#### 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 19 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Kenneth R. NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 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 Amount Receipt # **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 TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special

Forms provided by Texas Ethics Commission

11 OFFICE

OFFICE HELD (if any)

GO TO PAGE 2
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12 OFFICE SOUGHT (if known)

Court Of Appeals, Justice Place 4 District 9

Version V4.1.0.d378aba0

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Chambers, Kenneth	R. (Mr.)	14 Filer ID 00087686	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditures may have been made without dofficeholders are required to report this information	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS		<b>\$</b> 7,313.55
EXPENDITURE	`	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	S)	
TOTALS	o. To the ottine.	ILLD I GLINGAL LA LIBITORLES		\$ 0.00
		ICAL EXPENDITURES		\$ 6,433.89
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	<b>\$</b> 13,784.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 5,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Ill information required	ecompanying report is to be reported by me
		Mr. Ke	nneth R. Chambers	
		Signature of	f Candidate or Officeho	older
AFFIX NO	TARY 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	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

### **SUBTOTALS - JC/OH**

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

					3 of 19
	ER NAM	ME s, Kenneth R. (Mr.)	<b>19</b> Filer ID 00087686	(Ethi	cs Commission Filers)
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	6,973.55
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	340.00
3.	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)				
4.	4. SCHEDULE E(J): LOANS (JUDICIAL)				
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	4,153.40
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	2,280.49
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	· 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	5.35

	MONET	ARY POLITICAL CONT	RIBUTIC	ONS		SCHEDULE	A(J)1
	The Instruction Guide explains how to complete this form.			1	ages Schedule A(J)1 /4 Rpt: 4/19	.:	
2	FILER NAME Chambers, H	Kenneth R. (Mr.)			3 Filer ID 000870	(Ethics Commission 686	on Filers)
4	Date 03/04/2024  5 Full name of contributor out-of-state PAC (ID#:) Aguilar, Art  6 Contributor address; City; State; Zip Code  Montgomery, TX 77356		7 Amount	t of Contribution (\$)	\$1,041.44		
8	8 Contributor's Principal Occupation 9 Contributor's Job Title		<u> </u>				
	Lawyer			Lawyer			
10	Contributor's of Art Aguilar L	employer/law firm aw Firm PC		11 Law firm of contributor's sp	oouse (if any	)	
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_	)	Amount	t of Contribution (\$)	
05/13/2024 Art Aguilar Law Firm, PC  Contributor address; City; State; Zip Code  Montgomery, TX 77356					\$1,000.00		
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any	)	
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-	state PAC (ID#:_	)	Amount	t of Contribution (\$)	
05/13/2024 Art Aguilar Law Firm, PC  Contributor address; City; State; Zip Code  Montgomery, TX 77356				\$200.00			
	Contributor's I	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm Law firm c			Law firm of contributor's sp	ouse (if any	)		
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	1 Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/19		
2	FILER NAME Chambers, I	Kenneth R. (Mr.)			3 Filer ID (Ethics Commission Filers) 00087686
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Ball, Maureen  6 Contributor address; City; State; Zip Code  Montgomery, TX 77356		7 Amount of Contribution (\$) \$52.37		
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/03/2024 Burrets, Grant  Contributor address; City; State; Zip Code  San Antonio, TX 78254			\$25.00		
	Contributor's	Principal Occupation		Contributor's Job Title	1
	unemployed			unemployed	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	unemployed				
	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/16/2024	Eason, David  Contributor address; City; S  Montgomery, TX 77316	tate; Zip Code		\$78.40
	Contributor's	Principal Occupation		Contributor's Job Title	1
Police officer Police officer					
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)			
Montgomery county					
	If contributor i	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL CONTRIB	BUTIC	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/19	
2	FILER NAME Chambers, H	Kenneth R. (Mr.)			3	Filer ID (Ethics Commission Filers) 00087686
4	Date 06/20/2024  5 Full name of contributor out-of-state PAC (ID#:) McCormack, John 6 Contributor address; City; State; Zip Code  Montgomery, TX 77356		7	Amount of Contribution (\$) \$50.00		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u>.                                    </u>	
	Retired Retired					
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor  ut-of-state F	PAC (ID#:_	)		Amount of Contribution (\$)
05/31/2024 North Shore Republican Women  Contributor address; City; State; Zip Code		•	\$3,500.00			
	Contributor's I	Montgomery, TX 77356 Principal Occupation		Contributor's Job Title	<u> </u>	
	Continuator 3 i	The par Occupation		Contributor 3 30b Title		
Contributor's employer/law firm  Law firm of contributor's			Law firm of contributor's sp	oous	se (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)		<u> </u>		
	Date	Full name of contributor  ut-of-state F	PAC (ID#:_	)		Amount of Contribution (\$)
04/30/2024 The Bays Firm  Contributor address; City; State; Zip Code  Conroe, TX 77301			\$1,000.00			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
Contributor's employer/law firm  Law firm of c		Law firm of contributor's sp	ous	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/19	
2	FILER NAME				Filer ID (Ethics Commission Filers)
_		Kenneth R. (Mr.)			00087686
4	Date 03/04/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Wong, Cynthia</li> <li>Contributor address; City; State; Zip Code</li> </ul>		' 	Amount of Contribution (\$) \$26.34
		Houston, TX 77062			
8	Contributor's I	Principal Occupation	9 Contributor's Job Title		
	unemployed		unemployed		
10	Contributor's of unemployed	employer/law firm	11 Law firm of contributor's sp	pouse	e (if any)
12		s a child, law firm of parent(s) (if any)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCI	HED	UL	E	Α2

The Instruction Guide explains how to complete	this form.				
	Scn: 1/1 Rpt: 8/19				
2 FILER NAME Chambers, Kenneth R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087686				
4	UTDIRUTIONS &				
TOTAL OF UNITEMIZED IN-KIND POLITICAL CON	NTRIBUTIONS \$				
5 Date 6 Full name of contributor out-of-state PAC (					
05/13/2024 Chambers, Marisa	contribution (\$) description  \$60.00 Silent Auction Item - porch				
7 Contributor address; City; State; Zip Code	decor				
	<u> </u>				
Willis, TX 77378	Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instru					
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)				
unemployed	unemployed				
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
unemployed  16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICI					
20 in contribution is a crima, law limit of parent(s) (if any) (if on source	ine				
Date Full name of contributor out-of-state PAC (	(ID#: ) Amount of In-kind contribution				
05/13/2024 Dorsett, Margaret	contribution (\$) description				
Contributor address; City; State; Zip Code	\$200.00   Silent auction items - Mary Kay and Stretch Lab				
	I I				
Conroo TV 77204					
Conroe, TX 77304  Principal occupation / Job title (FOR NON-JUDICIAL) (See instru	Check if travel outside of Texas. Complete Schedule T.  uctions) Employer (FOR NON-JUDICIAL) (See instructions)				
Timopal occupation / oob title (i Giving to Bio, i.e.)	Employer (Fort Note 60516), (E)				
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 contributor's spouse (if any) (FOR JUDICIAL)				
Retired					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICI	IAL)				
Date Full name of contributor out-of-state PAC ( 05/13/2024 Knox Reagan	(ID#:) Amount of In-kind contribution contribution (\$) description				
05/13/2024 Knox, Reagan  Contributor address; City; State; Zip Code	\$80.00 Silent Auction Item -				
Contributor address, City, State, Zip Code	tickets				
Willis, TX 77378	Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)					
Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)					
Reservations	Manager				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
Texas Renaissance Festival					
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICI	IAL)				

### 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 9/19	Chambers, Kenneth R. (Mr.)		00087686
4	Date	5 Payee name		<b>'</b>
	06/02/2024	Capital One		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$1,000.00	PO Box 71083		
		Charlotte, NC 28272		
8	PURPOSE	<u> </u>	(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Sister State Capitalia		Check if Austin, TX, officeholder living expense
				Credit Card Payment
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit 6/61	'		
l	Date	Payee name		
	05/02/2024	Capital One		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1,000.00	PO Box 71083		
		Charlotte, NC 28272		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
				Credit Card Payment
				Credit Card Fayment
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		giit	Office field
⊨	Data	Davis asses		
l	Date 04/02/2024	Payee name Capital One		
L		•	-1 -	
l	Amount (\$)	Payee address; City; State; Zip Col PO Box 71083	ae	
l	\$1,000.00	PO BOX 71003		
		Ob		
		Charlotte, NC 28272		
l	PURPOSE OF	,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Credit Card Payment		Check if Austin, TX, officeholder living expense
l				Credit Card Payment
Г	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O	1		
Г				
L				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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:	
L	Sch: 2/5 Rpt: 10/19	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	03/02/2024	Capital One
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 71083
		Charlotte, NC 28272
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit Card Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
F	Date	Payee name
	03/03/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.44	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	03/04/2024	DonorBox
H	Amount (\$)	Payee address; City; State; Zip Code
	\$18.23	1520 Belle View Blvd.
	,	#4106
		Alexandria, VA 22307
H	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
		Fees
_	Operation ONE VIII II	Our fields (Office health are now as the control of the country of
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
$\vdash$		

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 3/5 Rpt: 11/19	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	03/04/2024	DonorBox
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.46	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  Fees
		1 663
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/13/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.92	1520 Belle View Blvd.
		#4106
		Alexandria, VA 22307
H	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
		Fees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/16/2024	DonorBox
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.37	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
		Fees
L	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

	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: 4/5 Rpt: 12/19	Chambers, Kenneth R. (Mr.)	00087686
4	Date	5 Payee name	•
	03/15/2024	Radiant Mark Design Studio, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$95.00	350 Lake View Dr.	
		Montgomery, TX 77356	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	l outside of Texas. Complete Schedule T.
		Ad Design	n, TX, officeholder living expense
		, ta 203igii	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	03/03/2024	Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.03	354 Oyster Point Blvd.	
	<b>42.00</b>		
		South San Francisco, CA 94080	
_	PURPOSE		
	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	1 003	n, TX, officeholder living expense
		Fees	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit eroi	'	
	Date	Payee name	
	03/04/2024	Stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.50	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	1 003	l outside of Texas. Complete Schedule T.
		Fees	n, TX, officeholder living expense
		, 335	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 5/5 Rpt: 13/19	Chambers, Kenneth R. (Mr.) 00087686
4	Date	5 Payee name
	03/04/2024	Stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.06	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
		Fees
		1 663
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	05/13/2024	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  Fees
		1 663
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	05/16/2024	Stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.57	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
		Fees
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	capenditule to belieff C/Of	1

### 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 (Ethics Commission	n Filers)				
Sch: 1/5 Rpt: 14/19	Chambers, Kennetl	h R. (Mr.)		00087686					
4 CREDIT CARD ISSUER		ncial institution al One	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	URES \$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$50.00	06/17/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, 2	Zip Code				
	The Woodlands Area Chamber of								
	(-) 0-1		The Woodlands, TX 7	7381					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Member Dues						
X Political	Fees		Wieniber Dues						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH			1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$50.00	05/15/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, 2	Zip Code				
	The Woodlands Area Chamber of		9320 Lakeside Blvd.						
			The Woodlands, TX 7	7381					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Member Dues						
X Political	Fees								
Non-Political	`	of Texas. Complete Schedule T.		, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ffice sought Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid					
	\$80.91	04/25/2024	(5) 2415(6) 6.0411 6414 15	335.1					
PAYEE	(a) Payee name		(b) Payee address;	City, State, 2	Zip Code				
'/	(a) Payee name		1319 W Davis St	City, State, 2	zip Code				
	OFFICE DEPOT #6	OFFICE DEPOT #620		1019 W Davis St					
			Conroe, TX 77304						
PURPOSE OF (a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)	Office Supplies						
X Political	Printing Expense								
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct			e sought	Office held					

### 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 (Ethics Commission File				sion Filers)	
	Sch: 2/5 Rpt: 15/19	Chambers, Kennetl	00087686					
4	CREDIT CARD ISSUER	Name of financial institution see previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD		DITURES	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$43.30	04/25/2024					
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	THE UPS STORE 4211		502 W Mo	ontgomery				
L				Willis, TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Printing Expense	or this serieucie,	Invitations	5			
	X Political							
	Non-Political	(*) <b>L</b>	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		
е	expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	1() 5 ( ()	0 1: 0 11	5 : 1		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$50.00	04/25/2024					
PAYEE		(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		The Woodlands Area Chamber of		9320 Lake	eside Blvd.			
				The Woodlands, TX 77381				
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Member Dues				
	X Political							
	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 Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$17.89	03/25/2024					
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
l		Facebook		1 Hacker Way				
l								
L				Menlo Park, CA 94025				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
1		Advertising Expense	or and somewhite)	Advertisin	ng			
	X Political							
	Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.	<u>-</u>				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	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 (Ethics Commission Filers)							
Sch: 3/5 Rpt: 16/19	Chambers, Kennetl	h R. (Mr.)		00087686						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid						
	\$50.00	03/15/2024								
7 PAYEE (a) Payee name  The Woodlands Area Chamber of			(b) Payee address; City, State, Zip Code 9320 Lakeside Blvd.							
			The Woodlands, TX 773	81						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
<u></u>	Fees	or this scriedule)	Member Dues							
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense					
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 Issu	er Paid						
	\$866.00	03/14/2024								
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
Sign Boss			32815 FM 2978							
			Magnolia, TX 77354							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Description							
EXPENDITURE			Campaign Signs							
X Political	Advertising Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living exp	ense					
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 Issu	er Paid						
	\$64.94	03/04/2024								
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code				
	TRACTOR SUPPLY CO #198		12466 Interstate 45 N							
			Willis, TX 77378							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	T-posts							
X Political	/ lavertising Expense									
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			X, officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						
, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										

### 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:	4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 4/5 Rpt: 17/19	Chambers, Kennetl			00087686				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer I		r Paid			
	\$25.00	03/05/2024						
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
	Facebook	-acebook		· Way				
	( ) 0 :			ark, CA 94025				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
X Political	Advertising Expense		Auvertisi	ng				
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)	Credit Card Issue	r Paid			
	\$67.38	03/04/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
CITIZENS GRILL			315 Encl	ave Dr Suite 300	)			
				TX 77384				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descrip	otion				
_		od/Beverage Expense		Food				
X Political								
Non-Political	`	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	r Paid			
	\$134.45	03/04/2024						
PAYEE			(b) Payee	address;	City,	State,	Zip Code	
			502 W Montgomery					
	I THE UPS STORE	4211						
			Willis, TX					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Flyers					
l <u> </u>	Printing Expense		1 Iyels					
I <b>=</b>	X Political				<i>(</i> ** 1 11 *** *			
<u> </u>	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate/Officeholder name Offic			Check if Austin, TX,	office held	ense		
Complete ONLY if direct expenditure to benefit C/OH		name Office	e sought		Onice Held			
Inpondició de bonone el con-								

#### 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

	Candidate/Officeriolder/Folitica		ruction Guide explains how	to complete		TIEN (enter a categor	y not listed a	bove)		
1	Total pages Schedule F4:	<u> </u>				3 Filer ID (Ethics Commission Filers)				
<u>-</u>	Sch: 5/5 Rpt: 18/19	Chambers, Kenneth	00087686				,			
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer F		Paid				
		\$287.65	03/04/2024							
7	PAYEE	(a) Payee name FEDEX Office		(b) Payee 5775 Eas	stex Fwy	City,	State,	Zip Code		
Ļ	DUDDO05.05	(a) Cataman			nt, TX 77706					
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Descrip	ption					
	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 Office	e sought		Office held				
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuei	Paid				
		\$7.97	03/02/2024							
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
		H-E-B #791		12350 IN	ITERSTATE 45 N	I				
				Willis, TX	< 77378					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Descrip						
	EXPENDITURE			Office Supplies						
	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid				
		\$485.00	03/02/2024							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
l		Market Control		310 N Danville St						
	Montgomery County Printers		Willis, TX	< 77378						
Г	PURPOSE OF	(a) Category		(b) Descrip	ption					
	EXPENDITURE	Printing Expense		Flyers						
	X Political									
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH				<del></del>	Office held				
Г										

#### 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: 19/19 2 FILER NAME Filer ID (Ethics Commission Filers) Chambers, Kenneth R. (Mr.) 00087686 8 Amount (\$) Date 5 Name of person from whom amount is received 03/20/2024 Woodforest National Bank \$1.22 6 Address of person from whom amount is received; City; State; Zip Code Willis, TX 77378 7 Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received 04/20/2024 Woodforest National Bank \$1.31 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 Date Name of person from whom amount is received Amount (\$) 05/20/2024 Woodforest National Bank \$1.23 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 Date Name of person from whom amount is received Amount (\$) 06/20/2024 Woodforest National Bank \$1.59 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