## 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: 20
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER	Kerri		
NAME			Date Received
			ELECTRONICALLY FILED
	NICKNAME LAST	SUFFIX	
	Kingsbery		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	CITY; ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	469 Harpole Road		
ADDRESS			Receipt # Amount
Change of Address	Tioga, TX 76271		
	110ga, 1X 70271		Date Processed
			Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER	Kerri		
NAME	Kenn		
	NICKNAME LAST	SUFFIX	
	Kingsbery		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE	); APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER	-	<i>),</i> AF1730HL#, CH1,	STATE, ZIP CODE
ADDRESS	469 Harpole Road		
(Residence or Business)			
	Tioga, TX 76271		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	(214) 681-9916		
PHONE			
8 REPORT			
TYPE	January 15 30th day bef	ore election Runoff	15th day after campaign treasurer
			appointment (officeholder only)
	July 15 X 8th day befo		Final Report (Attach C/OH-FR)
		reporting limit	-
9 PERIOD	Month Day Year	Month Day	Year
COVERED	-	THROUGH 02/24/202	
	01/20/2024	02/24/202	.4
10 ELECTION	ELECTION DATE		_
	Month Day Year X	Primary Runoff	Other
	03/05/2024	General Special	
44.055105			
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT	
		State Represent	ative district 68
	1	I	
	GC	TO PAGE 2	
Forms provided by Te	exas Ethics Commission www.	ethics.state.tx.us	Version V3.5.1.9000c47

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 20

<b>13</b> C / OH NAME	Kingsbery, Kerri		14 Filer ID ( 00088043	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	oolitical contributions accepted or political expend These expenditures may have been made withou I officeholders are required to report this informati	t the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		<b>\$</b> 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAM	IS)	<b>\$</b> 13,620.76
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES \$ 44,928.30			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 15,274.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	<b>\$</b> 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	
			Kerri Kingsbery	
			of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH	FOR OVER SHE	M C/OH ET PG 3 3 of 20	
18 FILER NAME Kingsbery, Kerri	19 Filer ID 00088043	(Ethics Commi	ssion Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOT	AL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,140.76
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	480.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	37,648.22
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	7,280.08
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	DNS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/20
<b>3</b> Filer ID (Ethics Commission Filers)
00088043
7 Amount of Contribution (\$)
\$20.00
Amount of Contribution (\$)
\$100.00
Amount of Contribution (\$)
\$100.00
Amount of Contribution (\$)
\$50.00
Amount of Contribution (\$)
\$50.00
3

_							
	The Instruc	ction Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/20	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Kingsbery, K	erri				00088043	-
4	Date	5 Full name of contributor 🗌 ou	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/16/2024	Bledsoe, Mittie					\$50.00
		6 Contributor address; City; State; Zi	p Code				
			-				
		Carbon, TX 76435					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/16/2024	Brown, Dennis					\$25.00
		Contributor address; City; State; Zi	p Code				
		Olney, TX 76374			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
	Date		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/16/2024	Brown, Sue					\$25.00
		Contributor address; City; State; Zij	p Code				
		Olney, TX 76374					
<u> </u>	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> יו		
	Retired				<i>י</i> י		
⊨	Date	Full name of contributor	It-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/18/2024	Buchanan, Anne		)			\$104.10
	02/10/2024	Contributor address; City; State; Zi	in Code				φ <u>1</u> 04.10
		Contributor address, City, State, Zij	p code				
		Gorman, TX 76454					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
╞	Date	Full name of contributor	It-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/16/2024	Bussey, Becky					\$20.00
		Contributor address; City; State; Zi	p Code				
		Gorman, TX 76454					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
1							

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/20	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Kingsbery, K	.erri			00088043	,
4	Date	5 Full name of contributor out-of-state PAC (ID	)#:)	7	Amount of Contribution (\$)	
	02/16/2024	Clark, Jack				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Lampasas, TX 76550				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	CPA		Assoc Financial Consult	tan	ts	
	Date	Full name of contributor 🔲 out-of-state PAC (ID	D#:)	T	Amount of Contribution (\$)	
	02/16/2024	Cumbre, Bobby Jack				\$30.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Gorman, TX 76454				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Farm/Ranch		Self			
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Ι	Amount of Contribution (\$)	
	02/16/2024	Cumbre, Gwen				\$30.00
		Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Gorman, TX 76454				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Farm/Ranch		Self			
	Date	Full name of contributor 🔲 out-of-state PAC (ID	D#:)	Γ	Amount of Contribution (\$)	
	02/08/2024	Donnell, Davy				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ł					
		Eliasville, TX 76481				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Managemen	t	Boaz Dept Store			
	Date	Full name of contributor Out-of-state PAC (ID	)#:)	T	Amount of Contribution (\$)	
	02/08/2024	Donnell, Gina				\$50.00
	ļ	Contributor address; City; State; Zip Code		1		
	ł					
	ł					
		Eliasville, TX 76481	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Managemen	t	Boaz Dept Store			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/20	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Kingsbery, K	erri			00088043	
4	Date	5 Full name of contributor Out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	02/14/2024	Franklin, Beth				\$150.00
		6 Contributor address; City; State; Zip Code		•		+200.00
		Lampasas , TX 76550				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
Ĺ	Retired					
	Date	Full name of contributor 🔲 out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	02/14/2024	Franklin, Gary (Lt.)				\$150.00
		Contributor address; City; State; Zip Code		1		
		Lampasas, TX 76550				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID	)#:)		Amount of Contribution (\$)	
	02/16/2024	Herndon, Robert				\$50.00
		Contributor address; City; State; Zip Code		1		
		Nacona, TX 76255				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
Γ	Date	Full name of contributor 🛛 out-of-state PAC (ID	)#:)	Γ	Amount of Contribution (\$)	
	02/16/2024	Herndon, Winifred				\$50.00
		Contributor address; City; State; Zip Code		1		
		Nacona, TX 76255				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID	)#:)	Γ	Amount of Contribution (\$)	
	02/07/2024	Hilliard, Ann				\$5,205.08
		Contributor address; City; State; Zip Code		1		
1		Show Low, AZ 85901				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1	Retired		Retired			
⊢			I			
1						

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/20	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Kingsbery, K				00088043	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	02/24/2024	Holmes, William				\$2,500.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
_	Dringing oppu	Midland, TX 78702		<u> </u>		
8	Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 500.00
	02/16/2024					\$500.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Brownwood, TX 76801				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	د) ا		
	Retired			5)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	02/16/2024	Full name of contributor out-of-state PAC (ID#: Kritnz, Richard	)			\$100.00
				•		Ψ100.00
	l	Continution address, City, State, Zip Code				
	I					
	l	Eastland, TX 76448				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	02/09/2024	Lack, Tom				\$50.00
		Contributor address; City; State; Zip Code		1		
	l					
	I					
		Early, TX 76802				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	02/16/2024	Maddux, Margie		]		\$50.00
	l	Contributor address; City; State; Zip Code		]		
	I					
	I	Factord TV 76440				
	Drinsipal acou	Eastland, TX 76448		<u> </u>		
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Reuleu		Relifeu			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete	this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/20	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Kingsbery, K	Cerri				00088043	
4	Date	5 Full name of contributor Out-of-state PA	AC (ID#:	)	7	Amount of Contribution (\$)	
	02/16/2024	Miller, Thomas	· · _				\$20.00
		6 Contributor address; City; State; Zip Code					-
		San Antonio, TX 78219					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<b>.</b> 5)		
	Artist			Self			
⊨	Date	Full name of contributor Out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	01/30/2024	Mitchell, Michael		······································		,	\$500.00
		Contributor address; City; State; Zip Code					<b>T</b>
		Goldthwaite, TX 76844					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<b>.</b> 5)		
	Partner			Mitchell Energy			
╞	Date	Full name of contributor out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	01/31/2024	Mouw, Dianne	` -			-	\$1,042.10
							-
		Kempner, TX 76539					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	02/16/2024	Neece, Gerald					\$50.00
		Contributor address; City; State; Zip Code					
		Gorman, TX 76454					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor out-of-state PA	AC (ID#:	)		Amount of Contribution (\$)	
	02/10/2024	Pack, Marla					\$156.15
		Contributor address; City; State; Zip Code					
		Eastland, TX 76448					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
I							

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/20			
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Kingsbery, K	Cerri			00088043	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	02/16/2024	Perry, David				\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Gorman, TX 76454				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Mayor Gorman					
	Date	Date         Full name of contributor         out-of-state PAC (ID#:)			Amount of Contribution (\$)	
	02/08/2024	02/08/2024 Taylor, Julia				\$104.10
		Contributor address; City; State; Zip Code				
	Brownwood, TX 76084					
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	CPA		Self			
	Date     Full name of contributor     out-of-state PAC (ID#:)       02/08/2024     Taylor, Ronald		)		Amount of Contribution (\$)	
				]		\$104.10
		Contributor address; City; State; Zip Code				
		Brownwood, TX 76801				
$\vdash$	Princinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Retired			3)		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	02/06/2024		)			\$50.00
	02,00,2021	Contributor address; City; State; Zip Code				<i><b>400.00</b></i>
		Brownwood, TX 76801				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Geologist		Self			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/26/2024	Thistlethwaite, Barry				\$26.03
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75238				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Technical W	riter	GXO			
1						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/9 Rpt: 11/20 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Kingsbery, Kerri 00088043 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/31/2024 Tillman, Calvin \$104.10 6 Contributor address; City; State; Zip Code Valley View, TX 76272 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) FAA SASE Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/13/2024 \$50.00 Toppert, Mark Allen Contributor address; City; State; Zip Code Mullin, TX 76864 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 02/16/2024 \$60.00 Wesson, Larry Contributor address; City; State; Zip Code Eastland, TX 76448 Principal occupation / Job title (See Instructions) Employer (See Instructions) Leon River CB Church Minister Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/26/2024 White, Pamela \$160.00 Contributor address; City; State; Zip Code Eastland, TX 76448 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/26/2024 \$160.00 White, Ronald Contributor address; City; State; Zip Code Eastland, TX 76448 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/20
2 FILER NAME Kingsbery, Kerri	3 Filer ID (Ethics Commission Filers) 00088043
4 Date       5 Full name of contributor       out-of-state PAC (ID#:)         02/01/2024       Willingham, Nancy         6 Contributor address; City; State; Zip Code         Valley: View: TX 76272	7 Amount of Contribution (\$) 
Valley View, TX 76272       8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Retired	ons)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 13/20			
2	2 FILER NAME				Filer ID (Ethics Commission Filers)	
	Kingsbery, I	Kerri			00088043	
<sup>4</sup> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS						
5	Date 02/24/2024			8	Amount of 9 In-kind contribution contribution (\$) description \$480.00 I Signs	
		Gainesville, TX 76240			Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON	-JU	JDICIAL) (See instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)			<b>15</b> Law firm of contributo	or'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	

Advertising Expense Accounting Expense Consulting Expense Consulting C
1       Total pages Schedule F1:       2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         2       Sch: 1/3 Rpt: 14/20       5       Payee name       00088043       00088043         4       Date       5       Payee name       Catamaran Consulting       00088043       00088043         6       Amount (\$)       7       Payee address;       City;       State;       Zip Code       1920 Hillhurst Ave         1       1920 Hillhurst Ave       Los Angeles, CA 90027       Los Angeles, CA 90027       Image: Check if travel outside of Texas. Complete Schedule T.         8       PURPOSE       OF       Advertising Expense       Check if travel outside of Texas. Complete Schedule T.         9       Complete ONLLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Oate       Payee name       Catamaran Consulting       Office sought       Office held         Date       Payee name       Catamaran Consulting       Office sought       Office held       Office held         Amount (\$)       Payee address;       City;       State; Zip Code       Office held       State; Zip Code
Sch: 1/3 Rpt: 14/20       Kingsbery, Kerri       00088043         4       Date 02/05/2024       5       Payee name Catamaran Consulting         6       Amount (\$) \$12,107.00       7       Payee address; City; State; Zip Code 1920 Hillhurst Ave         8       PURPOSE OF EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Advertising Expense       (b) Description Check if rusei outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Itving expense         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name Catamaran Consulting       Office sought       Office held         Date 02/09/2024       Payee name Catamaran Consulting       Office sought       Office held       Office held         Amount (\$)       Payee address; City; State; Zip Code       State; Zip Code       Office held       Office held
4       Date       5       Payee name         02/05/2024       5       Payee name       Catamaran Consulting         6       Amount (\$)       7       Payee address; City; State; Zip Code         1920 Hillhurst Ave       Los Angeles, CA 90027         8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Gheck if travel outside of Texas. Complete Schedule T.       Check if travel outside of Texas. Complete Schedule T.         OF EXPENDITURE       Candidate/Officeholder name       Office sought       Office held         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Catamaran Consulting       Amount (\$)       Payee address; City; State; Zip Code
02/05/2024       Catamaran Consulting         6 Amount (\$) \$12,107.00       7 Payee address; City; State; Zip Code 1920 Hillhurst Ave Los Angeles, CA 90027         8 PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail         9 Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name Catamaran Consulting       Office souph Catamaran Consulting       Office held         Date 02/09/2024       Payee name Catamaran Consulting       Payee address; City; State; Zip Code       Office held
6 Amount (\$)       7 Payee address; City; State; Zip Code         \$ \$12,107.00       1920 Hillhurst Ave         Los Angeles, CA 90027         8 PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)         Advertising Expense       (b) Description         Check if ravel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Direct Mail         9 Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Catamaran Consulting       Catamaran Consulting       Amount (\$)       Payee address; City; State; Zip Code
\$12,107.00 1920 Hillhurst Ave   Los Angeles, CA 90027   8 PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule) Advertising Expense   (b) Description 
Image: Section of the section of th
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description Check if varel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name Office sought       Office held         Date       Payee name O2/09/2024       Payee name Catamaran Consulting       Office State; Zip Code         Amount (\$)       Payee address; City; State; Zip Code       State; Zip Code
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name Office sought       Office held         Date       Payee name O2/09/2024       Payee name Catamaran Consulting       Office State; Zip Code         Amount (\$)       Payee address; City; State; Zip Code       State; Zip Code
OF EXPENDITURE       Advertising Expense       Advertising Expense       Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 02/09/2024       Payee name Catamaran Consulting       Payee address; City;       State; Zip Code
OF EXPENDITURE       Advertising Expense       Advertising Expense       Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 02/09/2024       Payee name Catamaran Consulting       Payee address; City;       State; Zip Code
Payee name       Office sought       Office held         02/09/2024       Payee name       Catamaran Consulting         Amount (\$)       Payee address; City; State; Zip Code
9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Office name       Office name       Office held         02/09/2024       Catamaran Consulting       Catamaran Consulting       Office name         Amount (\$)       Payee address; City; State; Zip Code       State; Zip Code
expenditure to benefit C/OH     Payee name       Date     Payee name       02/09/2024     Catamaran Consulting       Amount (\$)     Payee address; City; State; Zip Code
expenditure to benefit C/OH     Payee name       Date     Payee name       02/09/2024     Catamaran Consulting       Amount (\$)     Payee address; City; State; Zip Code
02/09/2024     Catamaran Consulting       Amount (\$)     Payee address; City; State; Zip Code
Amount (\$)     Payee address;     City;     State;     Zip Code
Los Angeles, CA 90027
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF       Advertising Expense       Check if travel outside of Texas. Complete Schedule T.         EXPENDITURE       Check if Austin, TX, officeholder living expense
Direct Mail
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH
Date Payee name
02/13/2024 Catamaran Consulting
Amount (\$) Payee address; City; State; Zip Code
\$12,107.00 1920 Hillhurst Ave
\$12,107.00 1920 Hinnuist Ave
Los Angeles, CA 90027
PURPOSE     (a) Category     (See Categories listed at the top of this schedule)     (b) Description       OF     A duraticities Fundamental     Description
OF     Advertising Expense     Check if travel outside of Texas. Complete Schedule T.       EXPENDITURE     Check if Austin, TX, officeholder living expense
Direct Mail
Complete ONLY if direct Candidate/Officeholder name Office sought Office held
Complete ONLY in direct Candidate/Oncendider name Once soudhit Once neur
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a)           Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense           I Committee         Legal Services           Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 2/3 Rpt: 15/20	Kingsbery, Kerri	00088043					
4	Date 02/01/2024	5 Payee name Primary Media						
6	Amount (\$) \$750.00	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>2511 Boll Street</li> <li>Dallas, TX 75204</li> </ul>						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
F	Date	Payee name						
	02/24/2024	Sacred Heart Muenster						
	Amount (\$) \$120.85	Payee address; City; State; Zip Code 153 E. 6th St						
		Muenster, TX 76252						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense et Voters					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
F	Date	Payee name						
	02/14/2024	Vista Flags						
	Amount (\$) \$179.47	Payee address; City; State; Zip Code 4834 Derrick Dr						
		Abilene, TX 79601						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ANNERS					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
F								

CONTRIBUTIO	PENDITURES FR NS		AL	SCHEDULE F1
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage y - Gift/Awards/Men	Expense Office C Polling norials Expense Printing	DR BOX 8(a) epayment/Reimbursement Dverhead/Rental Expense Expense Expense S/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment Total pages Schedule F1: Sch: 3/3 Rpt: 16/20	The Instructi	on Guide explains how to		3 Filer ID (Ethics Commission Filers) 00088043
Date 02/24/2024	<ul> <li>5 Payee name Vista Flags</li> <li>7 Payee address: City;</li> </ul>	Stata: Zin (	Code	
Amount (\$) \$276.90	<ul> <li>Payee address; City;</li> <li>4834 Derrick Dr</li> <li>Abilene, TX 79601</li> </ul>	State; Zip (	Lode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories list Advertising Expense	ted at the top of this schedule)	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense Signs and Banners
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder nan H	ne Office so	ought	Office held

## EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	r - Gift/Award	erage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel in District Travel Out of District OTHER (enter a category not listed above		
	The Inst	ruction Guide explains I	how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)
Sch: 1/4 Rpt: 17/20	Kingsbery, Kerri			00088043		
4 CREDIT CARD ISSUER		ncial institution or Red Mastercard	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$42.85	01/26/2024				
7 PAYEE	(a) Payee name Buc-ee's		(b) Payee address; 15901 N Fwy	City,	State,	Zip Code
			Ft. Worth, TX 76177			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Travel In District	of this schedule)	Travel to Lampasas Mee	et and Greet		
X Political						
Non-Political	I	of Texas. Complete Schedule		X, officeholder living expe	nse	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Office sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$98.98	(b) Date of Charge 01/26/2024	(c) Date(s) Credit Card Issu	er Paid		
PAYEE	(a) Payee name Giovannis 2 Italian	Restaurant	(b) Payee address; 801 S Key Ave Lampasas, TX 76550	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meal following Lampasa	s Meet and Greet	t	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T.	X, officeholder living expe	nse	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name C	Diffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$58.90	01/26/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	JR's Chophouse		North Main Street Jacksboro, TX 76458			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Meet and Greet Food ar	nd Beverage		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		X, officeholder living expe	nse	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	Diffice sought	Office held		
expenditure to benefit C/OH			~ 			

**EXPENDITURE CATEGORIES FOR BOX 10(a)** 

EXPENDITURES	MADE BY	CREDIT	CARD
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EXPENDITURE CATEGORIES FOR BOX 10(a)							
Accounting/Banking Fee Consulting Expense Foo Contributions/ Donations Made By - Gif		ense erage Expense Is/Memorials Expense vices	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	nt & Related I		
	The Inst	ruction Guide explains h	now to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 2/4 Rpt: 18/20	Kingsbery, Kerri			00088043			
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	IT <b>\$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid			
	\$44.92	01/27/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Vacuus ( 1067		7201 I-20				
	Yesway 1067						
			Ranger, TX 76470				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Description	od Croat			
	Travel In District		gas to Eastland Meet and Greet				
X Political							
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living exp Office held	oense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid			
	\$5.08	01/27/2024					
PAYEE	(a) Payee name	-	(b) Payee address;	City,	State,	Zip Code	
	Chicken Express		7201   20				
			Paper TV 76470				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Traveling to Meet and G	reet Eastland			
X Political	Food/Beverage Expe	nse					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin T	X, officeholder living exp	ense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder		ffice sought	Office held			
expenditure to benefit C/OH			,				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid			
	\$652.05	01/27/2024					
PAYEE	(a) Payee name	<u>.</u>	(b) Payee address;	City,	State,	Zip Code	
	Eastland County To	odav	S Seeman St				
		Juay					
			Eastland, TX 76448				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign Ads				
X Political	Advertising Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		X, officeholder living exp	oense		
Complete ONLY if direct	Candidate/Officeholder	r name O	ffice sought	Office held			
expenditure to benefit C/OH							

	EXPENDITURE CATEGORIES FOR BOX 10(a)								
	Advertising Expense Accounting/Banking	Event Expe Fees		Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense					
	Consulting Expense Contributions/ Donations Made By		rage Expense	Polling Expense Printing Expense	Travel in District Travel Out of District				
	Candidate/Officeholder/Politica	l Committee Legal Serv	ices	Salaries/Wages/Contract Labor	OTHER (enter a catego	ory not listed at	oove)		
			ruction Guide explains he	ow to complete this form.	i				
1	Total pages Schedule F4:				3 Filer ID (Eth	nics Commiss	sion Filers)		
	Sch: 3/4 Rpt: 19/20	Kingsbery, Kerri			00088043				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZ EXPENDITURES	ED \$				
	ISSUER	see p	revious	CHARGED TO A CRE					
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
		\$40.69	01/27/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		Shell Oil		107 W 1-20					
				Weatherford, TX 7608	7				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	Tootland				
		Travel In District	<b>,</b>	Gas to block walking Eastland					
	X Political								
	Non-Political		of Texas. Complete Schedule		n, TX, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
		\$17.85	01/26/2024						
	PAYEE				0.1		i o -		
	PATEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
		eventbrite		95 Third St					
				San Francisco, CA 74	102				
⊢	PURPOSE OF	(a) Category		(b) Description	102				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Meet and Greet with A	ttorney General ł	Ken Paxto	n, entry		
	X Political	Event Expense		fee					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austir	n, TX, officeholder living ex	mense			
⊢	Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held				
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
		\$126.11	01/26/2024						
⊢	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
				1504 Key Ave					
		Best Western lamp	asas						
L				Lampasas, TX 76550					
	PURPOSE OF	(a) Category		(b) Description					
		(See Categories listed at the top Travel In District	or this schedule)	Hotel following meetin	g				
	X Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule 1	T. Check if Austir	n, TX, officeholder living ex	pense			
	Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held				
e	xpenditure to benefit C/OH								
-									

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense     Event Exp       Accounting/Banking     Fees       Consulting Expense     Food/Bev       Contributions/ Donations Made By -     Gitf/Award       Candidate/Officeholder/Political Committee     Legal Ser		rage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commiss						sion Filers)	
Sch: 4/4 Rpt: 20/20	Kingsbery, Kerri			00088043			
4 CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZE				
ISSUER	see previous		EXPENDITURES CHARGED TO A CRED CARD	ит <b> \$</b>			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$8.99	01/26/2024					
7 PAYEE	(a) Payee name Gainesville Daily News		(b) Payee address;	City,	State,	Zip Code	
			306 California St.				
			Gainesville, TX 76240				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description				
	Office Overhead/Ren		Subscription				
X Political							
Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	ense		
9 Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$3.66	01/27/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Fedex Office		4152 W Spring Creek Pkwy				
			Plano, TX 75024 (b) Description				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Campaign copies				
X Political	Advertising Expense		oumpaign copies				
Non-Political		of Texas. Complete Schedule 1		TX, officeholder living exp	00000		
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	•	fice sought	Office held	ense		
expenditure to benefit C/OH			0				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$6,180.00	02/01/2024					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code	
	Catamaran Consulting		1920 Hillhurst Ave				
			Los Angeles, CA 90027	-			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Campaign Consulting				
X Political	Consulting Expense		Campaign Consulting				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.						
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held			
expenditure to benefit C/OH							