FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087866 14 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Cheyenne NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Minick CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 1570 MAILING Receipt # Amount **ADDRESS** Change of Address Killeen, TX 76541 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Chester W. NAME NICKNAME LAST **SUFFIX** Southworth STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 5302 Deerwood Trail **ADDRESS** (Residence or Business) Killeen, TX 76542 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (254) 535-2142 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 27

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Minick, Cheyenne (M	r.)		14 Filer ID 00087866	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditures may have been made without trequired to report this information	he candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAI	ME			
ш	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAI	MPAIGN TREASURER NAME			
		COMMITTEE CAI	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS(OTHER THAN R CONTRIBUTIONS MADE ELEC		\$ \$	0.00
		ICAL CONTRIBU	UTIONS S, OR GUARANTEES OF LOANS	5)	\$	5,100.00
EXPENDITURE TOTALS	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	IZED POLITICAL E		,	\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	4,777.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	10,879.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	26,300.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	of perjury, that the I information require	accompanying d to be reporte	report is ed by me
				Cheyenne Minick		
			Signature of	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of off	icer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	COVER SHEET PG 3 3 of 14
18 FILER NAME Minick, Cheyenne (Mr.) 19 Filer ID 000878	,
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 5,100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. X SCHEDULE E(J): LOANS (JUDICIAL)	\$ 9,600.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,777.81
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
	•

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/14
2	FILER NAME Minick, Chey	/enne (Mr.)			3	Filer ID (Ethics Commission Filers) 00087866
4	Date 01/30/2024	5 Full name of contributor Barbosa, Aida (Ms.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Killeen, TX 76542				
8	·					
	Retired			Retired		
10	O Contributor's None	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
		, , , , , , , , , , , , , , , , , , , ,	•			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/15/2024	Brown, Gregory Contributor address; City;	State; Zip Code		•	\$1,000.00
		Wetherford, TX 76087				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Self Employes Owner					
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	La Salle Cat					
	If contributor is	s a child, law firm of parent(s) (if	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	02/15/2024	Brown, Gregory (Mr.)				\$1,000.00
		Contributor address; City;	State; Zip Code		•	
_	Contributor's	Weatherford, TX 76087 Principal Occupation		Contributor's Job Title		
	Self - Emplo			Owner		
-	-			Law firm of contributor's sp	oous	se (if anv)
	Contributor's employer/law firm Law firm of contributor's s Lasalle Cattle Company					(1)/
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/14
2	FILER NAME Minick, Chey	R NAME ;ck, Cheyenne (Mr.)		3	Filer ID (Ethics Commission Filers) 00087866	
4	Date 02/20/2024	5 Full name of contributor Choyce, Jeffery (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Kingwood, TX 77339				
8		Principal Occupation		9 Contributor's Job Title		
	Architect			Architect		
10	Ocontributor's e BRW Archite	employer/law firm ect		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	02/09/2024	Daniels, Mark (Mr.) Contributor address; City;	State; Zip Code			\$500.00
	0	Ft Worth, TX 76102		O contributanta dala Titla		
	attorney	Principal Occupation		Contributor's Job Title Lawyer		
_		employer/law firm		Law firm of contributor's sp	20119	se (if any)
		e Evans Figgs Decker Smid		Law min or contributor 5 of	Jour	in any)
		s a child, law firm of parent(s) (if	any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/09/2024	Heginbotham, Carle				\$300.00
		Contributor address; City; Killeen, TX 76541	State; Zip Code		•	
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	None					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/14
2	FILER NAME Minick, Chey	IAME Cheyenne (Mr.)		3	Filer ID (Ethics Commission Filers) 00087866	
4	Date 01/26/2024	· _ · _ · _ ·		7	Amount of Contribution (\$) \$250.00	
		Fort Worth, TX 76112				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Lawyer		
10		employer/law firm ughn & Heiskell		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anvi			
	- ii contributor i	3 a crima, law iiriri or parcria(3) (ii	uily)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/13/2024	Kruley, John (Mr.) Contributor address; City; \$	<u> </u>		•	\$100.00
		Kempner, TX 76539				
		Principal Occupation		Contributor's Job Title		
	attorney			Lawyer		(1)
	US Army	employer/law firm		Law firm of contributor's sp	oous	se (IT any)
-		s a child, law firm of parent(s) (if	any)			
	ii contributor i	o a orma, law iiiii or parerido) (ii	uity			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/01/2024	Mullen, Kenneth (Mr.)	_			\$250.00
		Contributor address; City; 9 Wetherford, TX 76086	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	Timolpai Goodpailon		Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Law Office o	of Kenneth W Mullen PC				
	If contributor i	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/14	=
2	FILER NAME Minick, Chey	/enne (Mr.)			3	Filer ID (Ethics Commission Filers) 00087866	
4	Date 02/13/2024			7	Amount of Contribution (\$) \$100.0	0	
		Kempner, TX 76539					
8		Principal Occupation		9 Contributor's Job Title			
	Nurse			Nurse			
10		employer/law firm e Health and Hospice		11 Law firm of contributor's sp	oous	se (if any)	
12		s a child, law firm of parent(s) (if	anv)				
	- ii dontingator ii	o a orma, favorimo o paromico, (ii	u.,,,				
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	=
	02/10/2024	San Miguel, Jo Ann (Ms. Contributor address; City; S)			\$100.0	0
		Lampasas, TX 76550					
	Contributor's I	Principal Occupation		Contributor's Job Title	_		_
	Attorney			Lawyer			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	San Miguel I	Law Office					
	If contributor is	s a child, law firm of parent(s) (if	any)				
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	=
	01/26/2024	Wynn, Reagen (Mr.)				\$500.0	10
		Contributor address; City; S	State; Zip Code				
		Fort Worth, TX 76017		I			_
	Attorney	Principal Occupation		Contributor's Job Title Lawyer			
_		employer/law firm		Law firm of contributor's sp	חחופ	se (if any)	
		nn Law PLLC		Law iiiii oi contributoi 5 5	Jour	se (ii diry)	
		s a child, law firm of parent(s) (if	any)	1			
							_

	LOANS (J	UDICIAL)			SCHEDULE E(J)	
	The Instruction	1	pages Schedule E(J): 1/2 Rpt: 8/14			
2	FILER NAME Minick, Cheyenr	ne (Mr.)		3 Filer ID 000878	(Ethics Commission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			\$	
5 Date of loan 7 Name of lender O2/02/2024 Minick, Cheyenne (Mr.)		C (ID#:)	9 Loan Amount (\$) \$5,000.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	Killeen, TX 76541			11 Maturity Date 12/31/2024	
12	Lender's Principal	Occupation	13 Lender's Job Title			
	Attorney		Lawyer			
14	Lender's Employer Harris Law Office		15 Law Firm of lender's spous	se (if any)		
16	If lender is child, la	w firm of parent(s) (if any)				
17	Description of Coll X None	ateral	18 Check if personal funds we	I into political account (See Instructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$)			
	X not applicable	21 Guarantor address; City; State;	Zip Code			
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)			
27	If guarantor is child	d, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)			SCHEDULE E(J)	
	The Instruction	ges Schedule E(J): 2 Rpt: 9/14				
2	FILER NAME Minick, Cheyenn	ne (Mr.)		3 Filer ID 000878	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS			\$	
5 Date of loan 7 Name of lender Out-of-state PA 02/13/2024 Minick, Cheyenne (Mr.)			C (ID#:)	9 Loan Amount (\$) \$4,600.00	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
	No	Killeen, TX 76541			11 Maturity Date 12/31/2024	
12	Lender's Principal	Occupation	13 Lender's Job Title			
	Attorney		Canidate			
14	Lender's Employer Harris Law Office		15 Law Firm of lender's spous	se (if any)		
16	If lender is child, la	w firm of parent(s) (if any)				
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)			
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed (\$)			
X not applicable 21 Guarantor address; City; State; Zip Code						
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title			
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)			
27	If guarantor is child	d, law firm of parent(s) (if any)				

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reinburgers

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 10/14	Minick, Cheyenne (Mr.)		00087866
4	Date	5 Payee name		-
	01/31/2024	Cadence Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$2.00	4103 E Central Texas Expy		
		Killeen, TX 76543		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE			Check if Austin, TX, officeholder living expense
				Paper statement fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
3	expenditure to benefit C/OI		ııı	Office field
	Date	D		
	02/23/2024	Payee name Cadence Bank		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$5.00	4103 E Central Texas Expy		
		16H TV 70F 40		
		Killeen, TX 76543		
	PURPOSE OF	,	b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Address unknown fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/14/2024	Cadence Bank		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$26.88	4103 E Central Texas Expy		
		Killeen, TX 76543		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Printing checks
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI		IL	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

1 Total pages Schedule F1: 2 FILER NAME Sch: 2/5 Rpt: 11/14 Minick, Cheyenne	struction Guide explains how to co		una ioiini.		
Sch: 2/5 Rpt: 11/14 Minick, Chevenne			3	Filer ID	(Ethics Commission Filers)
	e (Mr.)			00087866	
4 Date 5 Payee name			•		
02/13/2024 FM580 LLC					
6 Amount (\$) 7 Payee address;	City; State; Zip Co	de			
\$1,136.63 101 FM 580					
Lampasas, TX 76	3550				
8 PURPOSE (a) Category (See Categ	gories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE Event Expense	ones instea at the top of this soficular)		Check if travel outsid	le of Texas. Comp	olete Schedule T.
EXPENDITORE			Check if Austin, TX,	officeholder living	expense
		Me	eet and greet		
				0.00	
9 Complete ONLY if direct candidate/Officehold expenditure to benefit C/OH	der name Office sou	ght		Office he	ld
Date Payee name					
02/06/2024 Hill Country Pub					
Amount (\$) Payee address;	City; State; Zip Co	de			
\$1,449.00 416 S Live Oak S	St .				
Lampasas, TX 76	5550				
PURPOSE (a) Category (See Category	gories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE Advertising Expe	nse		Check if travel outsid		
		L Ne] Check if Austin, TX, ewspaper adve		expense
		. • •	orropapor aaro	ruomig	
	lor name Office can				
Complete ONLY if direct Candidate/Officehold	ier name – Onice sou	aht		Office he	ld
Complete ONLY if direct Candidate/Officehold expenditure to benefit C/OH	der name Office sou	ght		Office he	ld
expenditure to benefit C/OH	er name Onice sou	ght		Office he	ld
Date Payee name		ght		Office he	ld
Date Payee name 02/07/2024 Killeen Daily Here	ald			Office he	ld
Date Payee name 02/07/2024 Killeen Daily Her. Amount (\$) Payee address;	ald City; State; Zip Co			Office he	ld
Date Payee name 02/07/2024 Killeen Daily Here	ald City; State; Zip Co			Office he	ld
Date Payee name 02/07/2024 Killeen Daily Her. Amount (\$) Payee address; \$1,460.00 1809 Florence Re	ald City; State; Zip Co			Office he	ld
expenditure to benefit C/OH Date 02/07/2024 Amount (\$) \$1,460.00 Payee name Killeen Daily Here Payee address; 1809 Florence Re Killeen, TX 7654	ald City; State; Zip Co d	de		Office he	ld
expenditure to benefit C/OH Date Payee name 02/07/2024 Killeen Daily Her. Amount (\$) Payee address; \$1,460.00 1809 Florence Re Killeen, TX 7654: PURPOSE (a) Category (See Category)	ald City; State; Zip Cod 1 Jories listed at the top of this schedule)	de	escription I Check if travel outsid		
expenditure to benefit C/OH Date 02/07/2024 Amount (\$) \$1,460.00 Payee name Killeen Daily Here 1809 Florence Re Killeen, TX 7654: PURPOSE (a) Category (See Cater)	ald City; State; Zip Cod 1 Jories listed at the top of this schedule)	de	escription Check if travel outsid	le of Texas. Comp	olete Schedule T.
PURPOSE OF Date Payee name Killeen Daily Here Killeen, TX 7654: Purpose OF Advertising Expension	ald City; State; Zip Cod 1 Jories listed at the top of this schedule)	(b) De	Check if travel outsid	le of Texas. Comp	olete Schedule T.
PURPOSE OF Date Payee name Killeen Daily Here Killeen, TX 7654: Purpose OF Advertising Expe	ald City; State; Zip Cod 1 Jories listed at the top of this schedule)	(b) De	Check if travel outsid	le of Texas. Comp	olete Schedule T.
expenditure to benefit C/OH Date 02/07/2024 Amount (\$) Payee name Killeen Daily Here Amount (\$) Payee address; 1809 Florence Re Killeen, TX 7654; Killeen, TX 7654; PURPOSE OF EXPENDITURE (a) Category (See Category Advertising Expenditure) Complete ONLY if direct Candidate/Officehold	ald City; State; Zip Cod I gories listed at the top of this schedule) nse	(b) De	Check if travel outsid	le of Texas. Comp	olete Schedule T. expense
expenditure to benefit C/OH Date 02/07/2024 Amount (\$) \$1,460.00 Payee name Killeen Daily Here 1809 Florence Re Killeen, TX 7654: PURPOSE OF EXPENDITURE (a) Category (See Category Advertising Expenditure)	ald City; State; Zip Cod I gories listed at the top of this schedule) nse	(b) De	Check if travel outsid	le of Texas. Composition of the	olete Schedule T. expense
expenditure to benefit C/OH Date 02/07/2024 Amount (\$) Payee name Killeen Daily Here Amount (\$) Payee address; 1809 Florence Re Killeen, TX 7654; Killeen, TX 7654; PURPOSE OF EXPENDITURE (a) Category (See Category Advertising Expenditure) Complete ONLY if direct Candidate/Officehold	ald City; State; Zip Cod I gories listed at the top of this schedule) nse	(b) De	Check if travel outsid	le of Texas. Composition of the	olete Schedule T. expense

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ent Solicitation/Fundraising Expense
Fransportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/5 Rpt: 12/14	Minick, Cheyenne (Mr.)		00087866
4	Date	5 Payee name		•
	01/26/2024	Paypal		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$7.72	2211 N 1st St		
l				
L		San Jose, TX 95131		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
l				Michael Heiskell contribution
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
⊨	·			
	Date 01/26/2024	Paynal		
L	Amount (\$)	Paypal Payee address; City; State; Zip Co	ndo.	
l	\$14.94	2211 N 1st St	ue	
l	Ψ14.54	22111113131		
l		San Jose, TX 95131		
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees	, ,	Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE			Check if Austin, TX, officeholder living expense Reagen Wynn contribution
				reagen wynn continuuon
┝	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	02/01/2024	Paypal		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$7.72	2211 N 1st St		
l				
		San Jose, TX 95131		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense
l				Kenneth Mullan Contribution
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit 6/01	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 13/14	Minick, Cheyenne (Mr.) 00087866
4	Date	5 Payee name
	02/10/2024	Paypal
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.38	2211 N 1st St
		San Jose, TX 95131
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Jo Ann San Miguel contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/15/2024	Paypal
H	Amount (\$)	Payee address; City; State; Zip Code
	\$29.39	2211 N 1st St
		San Jose, TX 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gregory Brown contribution
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/20/2024	Paypal
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$14.94	2211 N 1st St
		San Jose, TX 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Jeffery Choyce contribution
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 14/14	Minick, Cheyenne (Mr.) 00087866
4	Date	5 Payee name
l	02/14/2024	Salado Village Voice
6	Amount (\$) \$280.00	7 Payee address; City; State; Zip Code 213 Mill Creek Dr Suite 125 Salado, TX 76571
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 Newspaper advertising
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Γ	Date	Payee name
l	02/15/2024	Temple Daily News
	Amount (\$) \$180.00	Payee address; City; State; Zip Code 101 S 3rd St
		Temple, TX 76503
	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 Newspaper Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/06/2024	Payee name office max
	Amount (\$) \$160.21	Payee address; City; State; Zip Code 1800 Lowes Blvd
		Killeen, TX 76542
	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 Printed flyers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held