CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | ete this form. | 1 Filer ID (Ethics Commi 00087881 | | 2 Total pages file 1: | |
|----------------------------|------------------------------|------------------|---|--------------------|--|-----------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE U | JSE ONLY |
| OFFICEHOLDER NAME | Mr. | Christopher C. | | | Date Received | |
| | | | | | ELECTRONICA | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 02/05/2024 | |
| | Chris | Kirk | | 30111X | | |
| | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT | / SUITE #; CIT | Υ; | ZIP CODE | Date Hand-delivered or | Date Postmarked |
| MAILING ADDRESS | PO Box 3174 | | | | Receipt # | Amount |
| Change of Address | Bryan, TX 77805 | | | | | |
| | Siyan, 17011000 | | | | Date Processed | |
| | | | | | Date Imaged | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | <u> </u> | |
| TREASURER | | Travis B. | | | | |
| NAME | | Travio B. | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Bryan | | III | | |
| | | D. ya | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX DI EASE). | ΔΡ' | T / SUITE #; CITY; | STA | TE; ZIP CODE |
| TREASURER | 314 E Brookside Dr. | BOXT LLNGL), | , u | 1700112 11, | 317 | 211 0002 |
| ADDRESS | OT 1 E Brookoldo Bil | | | | | |
| (Residence or Business) | Pr/op TV 77001 | | | | | |
| | Bryan, TX 77801 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | E NUMBER E | EXTENSION | | | |
| TREASURER PHONE | (979) 846-2390 | | | | | |
| FIIONE | | | | | | |
| 8 REPORT | | _ | | _ | _ | |
| TYPE | X January 15 | 30th day before | election | Runoff | 15th day after can appointment (office | |
| | July 15 | 8th day before 6 | election \square | Exceeded modified | Final Report (Atta | |
| | | | | reporting limit | - marrioport (v atta | o., G. G |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 08/10/2023 | TH | ROUGH | 12/31/202 | 3 | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | XPi | rimary | Runoff | Other | |
| | 03/06/2024 | G | eneral | Special | | |
| | | | | _ | | |
| 11 OFFICE | OFFICE HELD (if any) | I | | 12 OFFICE SOUGHT | (if known) | |
| | , , , | | | State Represent | | |
| | | | | | | |
| | 1 | | | 1 | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

| 13 C / OH NAME | Kirk, Christopher C. (| (Mr.) | | 14 Filer ID (00087881 | Ethics Commi | ssion Filers) |
|--|-------------------------------|---------------------------------------|--|------------------------------|-----------------|---------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures | accepted or political expenditu may have been made without t quired to report this information | the candidate's or office | holder's know | ledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | Ē | | | |
| _ | GENERAL | | | | | |
| | | COMMITTEE ADDR | RESS | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAME | PAIGN TREASURER NAME | | | |
| | | COMMITTEE CAME | PAIGN TREASURER ADDRES | SS | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | | | ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC | | \$ | 0.00 |
| | | CAL CONTRIBUTION PLEDGES, LOANS, (| IS DR GUARANTEES OF LOANS | 5) | \$ | 8,400.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | IZED POLITICAL EX | PENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITIC | CAL EXPENDITURES | 6 | | \$ | 57,618.35 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | S MAINTAINED AS OF THE LA | AST DAY OF THE | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | L OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 781.65 |
| 17 AFFIDAVIT | | t | swear, or affirm, under penalty rue and correct and includes al under Title 15, Election Code. | | | |
| | | | Mr. C | hristopher C. Kirk | | |
| | | - | | Candidate or Officehol | der | |
| 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 r | my hand and seal of office. | | | |
| Signature of offi | cer administering | Printed name o | of officer administering | Title of officer | · administering | oath |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | | C | OVER SH | 3 of 13 |
|-----|--------|---|--------------------|--------------|-----------------|
| l | ER NAN | 1E topher C. (Mr.) | 19 Filer ID | (Ethics Comm | nission Filers) |
| | | 00087881 | 1 | | |
| l | | E SUBTOTALS SCHEDULE | | SUBTO | TAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 8,400.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | Х | SCHEDULE E: LOANS | | \$ | 50,000.00 |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 57,618.35 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 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 TO FILER | RETURNED | \$ | |
| | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | | |
|----------------------------------|--|--|---|---|-----------------------------|--|------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 1/3 Rpt: 4/13 | |
| 2 | FILER NAME Kirk, Christo | opher C. (Mr.) | | | 3 | Filer ID (Ethics Commission 00087881 | on Filers) |
| 4 | Date 09/09/2023 5 Full name of contributor out-of-state PAC (ID#:) Boyd, W.E. (Mr.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$150.00 | | |
| 8 | Principal occi | College Station, TX 77845 upation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | President | | | Chem-Sol | ·) | | |
| | Date 10/11/2023 | Full name of contributor Bryan III, Travis (Judge) Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | | Amount of Contribution (\$) | \$1,500.00 |
| | Bryan, TX 77801 Principal occupation / Job title (See Instructions) Employer (See Instructions | | <u> </u> s) | | | | |
| | District Judge Retired | | _ | | | | |
| | Date 08/24/2023 | Full name of contributor Danny , Stribling (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | • | Amount of Contribution (\$) | \$150.00 |
| | | College Station, TX 77845 | j | | | | |
| | Principal occupation / Job title (See Instructions) Real Estate Employer (See Instruction Retired | | | Employer (See Instructions Retired | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#: 08/11/2023 Delaney Ret., John (Judge) Contributor address; City; State; Zip Code Bryan, TX 77802 | | | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occu District Judg | upation / Job title (See Instructions) ge - retired | 1 | Employer (See Instructions Retired | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 10/11/2023 Ford, Russ Contributor address; City; State; Zip Code Kurten, TX 77862 | | | Amount of Contribution (\$) | \$500.00 | | |
| | | upation / Job title (See Instructions) evelopment Officer | 1 | Employer (See Instructions Lockwood Andrews Nev | | am | |
| | | | · | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|----------------------------------|--|---|----------------|---|--|--|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 2/3 Rpt: 5/13 | |
| 2 | FILER NAME Kirk, Christo | pher C. (Mr.) | | | 3 | Filer ID (Ethics Commission Filers) 00087881 |
| 4 | 4 Date 08/21/2023 5 Full name of contributor out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) \$50.00 | |
| 8 | Principal occu Business | Bryan, TX 77802 spation / Job title (See Instructions) | 9 | Employer (See Instructions Core Image Group | j 5) | |
| | Date 09/18/2023 | Full name of contributor out-of-state PAC (ID#:_ James, Jim (Mr.) Contributor address; City; State; Zip Code Bryan, TX 77805 | |) | | Amount of Contribution (\$) \$1,500.00 |
| | Principal occupation / Job title (See Instructions) Attorney At Law Employer (See Instruction Self | | | 5) | | |
| | Date 09/20/2023 | Full name of contributor out-of-state PAC (ID#: McNeill, Cal (Mr.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) \$150.00 |
| | College Station , TX 77845 Principal occupation / Job title (See Instructions) Vice President Employer (See Instructions) First Financial Bank | | <u> </u> ;) | | | |
| | | Ogden Ret., Stephen E. (Sen.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) \$2,500.00 |
| | Principal occu Businessma | Bryan, TX 77802 upation / Job title (See Instructions) n | | Employer (See Instructions Ogden Resources | <u> </u> ;) | |
| | Date Full name of contributor out-of-state PAC (ID#:) 08/31/2023 Richardson, Gordon (Mr.) Contributor address; City; State; Zip Code Caldwell, TX 77836 | | | Amount of Contribution (\$) \$500.00 | | |
| | Principal occu Life Insuranc | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDU | _E A1 |
|---|---|---|---|----------------|--|--------------|
| | The Instruction Guide explains how to complete this form. | | | | Total pages Schedule A1: Sch: 3/3 Rpt: 6/13 | |
| 2 | FILER NAME Kirk, Christo | pher C. (Mr.) | | 3 | Filer ID (Ethics Commission 00087881 | on Filers) |
| 4 | Date 09/22/2023 | 5 Full name of contributor out-of-state PAC (ID#:_ Schultz, Scott (Mr.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occu | College Station, TX 77845 spation / Job title (See Instructions) | Employer (See Instructions Stellar Roof Specialties | <u> </u> s) | | |
| | Date 09/06/2023 | Full name of contributor out-of-state PAC (ID#:_ Stewart Ret., Walter J. (Colonel) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Gov Adminis | Albuquerque, NM 87122 upation / Job title (See Instructions) strator | Employer (See Instructions Brazos County | <u> </u> s) | | |
| | Date 08/24/2023 | Full name of contributor out-of-state PAC (ID#: Stribling, Danny (Mr.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu | College Station, TX 77845 Ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | | |
| | | | | | | |

| 6 Is lender a financial institution? No College Station, TX 77845 13 Employer (See Instructions) self 14 Description of Collateral 15 Check if personal funds were deposited into political account | LOANS | | | | SCHEDULE E |
|---|-------------------------------|--|-------------------------------|--------------|-----------------------------------|
| 2 FILER NAME Kirk, Christopher C. (Mr.) 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 08/15/2023 Kirk, Christopher (Mr.) 6 Is lender a financial institution? No College Station, TX 77845 12 Principal occupation / Job title (See Instructions) self 14 Description of Collateral 3 Filer ID (Ethics Commission Filer 000087881 5 Filer ID (Ethics Commission Filer 000087881) 5 Date of loan 00087881 10 Interest Rate 003/06/2024 | The Instruction | The Instruction Guide explains how to complete this form | | | |
| TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender | | er C. (Mr.) | | 3 Filer ID | (Ethics Commission Filers) |
| 08/15/2023 Kirk, Christopher (Mr.) \$50,000 6 Is lender a financial institution? No College Station, TX 77845 12 Principal occupation / Job title (See Instructions) self 13 Employer (See Instructions) self 14 Description of Collateral 15 Check if personal funds were deposited into political account | 4 TOTAL OF UN | NITEMIZED LOANS | | | \$ |
| financial institution? No College Station, TX 77845 11 Maturity Date 03/06/2024 12 Principal occupation / Job title (See Instructions) self 13 Employer (See Instructions) self 14 Description of Collateral 15 Check if personal funds were deposited into political account | | | C (ID#: |) | 9 Loan Amount (\$) \$50,000.00 |
| No College Station, TX 77845 11 Maturity Date 03/06/2024 12 Principal occupation / Job title (See Instructions) self 13 Employer (See Instructions) self 14 Description of Collateral 15 Check if personal funds were deposited into political account | financial | 8 Lender address; City; State; | Zip Code | | 10 Interest Rate |
| self self 14 Description of Collateral 15 Check if personal funds were deposited into political account | | College Station, TX 77845 | | | |
| | | ion / Job title (See Instructions) | |) | |
| | 14 Description of Col X None | llateral | 15 Check if personal funds we | re deposited | - |
| 16 GUARANTOR INFORMATION 17 Name of guarantor 19 Amount Guaranteed (s | | 17 Name of guarantor | | | 19 Amount Guaranteed (\$) |
| X not applicable 18 Guarantor address; City; State; Zip Code | X not applicable | 18 Guarantor address; City; State; | Zip Code | | |
| | | | | | |
| 20 Principal occupation 21 Employer (See Instructions) | 20 Principal occupati | ion | 21 Employer (See Instructions |) | |
| | | | | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 | Sch: 1/6 Rpt: 8/13 | Kirk, Christopher C. (Mr.) |
| 4 | Date | 5 Payee name |
| - | 10/31/2023 | Boyd, W.E. (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$150.00 | 1428 Hawk Tree Drive |
| | | |
| | | College Station, TX 77845 |
| | | College Station, 17 77045 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Loan Repayment/Reimbursement |
| | - | Check if Austin, TX, officeholder living expense |
| | | Reimburse donation |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 10/31/2023 | Bryan III, Travis (Judge) |
| | | |
| | Amount (\$) | |
| | \$1,500.00 | 314 Brookside Drive East |
| | | |
| | | Bryan, TX 77801 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Reimburse Donation |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| H | Date | Payee name |
| | 09/27/2023 | Core Image Group |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,368.35 | 1700 George Bush Drive |
| | | |
| | | College Station, TX 77840 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Monthly Retainer |
| | | Domain Registration |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | |
|----------|--|---|---|
| 1 | Total pages Schedule F1: | | |
| L | Sch: 2/6 Rpt: 9/13 | Kirk, Christopher C. (Mr.) 00087881 | |
| 4 | Date | 5 Payee name | |
| | 10/26/2023 | Core Image Group | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$3,500.00 | 1700 George Bush Drive | |
| | | | |
| | | College Station, TX 77840 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Monthly Retainer | |
| | | instant, retained | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| ⊨ | Date | Davies same | = |
| | 11/14/2023 | Payee name Coro Imago Group | |
| L | | Core Image Group | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$3,500.00 | 1700 George Bush Drive | |
| | | | |
| | | College Station, TX 77840 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Consulting Expense | |
| | | Check if Austin, TX, officeholder living expense | |
| | | Monthly Retainer | |
| L | 0 1: 0.11.7.7.1. | | _ |
| l | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| L | · | | _ |
| | Date | Payee name | |
| | 10/31/2023 | Delaney Ret., John (Judge) | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$500.00 | 4313 Briarcrest Lane | |
| l | | | |
| | | Bryan, TX 77802 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| l | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITORE | Check if Austin, TX, officeholder living expense | |
| 1 | | Reimburse donation | |
| L | 0 1: 0::::::::::::::::::::::::::::::::: | | _ |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| <u> </u> | | | |
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense 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 co | mple | ete this form. |
|---|-----------------------------|--|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/6 Rpt: 10/13 | Kirk, Christopher C. (Mr.) | | 00087881 |
| 4 | Date | 5 Payee name | | <u>'</u> |
| | 10/31/2023 | Ford, Russ (Mr.) | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | de | |
| | \$500.00 | PO Box 100 | | |
| | | | | |
| | | Kurten, TX 77862 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| l | OF EXPENDITURE | Loan Repayment/Reimbursement | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| l | | | | Reimburse donation |
| | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/O | 1 | | |
| F | Date | Payee name | | |
| | 10/31/2023 | Horvath, Randy (Mr.) | | |
| | Amount (\$) | Payee address; City; State; Zip Co | de | |
| | \$50.00 | 2310 Wayside Drive | | |
| | | | | |
| | | Bryan, TX 77802 | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| l | OF EXPENDITURE | Loan Repayment/Reimbursement | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Reimburse donation |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/Ol | 1 | | |
| | Date | Payee name | | |
| | 10/31/2023 | James, Jim (Mr.) | | |
| Г | Amount (\$) | Payee address; City; State; Zip Co | de | |
| | \$1,500.00 | PO Box 3334 | | |
| l | | | | |
| | | Bryan, TX 77805 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | Description |
| l | EXPENDITURE | Loan Repayment/Reimbursement | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| l | | | | Reimburse donation |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office held |
| | expenditure to benefit C/Ol | 1 | _ | |
| | | | | |
| | | | | |
| | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/6 Rpt: 11/13 | Kirk, Christopher C. (Mr.) 00087881 |
| 4 | Date | 5 Payee name |
| | 11/03/2023 | Kirk, Christopher (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$30,000.00 | 2141 Post Oak Circle |
| | | |
| | | College Station, TX 77845 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Loan Repayment |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| ⊨ | Date | Payee name |
| | 11/17/2023 | Kirk, Christopher (Mr.) |
| L | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,388.37 | 2141 Post Oak Circle |
| | | College Station, TX 77845 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Loan Repayment |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | y |
| ⊨ | Data | |
| | Date | Payee name |
| | 11/17/2023 | Kirk, Christopher (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8,611.63 | 2141 Post Oak Circle |
| | | |
| | | College Station, TX 77845 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Loan Repayment |
| \vdash | Complete ONLV if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
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| L | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

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

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

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

| | Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. |
|---|---------------------------------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/6 Rpt: 12/13 | Kirk, Christopher C. (Mr.) 00087881 |
| 4 | Date | 5 Payee name |
| | 10/31/2023 | McNeill, Cal (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$150.00 | 8401 Spring Creek |
| | | |
| | | College Station, TX 77845 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Reimburse donation |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 12/30/2023 | Ogden Ret., Stephen E. (Sen.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,500.00 | 4125 Knightsbridge Lane |
| | | |
| | | Bryan, TX 77802 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Reimburse donation |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 10/31/2023 | Richardson, Gordan B. (Mr.) |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | PO Box 667 |
| | | |
| | | Caldwell, TX 77836 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Reimburse donation |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| _ | | |
| | | |
| | | |

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/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
|-----------------|--|--|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 6/6 Rpt: 13/13 | Kirk, Christopher C. (Mr.) | 00087881 | |
| 4 | Date | 5 Payee name | | |
| | 10/31/2023 | Schultz, Scott (Mr.) | | |
| 6 | Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 2106 Joseph Creek Court College Station, TX 77845 | | |
| 8 | PURPOSE | | | |
| | OF EXPENDITURE | Loan Repayment/Reimbursement | utside of Texas. Complete Schedule T. TX, officeholder living expense Onation | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Office held | |
| | Date | Payee name | | |
| | 10/31/2023 | Stewart, Walter J. (Colonel) | | |
| | Amount (\$) | | | |
| | \$500.00 | 7712 Cedar Canyon Place NE Albuquerque, NM 87122 | | |
| _ | PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Loan Repayment/Reimbursement | utside of Texas. Complete Schedule T. TX, officeholder living expense Pnation | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | |
| Date Payee name | | | | |
| L | 10/31/2023 | Stribling, Danny (Mr.) | | |
| | Amount (\$) \$150.00 | | | |
| | | College Station, TX 77845 | | |
| | PURPOSE OF EXPENDITURE | Loan Repayment Relimbursement | utside of Texas. Complete Schedule T. TX, officeholder living expense onation | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | |
| | | | | |