

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|---|---|---|-----------------------------------|--|---------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088043 | 2 Total pages filed: 16 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | |
| | | Kerri | | | |
| | NICKNAME | LAST | SUFFIX | Date Received ELECTRONICALLY FILED 02/08/2024 | |
| | | Kingsbery | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; | | ZIP CODE | Date Hand-delivered or Date Postmarked | |
| | 469 Harpole Road | | | | |
| | Tioga, TX 76271 | | | Receipt # | |
| | | | | Amount | |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | | |
| | | Kerri | | | |
| | NICKNAME | LAST | SUFFIX | | |
| | | Kingsbery | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | |
| | 469 Harpole Road | | | STATE; | |
| | Tioga, TX 76271 | | | ZIP CODE | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| | | (214) 681-9916 | | | |
| 8 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) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | Month | |
| | | 01/01/2024 | | THROUGH | |
| | | | | 01/25/2024 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | 03/05/2024 | | | <input type="checkbox"/> General | <input type="checkbox"/> Other |
| | | | | <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) State Representative District 68 | |
| | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 16

| | |
|--|---|
| 13 C / OH NAME Kingsbery, Kerri | 14 Filer ID (Ethics Commission Filers) 00088043 |
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| | | | |
|---|--|--------------------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | | |
|--------------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 19,784.70 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 2,761.66 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 47,616.85 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

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.

Kerri Kingsbery

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

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 16

| | |
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| 18 FILER NAME Kingsbery, Kerri | 19 Filer ID (Ethics Commission Filers) 00088043 |
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| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 19,384.70 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 400.00 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 1,260.89 |
| 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 | \$ 1,400.77 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 100.00 |
| 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 A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/16 |
| 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/13/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Donald <hr/> 6 Contributor address; City; State; Zip Code Killeen, TX 76549 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Greg <hr/> Contributor address; City; State; Zip Code CopperasCove, TX 76522 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blandford, Mickey <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) McClains RV |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Box, Nita <hr/> Contributor address; City; State; Zip Code Gunter, TX 75058 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, George <hr/> Contributor address; City; State; Zip Code Bowie, TX 76230 | Amount of Contribution (\$) \$2,602.54 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/16 |
| 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarest, Mike <hr/> 6 Contributor address; City; State; Zip Code Gainesville, TX 76240 | 7 Amount of Contribution (\$) \$52.05 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Stephen <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) self |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Gene <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry, Cynthia <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550 | Amount of Contribution (\$) \$26.03 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Robin <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448 | Amount of Contribution (\$) \$341.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/16 |
| 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Beth <hr/> 6 Contributor address; City; State; Zip Code Ranger, TX 76470 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbery, Kerri <hr/> Contributor address; City; State; Zip Code TIOGA, TX 76271 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingsbery, Michael <hr/> Contributor address; City; State; Zip Code Prosper, TX 75033 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) CFO | | Employer (See Instructions) VCM Texas |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddux, Margie <hr/> Contributor address; City; State; Zip Code Eastland, TX 76448 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marta, Ellison <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/16 |
| 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Robby Joe <hr/> 6 Contributor address; City; State; Zip Code Eastland, TX 76448 | 7 Amount of Contribution (\$) \$26.03 |
| 8 Principal occupation / Job title (See Instructions) Sahm | | 9 Employer (See Instructions) Self |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClintock, George <hr/> Contributor address; City; State; Zip Code Kempner, TX 76539 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClintock, Shirley <hr/> Contributor address; City; State; Zip Code Kempner, TX 76539 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mouw, Dianne <hr/> Contributor address; City; State; Zip Code Kempner, TX 76539 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paris, James <hr/> Contributor address; City; State; Zip Code Brownwood, TX 76801 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Handyman | | Employer (See Instructions) South Park Medical |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/16 |
| 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pecha, Ryan <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98115 | 7 Amount of Contribution (\$) \$26.03 |
| 8 Principal occupation / Job title (See Instructions) CPA | | 9 Employer (See Instructions) Self |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poehlmann, Phyllis <hr/> Contributor address; City; State; Zip Code Lometa, TX 76853 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) Self |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poehlmann, Terry <hr/> Contributor address; City; State; Zip Code Lometa, TX 76853 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) Self |
| Date 01/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rials, Linda <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Retired |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stallings, Kyle <hr/> Contributor address; City; State; Zip Code Midland, TX 79702 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Founder/CEO | | Employer (See Instructions) Desert Royalty Company |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/16 |
| 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/20/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Britta | 7 Amount of Contribution (\$) \$30.00 |
| 6 Contributor address; City; State; Zip Code Kempner, TX 76539 | | |
| 8 Principal occupation / Job title (See Instructions) Stay home mom | | 9 Employer (See Instructions) Self |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Warner | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Denton, TX 76207 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Guy | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Brownwood, TX 76804 | | |
| Principal occupation / Job title (See Instructions) Architect | | Employer (See Instructions) Self |
| Date 01/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Kay | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Brownwood, TX 76804 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne, John | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Bowie, TX 76230 | | |
| Principal occupation / Job title (See Instructions) Minister | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/16 |
| 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Renee <hr/> 6 Contributor address; City; State; Zip Code Brownwood, TX 76801 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Ruth <hr/> Contributor address; City; State; Zip Code Cisco, TX 76437 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Direct Sales | | Employer (See Instructions) Self |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/16 | |
| 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/18/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slack, David | 8 Amount of contribution (\$) \$400.00 | 9 In-kind contribution description Food, Beverage, Advertising for Meet and Greet |
| | 7 Contributor address; City; State; Zip Code Gainesville, TX 76240 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 12/16 | 2 FILER NAME Kingsbery, Kerri | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/18/2024 | 5 Payee name Vista Flags | |
| 6 Amount (\$) \$1,260.89 | 7 Payee address; City; State; Zip Code 4834 Derrick Dr Abilene, TX 79601 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign signs and banners |
| 9 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.

| | | | |
|--|---|---|--|
| 1 Total pages Schedule F4: Sch: 1/3 Rpt: 13/16 | 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 CREDIT CARD ISSUER | Name of financial institution Advantage Aviator Mastercard | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$255.00 | (b) Date of Charge 01/03/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Hill Country Publishing | (b) Payee address; City, State, Zip Code 416 S. Live Oak Street Lampasas , TX 76550 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Newspaper Ad |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$27.27 | (b) Date of Charge 01/08/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Mail Chimp | (b) Payee address; City, State, Zip Code 675 Ponce de Leon Ave Atlanta, GA 30301 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Mailing Service |
| | (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 |
| PAYMENT | (a) Amount Charged \$93.68 | (b) Date of Charge 01/07/2024 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Villa Grande Restaurant | (b) Payee address; City, State, Zip Code 201 N. Interstate 35 Gainesville, TX 76240 | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Food for Block Walkers |
| | (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.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: Sch: 2/3 Rpt: 14/16 | 2 FILER NAME Kingsbery, Kerri | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$8.18 | (b) Date of Charge 01/08/2024 |
| 7 PAYEE | (a) Payee name Raceway Station | (c) Date(s) Credit Card Issuer Paid |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Drinks on way to event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | Candidate/Officeholder name | Office sought Office held |
| PAYMENT | (a) Amount Charged \$62.34 | (b) Date of Charge 01/11/2024 |
| PAYEE | (a) Payee name Muddy Mikes Grill | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Payee address; City, State, Zip Code 100 W. 10th Street Cisco, TX 76437 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | Candidate/Officeholder name | Office sought Office held |
| PAYMENT | (a) Amount Charged \$130.30 | (b) Date of Charge 01/12/2024 |
| PAYEE | (a) Payee name Best Western Eastland | (c) Date(s) Credit Card Issuer Paid |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Payee address; City, State, Zip Code 1460 E Main St Eastland, TX 76448 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| | Candidate/Officeholder name | Office sought Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 3/3 Rpt: 15/16 | 2 FILER NAME Kingsbery, Kerri | | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$824.00 | (b) Date of Charge 01/16/2024 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Lamar Advertising | (b) Payee address; City, State, Zip Code 111 W Commerce St Brownwood, TX 76801 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Billboard |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 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 | 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.

| | | |
|--|--|--|
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 16/16 | 2 FILER NAME Kingsbery, Kerri | 3 Filer ID (Ethics Commission Filers) 00088043 |
| 4 Date 01/12/2024 | 5 Payee name Kingsbery, Robert | |
| 6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P O Box 609 TIOGA, TX 76271 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money to purchase fence posts to hang campaign banners. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Kingsbery, Kerri | Office sought State Representative Office held |