

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | | | | | | |
|---|--|---|---------------------------------------|--|-------|------------|------|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00087906 | 2 Total pages filed: 20 | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Kenna M. | MI | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Seiler | SUFFIX | | | | |
| Date Received ELECTRONICALLY FILED 02/26/2024 | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7 Lace Point The Woodlands, TX 77382 | | | Date Hand-delivered or Date Postmarked | | | |
| | | | | Receipt # Amount | | | |
| | | | | Date Processed | | | |
| | | | | Date Imaged | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Alison | MI | | | | |
| | NICKNAME | LAST Kerbow | SUFFIX | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2700 Research Forest Drive Suite 100 The Woodlands, TX 77381 | | | | | | |
| | | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | (281) | 419-7770 | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input 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 checked="" 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 | THROUGH | Month | Day | Year |
| | | 01/26/2024 | | | | 02/24/2024 | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| | | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 4 District 9 | | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 20

13 C / OH NAME Seiler, Kenna M. (Mrs.) **14** Filer ID (Ethics Commission Filers)
00087906

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

| | |
|---|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input checked="" type="checkbox"/> GENERAL | Republican Voters of Texas PAC |
| <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | 30310 Charlie Lane |
| | Magnolia, TX 77355 |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | Stuckey, Linda |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| | 30310 Charlie Lane |
| | Magnolia, TX 77355 |

| | | | |
|-------------------------------|--|----|------------|
| 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) | \$ | 17,704.79 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 154,949.74 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 13,663.63 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 114,556.56 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Kenna M. Seiler

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM **JC/OH**
ADDENDUM

Page 3 of 20

| | | | |
|-------------|-------------------------|----------|----------------------------|
| C / OH NAME | Seiler, Kenna M. (Mrs.) | Filer ID | (Ethics Commission Filers) |
| | | 00087906 | |

| | | |
|---------------------------------------|---|---|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | .. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures .. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input checked="" type="checkbox"/> GENERAL | Texas Alliance for Life PAC |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS |
| | | 8000 Centre Park Drive Suite 380 Austin, TX 78754 |
| | COMMITTEE CAMPAIGN TREASURER NAME | Shaw, James |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | 4505 Corazon Cv Round Rock, TX 78681 |

SUBTOTALS - JC/OH

| | | | |
|---|---|--------------------------------|----------------------------|
| 18 FILER NAME Seiler, Kenna M. (Mrs.) | | 19 Filer ID 00087906 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS | | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ | 16,550.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 1,154.79 |
| 3. | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ | |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ | 114,556.56 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 136,036.02 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 16,319.50 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 1,874.22 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 720.00 |
| 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 A(J)1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 5/20 |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 02/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Steven (Mr.) | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Magnolia, TX 77354 | |
| 8 Contributor's Principal Occupation retired | | 9 Contributor's Job Title retired |
| 10 Contributor's employer/law firm retired | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Hunter | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77056 | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Shareholder |
| Contributor's employer/law firm Andrews Myers, P.C. | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Diane (Mrs.) | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Conroe, TX 77384 | |
| Contributor's Principal Occupation retired | | Contributor's Job Title retired |
| Contributor's employer/law firm retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/5 Rpt: 6/20 |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 01/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, Beverly (Mrs.) | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code The Woodlands, TX 77381 | | |
| 8 Contributor's Principal Occupation retired | | 9 Contributor's Job Title retired |
| 10 Contributor's employer/law firm retired | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butaud, Casey (Mr.) | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Montgomery, TX 77316 | | |
| Contributor's Principal Occupation real estate | | Contributor's Job Title owner |
| Contributor's employer/law firm self employed | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Betty (Ms.) | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code The Woodlands, TX 77381 | | |
| Contributor's Principal Occupation retired | | Contributor's Job Title retired |
| Contributor's employer/law firm retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/5 Rpt: 7/20 |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 02/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Mary Lea (Mrs.) | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380 | | |
| 8 Contributor's Principal Occupation retired | | 9 Contributor's Job Title retired |
| 10 Contributor's employer/law firm retired | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Kevin (Mr.) | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Houston, TX 77057 | | |
| Contributor's Principal Occupation Attorney | | Contributor's Job Title Attorney |
| Contributor's employer/law firm Kevin R. Knight, P.C. | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulis, Merrilyn (Ms.) | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code The Woodlands, TX 77381 | | |
| Contributor's Principal Occupation retired | | Contributor's Job Title retired |
| Contributor's employer/law firm retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/5 Rpt: 8/20 |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 01/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Mahesh (Mr.) | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Spring, TX 77379 | | |
| 8 Contributor's Principal Occupation Hotelier | | 9 Contributor's Job Title owner |
| 10 Contributor's employer/law firm Fairlight Management Company | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Patrick (Mr.) | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code Conroe, TX 77301 | | |
| Contributor's Principal Occupation atorney | | Contributor's Job Title attorney |
| Contributor's employer/law firm Scott Law Firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipp, Hamilton (Mr.) | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code The Woodlands, TX 77384 | | |
| Contributor's Principal Occupation retired | | Contributor's Job Title retired |
| Contributor's employer/law firm retired | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 5/5 Rpt: 9/20 |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 02/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stomberg, Karl (Mr.) | 7 Amount of Contribution (\$) \$5,000.00 |
| 6 Contributor address; City; State; Zip Code Spring, TX 77382 | | |
| 8 Contributor's Principal Occupation owner | | 9 Contributor's Job Title owner |
| 10 Contributor's employer/law firm Viking Hiline | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas Political Action Committee | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77002 | | |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

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: 10/20 | |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/29/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Marie (Ms.) 7 Contributor address; City; State; Zip Code Beaumont, TX 77706 | 8 Amount of contribution (\$) \$310.37 | 9 In-kind contribution description food for reception |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) retired | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) retired | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) retired | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Pearl (Ms.) Contributor address; City; State; Zip Code The Woodlands, TX 77384 | Amount of contribution (\$) \$422.21 | In-kind contribution description food and beverages for reception |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) retired | | Contributor's job title (FOR JUDICIAL) (See instructions) retired | |
| Contributor's employer/law firm (FOR JUDICIAL) retired | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Alice (Mrs.) Contributor address; City; State; Zip Code Conroe, TX 77385 | Amount of contribution (\$) \$422.21 | In-kind contribution description food and drink for event |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) retired | | Contributor's job title (FOR JUDICIAL) (See instructions) retired | |
| Contributor's employer/law firm (FOR JUDICIAL) retired | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

LOANS (JUDICIAL)

SCHEDULE E(J)

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E(J): Sch: 1/2 Rpt: 11/20 |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 02/23/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiler, Kenna | 9 Loan Amount (\$) \$22,226.56 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code The Woodlands, TX 77382 | 10 Interest Rate 0 |
| | | 11 Maturity Date 04/23/2024 |
| 12 Lender's Principal Occupation Attorney | | 13 Lender's Job Title Attorney |
| 14 Lender's Employer/Law Firm Seiler Rapp & Guerra | | 15 Law Firm of lender's spouse (if any) Seiler Rapp & Guerra |
| 16 If lender is child, law firm of parent(s) (if any) | | |
| 17 Description of Collateral <input checked="" type="checkbox"/> None | | 18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 20 Name of guarantor _____ 21 Guarantor address; City; State; Zip Code _____ | 22 Amount Guaranteed (\$) |
| 23 Guarantor's Principal Occupation | | 24 Guarantor's Job Title |
| 25 Guarantor's Employer/Law Firm | | 26 Law Firm of guarantor's spouse (if any) |
| 27 If guarantor is child, law firm of parent(s) (if any) | | |

LOANS (JUDICIAL)

SCHEDULE E(J)

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E(J): Sch: 2/2 Rpt: 12/20 |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 02/13/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiler, Kenna | 9 Loan Amount (\$) \$92,330.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code The Woodlands, TX 77382 | 10 Interest Rate |
| | | 11 Maturity Date 04/13/2024 |
| 12 Lender's Principal Occupation Attorney | | 13 Lender's Job Title Attorney |
| 14 Lender's Employer/Law Firm Seiler Rapp & Geurra | | 15 Law Firm of lender's spouse (if any) Seiler Rapp & Guerra |
| 16 If lender is child, law firm of parent(s) (if any) | | |
| 17 Description of Collateral <input checked="" type="checkbox"/> None | | 18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 20 Name of guarantor | 22 Amount Guaranteed (\$) |
| | 21 Guarantor address; City; State; Zip Code | |
| 23 Guarantor's Principal Occupation | | 24 Guarantor's Job Title |
| 25 Guarantor's Employer/Law Firm | | 26 Law Firm of guarantor's spouse (if any) |
| 27 If guarantor is 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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/4 Rpt: 13/20 | 2 FILER NAME Seiler, Kenna M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 01/28/2024 | 5 Payee name Anedot, Inc. | |
| 6 Amount (\$) \$40.30 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/30/2024 | Payee name Anedot, Inc. | |
| Amount (\$) \$2.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name Anedot, Inc. | |
| Amount (\$) \$100.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 2/4 Rpt: 14/20 | 2 FILER NAME Seiler, Kenna M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 02/06/2024 | 5 Payee name Anedot, Inc. | |
| 6 Amount (\$) \$40.30 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/09/2024 | Payee name Anedot, Inc. | |
| Amount (\$) \$100.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2024 | Payee name Anedot, Inc. | |
| Amount (\$) \$200.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/4 Rpt: 15/20 | 2 FILER NAME Seiler, Kenna M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 02/15/2024 | 5 Payee name Anedot, Inc. | |
| 6 Amount (\$) \$4.30 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/23/2024 | Payee name Anedot, Inc. | |
| Amount (\$) \$20.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transaction fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/08/2024 | Payee name Neumann and Company | |
| Amount (\$) \$20,971.06 | Payee address; City; State; Zip Code 5417 Pine Street Bellaire, TX 77401 | |
| 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 Print services, design services, mail services and postage |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 4/4 Rpt: 16/20 | 2 FILER NAME Seiler, Kenna M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087906 |
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|-----------------------------|--|
| 4 Date 02/20/2024 | 5 Payee name Neumann and Company |
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|-------------------------------------|---|
| 6 Amount (\$) \$22,226.56 | 7 Payee address; City; State; Zip Code 5417 Pine Street Bellaire, TX 77401 |
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| 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 printing and postage |
|---------------------------------|--|--|

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

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| Date 02/13/2024 | Payee name Strategic Media Services, Inc. |
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| Amount (\$) \$92,330.00 | Payee address; City; State; Zip Code 4601 North Fairfax Drive Suite 730 Arlington, VA 22203 |
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| 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 media and production |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 1/1 Rpt: 17/20 | 2 FILER NAME Seiler, Kenna M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087906 |
|--|--|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
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|-----------------------------|---|
| 5 Date 02/24/2024 | 6 Payee name Farrell Gjesdal Strategy Group |
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| 7 Amount (\$) \$16,319.50 | 8 Payee address; City; State; Zip Code 4040 Highway 6 Suite 200 College Station, TX 77845 |
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| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
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| 10 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 Consulting, texting, meta ad buy, OTTA video placement |
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| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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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: 1/1 Rpt: 18/20 | | 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 | |
| 4 CREDIT CARD ISSUER | | Name of financial institution American Express | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ | |
| 6 PAYMENT | | (a) Amount Charged \$1,726.22 | (b) Date of Charge 02/15/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 PAYEE | | (a) Payee name Rush Order Tees | | (b) Payee address; City, State, Zip Code 2727 Commerce Way Philadelphia, PA 19154 | |
| 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 tee shirts | |
| | | (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 \$48.00 | (b) Date of Charge 01/28/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Lake Conroe Area Republican | | (b) Payee address; City, State, Zip Code P.O. Box 737 Montgomery, TX 77356 | |
| 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 meal | |
| | | (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 \$100.00 | (b) Date of Charge 02/09/2024 | (c) Date(s) Credit Card Issuer Paid | |
| PAYEE | | (a) Payee name Conroe/Lake Conroe Chamber of | | (b) Payee address; City, State, Zip Code P.O. Box 2347 Conroe, TX 77305 | |
| 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 Go Texan parade | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate/Officeholder name | | Office sought | |
| | | | | Office held | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule G: Sch: 1/1 Rpt: 19/20 | 2 FILER NAME Seiler, Kenna M. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00087906 |
| 4 Date 02/16/2024 | 5 Payee name Nancy Hart Republican Women | |
| 6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code P.O. Box 597 Cleveland, TX 77328 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 fee for table |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 02/23/2024 | Payee name Polk County Republican Club | |
| Amount (\$) \$500.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 674 Livingston, TX 77351 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense auction item purchase |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |
| Date 02/11/2024 | Payee name Zamzow, Melissa (Mrs.) | |
| Amount (\$) \$120.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 709 Meadow Lane Bowie, TX 76230 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cookies for Candidate Forum |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | |

OUTSTANDING LOANS

SCHEDULE L

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule L: Sch: 1/1 Rpt: 20/20 |
| 2 FILER NAME Seiler, Kenna M. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00087906 |
| LENDER INFORMATION | 4 Name of lender Seiler, Kenna (Mrs.) | |
| | 5 Lender address; City; State; Zip Code The Woodlands, TX 77382 | |
| GUARANTOR INFORMATION | 6 Name of guarantor | |
| | <input checked="" type="checkbox"/> not applicable 7 Guarantor address; City; State; Zip Code | |