; City; State; Zip (\$5,000.00
		Magnolia, TX 77354		
Co	ontributor's	Principal Occupation	Contributor's Job Title	
att	torney		attorney	
Co	ontributor's	employer/law firm	Law firm of contributor's	spouse (if any)
Cr	rain Caton	& James		
lf (contributor i	s a child, law firm of parent(s) (if any)	·	

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 Solarios (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension and listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 1/2 Rpt: 8/14	Seiler, Kenna M. (Mrs.) 00087906	
4	Date	5 Payee name	
	01/01/2024	Farrell Gjesdal Strategy Group	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7,863.28	4040 Highway 6	
		Suite 200	
		College Station, TX 77845	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	EA EIBITE.	Check if Austin, TX, officeholder living expense Campaign Consulting	
		Campaign Consulting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
3	expenditure to benefit C/O		
_	Date	Payee name	=
	01/02/2024	Liberty County Republican Party	
			4
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 1808 Sam Houston Street	
	\$250.00		
		Suite 309	
		Liberty, TX 77575	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		expense for candidate event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	4	
	Date	Payee name	=
	01/11/2024	Montgomery County Bar Association	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$4,000.00	P.O. Box 3561	
		Conroe, TX 77305	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Sponsorship for annual event	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
			_

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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 Exp Legal Services The Instruction Guide	Offic Pollii pense Print Sala	e Overhea ng Expens ing Expen ries/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Cabadula F1:	2 FILED NA	2 FILED NAME				1	Filer ID	(Ethios Commission Filors)
1	Total pages Schedule F1: Sch: 2/2 Rpt: 9/14		enna M. (Mrs.)				3	Filer ID 00087906	(Ethics Commission Filers)
4	Date	5 Payee na	me						
	01/02/2024		Montgomery County Police Reporter						
6	Amount (\$) \$750.00	17276 Li	Payee address; City; State; Zip Code 17276 Linda Lane Conroe, TX 77306						
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense MCPR website ad						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Officeholder name	Office	sought			Office he	eld
	Date	Payee na	me						
	01/16/2024	Neuman	n and Company						
Amount (\$) Payee address; City; State; Zip Code									
	\$1,940.64	\$1,940.64 5417 Pine Street Bellaire, TX 77401							
	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE		ng Expense	,		—	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense DENSE		
	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office	sought			Office he	eld
	Date 01/08/2024	Payee na Texas Fe	me ederation of Republica	an Women					
	Amount (\$) \$2,000.00	Payee ad 13740 N Suite J4 Austin, T	orth Highway 183	State; Zip	Code				
	PURPOSE OF EXPENDITURE		(See Categories listed at the tong Expense	op of this schedule)	(b)	Check if Austin	, TX,	de of Texas. Comp officeholder living ense at TFR'	
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Office	sought			Office he	eld

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.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)		
Sch: 1/3 Rpt: 10/14	Seiler, Kenna M. (N	۸rs.)		00087906			
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$72.33	01/08/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Golden Triangle Re	epublican	P.O. Box 12902				
			Beaumont, TX 77726				
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
EXPENDITURE	Food/Beverage Expense						
X Political							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			K, officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH			_				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$234.41	01/25/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Sheraton Austin Ge	eorgetown	1101 Woodlawn Avenue				
			Georgetown, TX 78628				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Hotel for TFRW Leadership Day				
X Political	Hotel for TRFW Lead	ership Day					
Non-Political	(1)	of Texas. Complete Schedule T.		(, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH		T	1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$66.02	01/13/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Mantgaman, Caunt	v Donublican	P.O. Box 1766				
	Montgomery Count	у керивіісан					
			Conroe, TX 77305				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Monthly Meeting				
l <u> </u>	Food/Beverage Expense						
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	_	C, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

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.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 2/3 Rpt: 11/14	Seiler, Kenna M. (M	1rs.)		00087906		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$172.20	01/12/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	The Woodlands Re	publican	P.O. Box 7294			
	The Woodlands, TX 7738			37		
8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule)						
X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense monthly meeting					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH		-				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

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 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

Candidate/Officeholder/Politica	-		aries/Wages/Cont		THER (enter a category	y not listed ab	oove)
		ruction Guide explains how	to complete tr	nis form.	,		
1 Total pages Schedule F4:					3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 3/3 Rpt: 12/14	Seiler, Kenna M. (M	1rs.)			00087906		
4 CREDIT CARD	Name of finar	ncial institution		OF UNITEMIZED			
ISSUER	Chase	e Bank	EXPEND	ITURES ED TO A CREDIT	 \$		
			CARD	ED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid		
		01/07/2024					
	\$50.00	01/07/2024					
7 PAYEE	(a) Dayoo nama		(b) Payee a	ddrocc:	City,	State,	Zip Code
/ TAILL	(a) Payee name					State,	Zip Code
	San Jacinto County	Republican	201 Highw	vay 150, Suite J	-L		
			<u> </u>	g, TX 77331			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
<u> </u>	Event Expense	or this scriedule)	Table at C	andidate Event			
X Political	·						
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	· Paid		
	\$60.00	01/01/2024					
	Ψ00.00	01/01/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress:	City,	State,	Zip Code
	(a) r ayee name		P.O. Box		Oity,	Otato,	Zip Code
	Liberty Belles Repu	ıblican Women	1 .O. Box .	1001			
			Conroe, T	Y 77205			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top	of this schedule)	monthly m				
X Political	Food/Beverage Exper	nse	inonany n	leeting			
			_				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 13/14	Seiler, Kenna M. (Mrs.)	00087906
4	Date	5 Payee name	•
	01/11/2024	Liberty Belles Republican Women	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	P.O. Box 1081	
	Reimbursement from political contributions intended	Conroe, TX 77305	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Table at ever	nt
_	Operation ONLY if dispose	One skide to 10 ff and hald a superior	Off -
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht Office held
	Date	Payee name	
	01/21/2024	Liberty Belles Republican Women	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 1081	
	Reimbursement from		
	political contributions intended	Conroe, TX 77305	
	PURPOSE	Category (See Categories listed at the top of this schedule) Descriptio	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
	ZA ZHOHONZ	event sponso	orship
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sout	ht Office held
	Date	Payee name	
	01/21/2024	The Republican Club of Polk County	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	4524 Duff Road	
	Reimbursement from political contributions intended	Livingston, TX 77351	
	PURPOSE	Category (See Categories listed at the top of this schedule) Descriptio	
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		table expens	е
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	ht 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 Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 14/14 Seiler, Kenna M. (Mrs.) 00087906 Date Payee name Zamzow, Melissa (Mrs.) 01/14/2024 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 709 Meadow Lane Reimbursement from political contributions intended Bowie, TX 76230 **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 Food/Beverage Expense **EXPENDITURE** Cookies for events Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH