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) 00087686 44 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Kenneth R. NAME Date Received **ELECTRONICALLY FILED** 02/26/2024 NICKNAME LAST **SUFFIX** Kent Chambers CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 502 W. Montgomery, Ste. 551 MAILING Receipt # Amount **ADDRESS** Change of Address Willis, TX 77378 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Rebecca E. NAME NICKNAME LAST **SUFFIX** Groenow STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 240 Bee Balm Ct. **ADDRESS** (Residence or Business) Conroe, TX 77304 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 697-3997 **PHONE** REPORT

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

ELECTION DATE

01/26/2024

Year

Year

July 15

Month

Month

TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

χ Primary

General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

Day

02/24/2024

12 OFFICE SOUGHT (if known)

reporting limit

15th day after campaign treasurer

appointment (officeholder only)

Final Report (Attach C/OH-FR)

Year

Other

Court Of Appeals, Justice Place 4 District 9

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 44

13 C / OH NAME	Chambers, Kenneth	R. (Mr.)	14 Filer ID 00087686	(Ethics Commission Filers)				
This box is for notice of political contributions accepted or political expenditures made by political committees candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's kill consent. Candidates and officeholders are required to report this information only if they receive notice of suc COMMITTEE(S)								
Additional Pages	COMMITTEE TYPE	E COMMITTEE NAME						
	GENERAL							
		OMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 20.00						
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN		\$ 35,538.05				
EXPENDITURE	\$ 0.00							
TOTALS	\$ 0.00							
4. TOTAL POLITICAL EXPENDITURES \$ 59,66								
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 10,964.52				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 5,000.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Il information required	ccompanying report is to be reported by me				
		Mr. Ke	nneth R. Chambers					
		Signature of	Candidate or Officeho	older				
AFFIX NO	ΓARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
of	, 20, to c	ertify which, witness my hand and seal of office.						
Signature of office	eer administering oath	Printed name of officer administering oath	Title of office	er administering oath				
2.g. atar 5 0. 01110	Lanning Gan	Times have a smoot during odding	. 180 01 01100					

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 44
18 FILE		ME s, Kenneth R. (Mr.)	19 Filer ID 00087686	(Ethics Com	mission Filers)
20 SCH	HEDUL	E SUBTOTALS	00007000	SUBTO	TAL AMOUNT
NAN	ME OF	SCHEDULE			
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	33,758.05
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,780.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	38,974.99
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6,606.62
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	14,084.68
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	2.17
				L	

	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: 1/14 Rpt: 4/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 02/05/2024 5 Full name of contributor out-of-state PAC (ID#:) Barger, Jessica 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$520.87		
		Houston, TX 77005				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Wright Close	employer/law firm e Barger		11 Law firm of contributor's sp	oous	e (if any)
12		s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/09/2024 Bergfeld, Bill Contributor address; City; State; Zip Code				\$60.00	
		Conroe, TX 77301				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Owner			Owner		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Conroe Feed					
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/01/2024	Bisbey, Blair	_			\$100.00
		Contributor address; City; JASPER, TX 75951	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	attorney	incipal occupation		attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Seale, Stove					
	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: 2/14 Rpt: 5/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 01/30/2024 5 Full name of contributor out-of-state PAC (ID#:) Boyce, William 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00		
		Houston, TX 77027				
8		Principal Occupation		9 Contributor's Job Title		
	lawyer			lawyer		
10		employer/law firm ubose & Jefferson		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	f any)	<u>l</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/16/2024 Coats, Teresa Contributor address; City; State; Zip Code				\$52.37	
		Cleveland, TX 77327				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Self employe	ed		Self employed		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Depot Stora	ge				
	If contributor is	s a child, law firm of parent(s) (i	fany)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/09/2024	Coats, Teresa				\$100.00
		Contributor address; City; Cleveland, TX 77327	State; Zip Code			
\vdash	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Self employe	ed		Self employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Depot Stora	ge				
	If contributor is	s a child, law firm of parent(s) (if	fany)	•		

	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: 3/14 Rpt: 6/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)				Filer ID (Ethics Commission Filers) 00087686
4	4 Date 02/08/2024 5 Full name of contributor out-of-state PAC (ID#:) Cupero, Hamil 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Beaumont, TX 77720				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			General Counsel		
10	Contributor's 6 Gulfspan	employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)
12		s a child, law firm of parent(s) (if	anv)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ,	Amount of Contribution (\$)
	02/12/2024 Daspit Law Firm, PLLC Contributor address; City; State; Zip Code				\$2,500.00	
		Houston, TX 77002				
	Contributor's I	Principal Occupation		Contributor's Job Title		
Г	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	Daspit Law F	Firm, PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ,	Amount of Contribution (\$)
	02/09/2024	Dixon, Sarah	_			\$40.00
		Contributor address; City; Conroe, TX 77385	State; Zip Code		•	
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Creative Dire	, ,		Creative Director		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	Gateway Ch	urch				
	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: 4/14 Rpt: 7/44
2	FILER NAME Chambers, I	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 02/07/2024 5 Full name of contributor out-of-state PAC (ID#:) Dunn, K M 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00		
		Willis, TX 77318				
8		Principal Occupation		9 Contributor's Job Title		
_	Retired			Retired		
10	Retired	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)	1		
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/08/2024 Duplissey, James Contributor address; City; State; Zip Code				\$5,000.00	
		Lumberton, TX 77657				
		Principal Occupation		Contributor's Job Title		
	Construction			Member		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Gulfspan	a a shile! lave firms of marrows(a) (i	5 a.m. A			
	ii contributor i	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/07/2024	Duplissey, Vincent				\$5,000.00
		Contributor address; City; Lumberton, TX 77657	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Construction	l		Member		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Gulfspan					
	If contributor i	s a child, law firm of parent(s) (i	f 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: 5/14 Rpt: 8/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	5 Full name of contributor out-of-state PAC (ID#:) Grace Covenant Christian Centre 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00		
		Navasota, TX 77868				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10		employer/law firm nant Christian Centre		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)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	01/29/2024	Grace Covenant Christia Contributor address; City; Navasota, TX 77868	an Centre			\$500.00
_	Contributor's	<u> </u>		Contributor's Job Title		
	Continuators	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Grace Cove	nant Christian Centre				
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/09/2024	Grisham, Kathy		·		\$106.33
		Contributor address; City; Conroe, TX 77304	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)
	Retired					
	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: 6/14 Rpt: 9/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4			7	Amount of Contribution (\$) \$5,000.00		
		Beaumont, TX 77706				
8		Principal Occupation		9 Contributor's Job Title		
	Construction	1		Member		
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
	Gulfspan					
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/18/2024	Harris, Mike Contributor address; City;	State; Zip Code			\$150.00
		Groves, TX 77619				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Broker			Broker		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Self Employe					
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/09/2024	Heathcott, Donald	_			\$100.00
		Contributor address; City; Montgomery, TX 77356	State; Zip Code			
H	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Retired					
	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: 7/14 Rpt: 10/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4			7	Amount of Contribution (\$) \$20.00		
		Driftwood, TX 78619				
8		Principal Occupation		9 Contributor's Job Title		
L	Retired			Retired		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	01/26/2024 McHenry, Raymond Contributor address; City; State; Zip Code				\$260.59	
		Beaumont, TX 77706				
		Principal Occupation		Contributor's Job Title		
	Minister			Minister		
		employer/law firm emorial Baptist Church		Law firm of contributor's sp	oous	se (If any)
H		s a child, law firm of parent(s) (i	f anv)			
			,,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/06/2024	Meagher, Mike	_			\$250.00
		Contributor address; City; Magnolia, TX 77354	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Owner			Owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Sign Boss In					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	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: 8/14 Rpt: 11/44
2	FILER NAME				3	,
	Chambers, I	Kenneth R. (Mr.)			╙	00087686
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 02/09/2024 Mersiovsky, Amy 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$35.00			
		Conroe, TX 77303				
8	Contributor's I Office Assist	Principal Occupation tant		9 Contributor's Job Title Office Assistant		
10		employer/law firm / County Fair		11 Law firm of contributor's s	pou	se (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 02/09/2024	Full name of contributor Mersiovsky, Amy Contributor address; City;	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$25.00
	Occidenta da la	Conroe, TX 77303		I Contributed lab Till		
	Office Assist	Principal Occupation		Contributor's Job Title Office Assistant		
		employer/law firm		Law firm of contributor's s	2011	se (if any)
		County Fair			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55 (i. di. 19)
		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/06/2024	Morian Kahla Attorneys	_			\$2,500.00
		Contributor address; City;				
		Jasper, TX 75951				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)
	Morian Kahl	a Attorneys at Law, LLP				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
L						

	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: 9/14 Rpt: 12/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 02/22/2024 Muessig, Craig 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00			
		Baytown, TX 77521				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Self	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	I .		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/09/2024	ODell, Courtney Contributor address; City; 9 Willis, TX 77378	State; Zip Code			\$52.37
_	Contributor's I	Principal Occupation		Contributor's Job Title	L	
	unemployed			unemployed		
		employer/law firm		Law firm of contributor's sp	าดน	se (if any)
	unemployed					
	If contributor is	s a child, law firm of parent(s) (if	any)	I		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	02/09/2024	Patterson, Diane				\$100.00
		Contributor address; City; S Montgomery, TX 77356	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Retired			Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Retired					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 02/08/2024			7	Amount of Contribution (\$) \$50.00	
		The Woodlands, TX 773	882	-		
8		Principal Occupation		9 Contributor's Job Title		
	Payroll Anal			Payroll Analyst		
10	Contributor's e PandaDoc, I	employer/law firm nc		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	02/09/2024	Ramsey, Jacob Contributor address; City;	<u> </u>			\$100.00
		Fairfield, TX 76840				
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney Managing Attorney					
	Contributor's employer/law firm Law firm of contributor's space.				oous	se (if any)
	J Ramsey La					
	If contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/09/2024	Sadler, Judith	_			\$104.42
		Contributor address; City; Houston, TX 77040	State; Zip Code			
	Contributor's I	rincipal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's s				oous	se (if any)
	Diggs & Sad	ller				
	If contributor is	s a child, law firm of parent(s) (i	fany)	•		

	MONET	ARY POLITICAL	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	w to complete this	form.	1	ages Schedule A(J)1: 1/14 Rpt: 14/44	
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3 Filer ID 00087	(Ethics Commission 7686	n Filers)
4	Date 02/09/2024			7 Amour	nt of Contribution (\$)	\$57.57	
		Houston, TX 77055					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	Contributor's e Diggs & Sad	employer/law firm ller		11 Law firm of contributor's sp	oouse (if any	y)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	02/09/2024 Semmler, Melissa Contributor address; City; State; Zip Code				\$62.78		
	The Woodlands, TX 77382						
	Contributor's Principal Occupation Contributor's Job Title Professor Professor						
	Contributor's employer/law firm Law firm of contributor's s				oouse (if any	y)	
LSC							
	If contributor is	s a child, law firm of parent(s) (if	any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amour	nt of Contribution (\$)	
	02/02/2024	Skrabanek, Paul					\$2,500.00
		Contributor address; City; Houston, TX 77046	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title	1		
	Partner Partner						
	Contributor's employer/law firm Law firm of contributor's s				oouse (if any	y)	
Pierce Skrabanek							
	If contributor is	s a child, law firm of parent(s) (i	any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			1	Filer ID (Ethics Commission Filers) 00087686
4	Date 02/07/2024			_	Amount of Contribution (\$) \$5,000.00	
		Houston, TX 77009				
8		Principal Occupation		9 Contributor's Job Title		
	Construction			Member		
10		employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
_	Gulfspan		f)			
12	i Contributor i	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/18/2024 Thompson, Bill Contributor address; City; State; Zip Code				\$21.13	
		Conroe, TX 77301				
	Contributor's Principal Occupation Contributor's Job Title					
	unemployed unemployed					
	Contributor's employer/law firm Law firm of contributor's spous					e (if any)
	unemployed					
	If contributor is	s a child, law firm of parent(s) (if	rany)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	02/09/2024	Walker, Terri	_			\$104.42
		Contributor address; City; Cleveland, TX 77327	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title		
	unemployed			unemployed		
	Contributor's employer/law firm Law firm of contributor's s				oous	e (if any)
unemployed						
	If contributor is	s a child, law firm of parent(s) (if	f any)	•		

	MONET	ARY POLITICAL (SCHEDULE A(J)1			
	The Instru	ction Guide explains how	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/44
2	FILER NAME Chambers, F	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 02/09/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$41.96	
		Cleveland, TX 77327				
8		Principal Occupation		9 Contributor's Job Title		
	unemployed			unemployed		
10	Contributor's e unemployed	employer/law firm		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)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	02/09/2024	Whaley, Christal Contributor address; City; S	State; Zip Code			\$520.87
		Conroe, TX 77303				
	Contributor's Principal Occupation Contributor's Job Title					
	engineer engineer					
	Contributor's employer/law firm Archer Morgan Consulting Law firm of contributor's s				oous	se (if any)
		s a child, law firm of parent(s) (if	anyl			
	ii contributor i	s a clind, law littl of paretit(s) (ii	arry)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/31/2024	Wright Close and Barger	, LLP			\$1,000.00
		Contributor address; City; S Houston, TX 77056	state; Zip Code		•	
\vdash	Contributor's F	Principal Occupation		Contributor's Job Title		
		•				
Contributor's employer/law firm Law firm of contributor's				oous	se (if any)	
Wright Close and Barger, LLP						
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	SCHEDULE A(J)1			
	The Instru	l pages Schedule A(J)1: : 14/14 Rpt: 17/44			
2	FILER NAME	(enneth R (Mr)		1	ID (Ethics Commission Filers) 87686
4			unt of Contribution (\$) \$52.37		
		Houston, TX 77077			
8	Contributor's F	Principal Occupation	9 Contributor's Job Title	-	
	Attorney		Attorney		
10		employer/law firm	11 Law firm of contributor's sp	oouse (if a	any)
	Linda Villarre	eal and Associates			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

1 Total pages Schedule A2:							
i ne instru	iction Guide explains how to complete this f	Sch: 1/2 Rpt: 18/44					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Kenneth R. (Mr.)		00087686				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
02/08/2024	Cardenas, Marcie		contribution (\$) description \$60.00 Silent Auction Item -				
	7 Contributor address; City; State; Zip Code		Scentsy				
			į				
	Willis, TX 77318		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
Sales		Sales					
	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
Self							
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description				
02/08/2024	Chambers, Marisa		\$400.00 Silent Auction Item -				
	Contributor address; City; State; Zip Code		Multiple				
			<u> </u>				
	Willis, TX 77378		Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
	principal occupation (FOR JUDICIAL) .	Contributor's job title	(FOR JUDICIAL) (See instructions)				
unemployed		unemployed	and an array (if any) (FOD HIDIOIAL)				
unemployed	employer/law firm (FOR JUDICIAL)	Law IIIII of Contribute	or's spouse (if any) (FOR JUDICIAL)				
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor ut-of-state PAC (ID#:	1	Amount of ! In-kind contribution				
02/08/2024	Dorsett, Margaret		contribution (\$) description				
	Contributor address; City; State; Zip Code		\$1,000.00 Silent Auction Item - Mary				
			_				
Driveinelees	Conroe, TX 77304	Francis or (FOR NON	Check if travel outside of Texas. Complete Schedule T.				
Principal occi	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Retired	, ,	Retired					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
Retired							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
I							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 19/44				
2 FILER NAMI Chambers,	E Kenneth R. (Mr.)		3 Filer ID (Ethic 00087686	es Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 02/08/2024	6 Full name of contributor out-of-state PAC (ID#: Groenow, Rebecca 7 Contributor address; City; State; Zip Code Conroe, TX 77304		contribution (\$) \$60.00	9 In-kind contribution description I Silent Auction Item - Valentines		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Payroll Spe 14 Contributor's Hometap E	employer/law firm (FOR JUDICIAL) quity Partners	13 Contributor's job title Payroll Specialist 15 Law firm of contributo	,	(See instructions) FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#:		contribution (\$		In-kind contribution description I Silent Auction Item - Macaroons		
	Willis, TX 77378		Check if travel of	I I outside of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's Unemploye	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Unemployed				
Contributor's Unemploye	employer/law firm (FOR JUDICIAL)	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 Full name of contributor out-of-state PAC (ID#: 02/08/2024 Knox, Reagan Contributor address; City; State; Zip Code)		Silent Auction Item - Guitar I I I		
Willis, TX 77378 Check if travel outside of Texas. Complete Schedule Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's Reservation	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Reservation Lead				
	employer/law firm (FOR JUDICIAL) aissance Festival	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
				_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 1/14 Rpt: 20/44	Chambers, Kenneth R. (Mr.) 00087686	
4	Date	5 Payee name	
	01/26/2024	DonorBox	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.56	1520 Belle View Blvd.	
		#4106	
		Alexandria, VA 22307	
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 Processing Fee	
		1 Toccasing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	01/30/2024	DonorBox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.38	1520 Belle View Blvd.	
		#4106	
		Alexandria, VA 22307	
	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	
		Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	Date	Payee name	
	02/01/2024	DonorBox	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.75	1520 Belle View Blvd.	
		#4106	
		Alexandria, VA 22307	
	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	
		Processing Fee	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 21/44	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	02/02/2024	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.75	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
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 Processing Fee
		Flocessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/05/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.12	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	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.
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/06/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.37	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	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.
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		Processing Fee
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers	s)
	Sch: 3/14 Rpt: 22/44	Chambers,	Kenneth R. (Mr.)					00087686		
4	Date	5 Payee name								
	02/08/2024	DonorBox								
6	Amount (\$)	7 Payee addre	ess; City; St	ate; Zip Co	ode					
	\$1.47	1520 Belle	View Blvd.							
		#4106								
		Alexandria	VA 22307							
8	PURPOSE	(a) Category (S	see Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Fees							nplete Schedule T.	
						Processing F		, officeholder living	g expense	
						Frocessing F	CC			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ıght			Office h	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	:							
	02/09/2024	DonorBox								
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	ode					
	\$1.83	1520 Belle	View Blvd.							
		#4106								
		Alexandria	VA 22307							
	PURPOSE	(a) Category (s	see Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=			plete Schedule T.	
	2/11/2/10/12					ш		, officeholder living	g expense	
						Processing F	ee			
	Complete ONLY if direct		iceholder name	Office sou	l ight			Office he	eld	
	expenditure to benefit C/OI	T								
	Date	Payee name								
	02/09/2024	DonorBox								
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	ode					
	\$9.12	1520 Belle	View Blvd.							
		#4106								
		Alexandria	VA 22307							
Г	PURPOSE	(a) Category (s	see Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<u></u>			plete Schedule T.	
								, officeholder living	g expense	
						Processing F	eе			
\vdash	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ight			Office h	eld	
1	expenditure to benefit C/OI	Н			-					
Н										
ᆫ										

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/14 Rpt: 23/44	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	02/09/2024	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.10	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
┡		
	Date	Payee name
	02/09/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.73	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	02/09/2024	DonorBox
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1.01	1520 Belle View Blvd.
	Ψ1.01	
		#4106
L		Alexandria, VA 22307
	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
		Processing Fee
dash	Compilate Chill V ' '	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	- Farmana to sonone of or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 24/44	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	02/09/2024	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.83	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
_	0 1: 01:17.7.1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/09/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.92	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.92	1520 Belle View Blvd.
	70.02	#4106
		Alexandria, VA 22307
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

	Credit Card Payment	form.	
1	Total pages Schedule F1: Sch: 6/14 Rpt: 25/44	2 FILER NAME Chambers, Kenneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686
4	Date 02/16/2024	5 Payee name DonorBox	
6	Amount (\$) \$0.92	7 Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307	
8	PURPOSE OF EXPENDITURE	ch	ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense essing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 02/18/2024	Payee name DonorBox	
	Amount (\$) \$0.37	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307	
	PURPOSE OF EXPENDITURE	ch	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense essing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 02/22/2024	Payee name DonorBox	
	Amount (\$) \$1.75	Payee address; City; State; Zip Code 1520 Belle View Blvd. #4106 Alexandria, VA 22307	
	PURPOSE OF EXPENDITURE	Chi	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense essing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Se	rds/Memorials Expens rvices struction Guide ex	Salaries/\	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filer	rs)
Ĺ	Sch: 7/14 Rpt: 26/44		Chambers, Kenne	th R. (Mr.)					00087686	(Editos Commissión File)	3)
4	Date	5	Payee name								
	02/09/2024		DonorBox								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$2.95		1520 Belle View E	Blvd.							
			#4106								
			Alexandria, VA 22	307							
8	PURPOSE	(a)	0-1	ories listed at the top o	of this schodulo)	(b)	Description				
	OF	 `´	Fees	ines listed at the top t	or this scriedule)	`´		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin,	, TX,	officeholder living	j expense	
							Processing F	ee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officehold	er name	Office sou	ught			Office he	eld	
	Date		Payee name								
	02/01/2024		Houston Livestocl	Show & Rode	90						
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
\$100.00 3 NRG Parkway											
			Houston, TX 7705	4							
	PURPOSE	(a)	Category (See Category	ories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Advertising Exper	se						plete Schedule T.	
							Go Texan Pa		officeholder living	j expense	
							oo rexami a	iiaa	ic i lout		
	Complete ONLY if direct		Candidate/Officehold	er name	Office sou	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/O	Н				J					
—	Date		Payee name								
	02/16/2024		Nancy Hart Repul	olican Women							
-	Amount (\$)	\vdash	Payee address:	City;	State; Zip Co	ode					
	\$100.00		P.O. Box 597	-ity,	J. 21p C	Juc					
	Ψ100.00										
			Cleveland, TX 773	328							
	PURPOSE	(a)	Category (See Category	ories listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Advertising Exper	se						plete Schedule T.	
							Table at Can		officeholder living	j expense	
							rabic at Cari	uiu	ale i Olulli		
	Complete ONLY if direct	<u> </u>	Candidate/Officehold	er name	Office sou	laht Jaht			Office he	eld	
	expenditure to benefit C/O				211100 000	9···			211100 110		

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

	Candidate/Officenoider/Politica 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: 8/14 Rpt: 27/44	Chambers, Kenneth R. (Mr.) 00087686				
4	Date	5 Payee name				
	02/14/2024	Potomac Strategy Group, LLC				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$38,487.39	807 Brazos Street				
		Suite 202				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Mailout Mailout				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_	Date	Dougo nama				
	01/26/2024	Payee name String				
		Stripe				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.86 354 Oyster Point Blvd.					
		South San Francisco, CA 94080				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Processing Fee				
		1 Toocssing Tee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	01/30/2024	Stripe				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.55	354 Oyster Point Blvd.				
	Ψ1.55	334 Oyster Form Bivu.				
		South San Francisco, CA 94080				
	BUBBOOF					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Processing Fee				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 28/44	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	02/01/2024	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	354 Oyster Point Blvd.
		South San Francisco, CA 94080
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 Processing Fee
		1 Toccssing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davida marra
	02/02/2024	Payee name
L		Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.80	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	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
		Processing Fee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	02/05/2024	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.41	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	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 Processing Fee
		Flocessing Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	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: 10/14 Rpt: 29/44	Chambers, Kenneth R. (Mr.) 00087686					
4	Date	5 Payee name					
	02/06/2024	Stripe					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$7.55	354 Oyster Point Blvd.					
		South San Francisco, CA 94080					
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 Processing Fee					
		1 Toolsaning I ee					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OI						
	D :						
	Date	Payee name					
	02/08/2024	Stripe					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1.75	354 Oyster Point Blvd.					
		South San Francisco, CA 94080					
	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.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Processing Fee					
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	· 						
	Date	Payee name					
	02/09/2024	Stripe					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3.33	354 Oyster Point Blvd.					
		South San Francisco, CA 94080					
	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.					
	LXI LINDITORL	Check if Austin, TX, officeholder living expense					
		Processing Fee					
	Occupated Chilly 2 "	Openhildets (Office healther a conse					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 11/14 Rpt: 30/44	2 FILER NAME Chambers, Kenneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686				
4	Date 02/09/2024	5 Payee name Stripe					
6	Amount (\$) \$15.41	7 Payee address; City; State; Zip Code354 Oyster Point Blvd.South San Francisco, CA 94080					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date 02/09/2024	Payee name Stripe					
	Amount (\$) \$2.12	Payee address; City; State; Zip Code 354 Oyster Point Blvd. South San Francisco, CA 94080					
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date 02/09/2024	Payee name Stripe					
	Amount (\$) \$1.52	Payee address; City; State; Zip Code 354 Oyster Point Blvd. South San Francisco, CA 94080					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing Fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 31/44	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	02/09/2024	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.97	354 Oyster Point Blvd.
		South San Francisco, CA 94080
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee
		1 Toccssing Tee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	02/09/2024	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.33	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	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
		Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	02/09/2024	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.82	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	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.
	ZAI ZIADITORZ	Check if Austin, TX, officeholder living expense
		Processing Fee
_	Complete ONU V if allow	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 13/14 Rpt: 32/44	Chambers, Kenneth R. (Mr.)
4	Date	5 Payee name
	02/12/2024	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.82	354 Oyster Point Blvd.
		South San Francisco, CA 94080
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
		Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/16/2024	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.82	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	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
		Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/18/2024	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.91	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	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
		Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 14/14 Rpt: 33/44	Chambers, Kenneth R. (Mr.)	00087686					
4	Date	5 Payee name	·					
	02/22/2024	Stripe						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
l	\$3.20	354 Oyster Point Blvd.						
l								
		South San Francisco, CA 94080						
8	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. Check if Austin, TX, officeholder living expense					
l		Processing Fee						
			3 - 1					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	1						
F	Date	Payee name						
l	02/09/2024	Stripe						
┢	Amount (\$) Payee address; City; State; Zip Code							
l	\$3.38							
l								
l		South San Francisco, CA 94080						
H	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 Processing Fee					
			Frocessing Fee					
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
F	Date	Payee name						
	02/14/2024	Woodforest National Bank						
H	Amount (\$)	Payee address; City; State; Zip Code						
l	\$35.00	550 W Montgomery St						
l								
		Willis, TX 77378						
┢	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					
			Wire Fee					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI		Since field					

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

	The Insti	ruction Guide explains how	to complete this form.	· · · · · · · · · · · · · · · · · · ·	,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)
Sch: 1/8 Rpt: 34/44	Chambers, Kennetl	n R. (Mr.)		00087686	
4 CREDIT CARD ISSUER		ncial institution al One	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$2,325.00	01/26/2024			
7 PAYEE	(a) Payee name Panorama Golf Clu	b	(b) Payee address; 73 Greenbriar Dr	City, State,	Zip Code
			Conroe, TX 77304		
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Description		
EXPENDITURE	Solicitation/Fundraisir		Fundraiser Venue		
X Political		3 1			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$132.34	01/29/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	TRACTOR SUPPLY	Y #2049	1650 Highway 365		
			Port Arthur, TX 77640		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	T-Posts for signs		
X Political	Advertising Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$105.87	01/29/2024			
PAYEE	(a) Payee name	I.	(b) Payee address;	City, State,	Zip Code
			2020 Interstate Hwy 10 West		
	TRACTOR SUPPLY	Y #1194			
			Orange, TX 77632		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)	T-Posts for signs		
X Political	Advertising Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					

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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 2/8 Rpt: 35/44	Chambers, Kennetl	n R. (Mr.)		00087686		
4 CREDIT CARD ISSUER		Name of financial institution See previous 5 TOTAL OF EXPENDIT CHARGEE CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$27.00	01/31/2024				
7 PAYEE	(a) Payee name (b) Payee address; PO Box 737 Lake Conroe Area Republican		City,	State,	Zip Code	
	Montgomery, TX 77356					
			(b) Description			
	Event Expense	of this scriedale)	Lunch Meeting			
X Political	·					
Non-Political	(1)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	nse	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	() (T (1) = 1 (5)	1()= () = ()			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$27.00	01/31/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Lake Conroe Area Republican		PO Box 737			
			Montgomery, TX 77356			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Lunch Meeting			
X Political	Event Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid		
	\$23.44	02/01/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	THE UPS STORE 4	1211	502 W Montgomery			
	I THE OF 3 STORE.	+211	Willist, TX 77378			
PURPOSE OF EXPENDITURE	PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)					
X Political	Printing Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						

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

	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 3/8 Rpt: 36/44	Chambers, Kennetl	h R. (Mr.)			00087686				
4 CREDIT CARD ISSUER		Name of financial institution see previous			\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
	\$132.34	02/05/2024							
7 PAYEE	(a) Payee name TRACTOR SUPPL	Y CO #172		louston St	City,	State,	Zip Code		
8 PURPOSE OF	(a) Category		(b) Descrip	d, TX 77327					
EXPENDITURE X Political	(See Categories listed at the top Advertising Expense	of this schedule)	T-Posts f						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-1	Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
	\$60.00	02/08/2024							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
Bentwater Yacht and Country		nd Country	800 Bent	water Dr					
			Montgom	nery, TX 77356					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip						
X Political	Event Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid				
	\$519.60	02/08/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Sign Boss		32815 FN	И 2978					
	0.g 2000		Magnolia	TY 77254					
PURPOSE OF	(a) Category		(b) Descrip	t, TX 77354					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Signs						
X Political	Advertising Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin. TX.	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
expenditure to benefit C/OH			-						

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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethi	3 Filer ID (Ethics Commission Filers)			
Sch: 4/8 Rpt: 37/44	Chambers, Kenneth R. (Mr.)		00087686				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDI	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$40.00	02/08/2024					
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Conroe/Lake Conro	oe Chamber of	P.O. Box				
0. DUDDOOF OF	(a) Catagony		Conroe, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip Breakfast				
X Political	Event Expense		Dicariast	Wiccurig			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living exp	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$64.93	02/10/2024					
PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
	THE HOME DEPO	T #6516	19103 I-4	5			
			Shenando	oah, TX 77385			
PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	T-Posts fo	or signs			
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	K, officeholder living exp	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	` '	02/08/2024	(0) Dato(0)	Ordan Gara 1994	or r aid		
	\$102.84	02/08/2024					
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
			310 N Da	nville St			
	Montgomery Count	y Printers					
			Willis, TX	77378			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
EXPENDITURE	Printing Expense	or and sorreduct	Business	Cards			
I <u>=</u>	X Political						
Non-Political	(*) —	of Texas. Complete Schedule T.	[Check if Austin, TX	K, officeholder living exp	pense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	I						

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

		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 5/8 Rpt: 38/44	Chambers, Kenneth R. (Mr.)			00087686			
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				
	ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
				CARD				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$450.00	02/10/2024					
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		Panorama Golf Clu	h	73 Greenbriar Dr				
		T dilorama con cia	D					
Ļ	DUDDOOF OF	(a) Catagon		Conroe, TX 77304				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Fundraiser Food				
	X Political	Solicitation/Fundraisir	ng Expense	T unuluisel i sou				
	Non-Political	(a) Charle if the soul and side	of Towns Committee Cohordula T	Observative TV	ette - la alalan linia a coma			
Ļ	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expe	nse		
	xpenditure to benefit C/OH	Garialdate/Giliceriolder	name ome	o oodgiit	Office field			
Ë	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
		\$26.47	02/14/2024	(-,(-,				
		Ψ20.47	02/14/2024					
Н	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
				12466 Interstate 45 N				
		TRACTOR SUPPL	Y CO #198					
				Willis, TX 77378				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
		Advertising Expense	or this scriedule)	T-Posts for signs				
	X Political							
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	nse		
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
е.	xpenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(c) Cradit Card Issued	r Daid			
	PATMENT	(a) Amount Charged	1 ` ,	(c) Date(s) Credit Card Issue	i Palu			
		\$34.56	02/16/2024					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
		(a) i a) se mame		910 Pine Market Ave	0.0,	Otato,	p	
		Luv Coffee Pine Ma	arket					
				Montgomery, TX 77316				
	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Breakfast Meet & Greet				
	X Political							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
	Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
e	xpenditure to benefit C/OH							
ı								

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Canui	uate/Officerolder/Folitica	· ·	ruction Guide explains how	to complete		TTIEN (enter a catego	ry not listed a	bove)
1 Total pa	ges Schedule F4:		<u> </u>	· ·		3 Filer ID (Ethi	cs Commis	sion Filers)
	8 Rpt: 39/44	Chambers, Kennetl	h R. (Mr.)			00087686		,
4 CREDIT ISSUER	CARD	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6 PAYME	NT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$50.00	02/16/2024					
7 PAYEE		(a) Payee name The Woodlands Are	ea Chamber of		eside Blvd.	City,	State,	Zip Code
a PUPPO	SE OF	(a) Catagony		(b) Descrip	dlands, TX 7738	1		
l <u> </u>	DITURE litical	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	Members				
No	n-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
9 Complet	te ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditur	e to benefit C/OH							
PAYME	NT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$132.34	02/19/2024					
PAYEE		(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		TRACTOR SUPPL	Y #148	584 East	Gibson St			
				Jasper, T	X 75951			
PURPO		(a) Category (See Categories listed at the top	of this schodule)	(b) Descrip				
l	DITURE litical	Advertising Expense	or this scriedule)	T-Posts f	or signs			
☐ No	n-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	oense	
	te <u>ONLY</u> if direct re to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYME	NT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$25.74	02/19/2024					
PAYEE		(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		TRACTOR SUPPL	Y CO #198	12466 Int	terstate 45 N			
				Willis, TX	77378			
PURPO EXPEN	SE OF (a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Descrip T-Posts f					
X Po	litical							
No	n-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	oense	
	te <u>ONLY</u> if direct re to benefit C/OH							

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

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	F4: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 7/8 Rpt: 40/44	Chambers, Kenneth R. (Mr.)				00087686		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
		\$42.69	02/20/2024					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		TRACTOR SUPPL	Y #2463	19281 Hig	hway 105 W			
L					ry, TX 77356			
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti				
	EXPENDITURE	Advertising Expense	of this scriedule)	T-Posts for	r signs			
	X Political	· · · · · · · · · · · · · · · · · · ·						
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid		
		\$232.73	02/23/2024					
r	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code
	FedEx Office Print & Ship Center		& Ship Center	1304 SH -	105			
				Conroe, TX	X 77304			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Printing fly				
	X Political	Printing Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Œ	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$1,006.73	02/22/2024					
Г	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Ciara Dana		32815 FM	2978			
		Sign Boss						
L				Magnolia,				
	PURPOSE OF	(a) Category	of this schedule)	(b) Descripti	on			
	X Political	EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense		Signs				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin TX	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held		
E	expenditure to benefit C/OH							

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

Contributions/ Donations Made By Candidate/Officeholder/Politica			nting Expense aries/Wages/Contra		avel Out of District 「HER (enter a category	not listed al	oove)
	The Inst	ruction Guide explains how	to complete this	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 8/8 Rpt: 41/44	Chambers, Kenneth	n R. (Mr.)			00087686		
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OI EXPENDI	F UNITEMIZED TURES	D \$		
IOCOLIN	see pi	revious	CHARGE	D TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	CARD	redit Card Issuer	r Daid		
FATMENT			(c) Date(s) C	Teuit Caru 133uei	raiu		
	\$525.00	02/23/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
	Liberty Vindicator		1939 Trinity	/ St			
	Liberty Vindicator						
	(a) Catamani		Liberty, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Advertisem				
X Political	Advertising Expense		Advertisein	CIT			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chack if Austin TV	officeholder living expe	onco	
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check if Austin, 17,	Office held	51150	
expenditure to benefit C/OH			J				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	r Paid		
	\$520.00	02/24/2024					
PAYEE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code
	Montgomery Count	y Printers	310 N Dany	ville St			
			Willis, TX 7	7378			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Printing Expense	of this schedule)	Printing flye	ers			
X Political	Trinting Expense						
Non-Political	· , -	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 42/44 Chambers, Kenneth R. (Mr.) 00087686 Date Payee name 02/01/2024 Capital One 6 Amount (\$) Payee address; City; State; Zip Code PO Box 71083 \$1,000.00 Reimbursement from political contributions intended Х Charlotte, NC 28272 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit Card Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2024 Potomac Strategy Group, LLC Amount (\$) Payee address; City; State; Zip Code \$13,084.68 807 Brazos Street Suite 202 Reimbursement from political contributions Χ Austin, TX 78701 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Mass Text Message Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 43/44 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chambers, Kenneth R. (Mr.) 00087686 8 Amount (\$) Date 5 Name of person from whom amount is received 02/20/2024 \$2.17 Woodforest National Bank 6 Address of person from whom amount is received; City; State; Zip Code Willis, TX 77378 Purpose for which amount is received Check if political contribution returned to filer Interest

OUTSTA	ANDING LOANS	SCHEDULE L
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 44/44
2 FILER NAME Chambers, Ke	enneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686
LENDER INFORMATION	4 Name of lender Chambers, Kent	·
	5 Lender address; City; State; Zip Code	
	Willis, TX 77378	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicabl	7 Guarantor address; City; State; Zip Code	