CORRECTION/AMENDMENT AFFIDAVIT FORM JCOR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00062484 31 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable David 07/17/2024 NAME NICKNAME LAST **SUFFIX** Schenck Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff Other (specify) January 15 REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 02/25/2024 06/30/2024 **EXPLANATION OF CORRECTION** This is a correction as a result of my difficulty with the software updating the corrections the night of the filing that required me to manually reenter all of the expense information manually. The only difference here is that the reimbursement boxes are checked as per the original filing that was omitted in the manual re-entries in the corrected version. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable David Schenck Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

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) 00062484 31 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David NAME Date Received **ELECTRONICALLY FILED** 07/17/2024 NICKNAME LAST **SUFFIX** Schenck CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Christopher D. NAME NICKNAME LAST **SUFFIX** Kratovil **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 462-6400 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 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 Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None Court of Criminal Appeals, Presiding Judge Place 1

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

3 of 31

13 C / OH NAME	Schenck, David (The	Honorable)	14 Filer ID 00062484	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or officence. Candidate's and officeholders are required to report this information only if they receive					
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
<u> </u>	X GENERAL	Bastrop County Conservative PAC				
		COMMITTEE ADDRESS				
	SPECIFIC	PO Box 157				
		Bastrop , TX 78602				
		COMMITTEE CAMPAIGN TREASURER NAME				
		Lawson, Cooper				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
		PO Box 157				
		Bastrop, TX 79602				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 12,964.50		
EXPENDITURE TOTALS	 	IZED POLITICAL EXPENDITURES	,	\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 60,967.06		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 13,858.56		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 23,819.64		
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		The Hon	orable David Schend	:k		
		Signature o	f Candidate or Officeho	ider		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	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	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath		

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM JC/OH ADDENDUM

Page 4 of 31

C / OH NAME	Schenck, David (The	Honorable)	Filer ID 00062484	(Ethics Commission Filers)		
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures					
	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	Conservative Coalition of Harris County				
		COMMITTEE ADDRESS				
	SPECIFIC	PO Box 431158				
		Houston, TX 77243				
		COMMITTEE CAMPAIGN TREASURER NAME				
		Butch Davis				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
		PO Box 431158				
		Houston, TX 77243				
NOTICE FROM POLITICAL COMMITTEE(S) This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures						
	COMMITTEE TYPE	COMMITTEE NAME				
	X GENERAL	Texans for Responsible Judges				
		COMMITTEE ADDRESS				
	SPECIFIC	14425 Falcon Head Blvd				
		austin, TX 78738				
		COMMITTEE CAMPAIGN TREASURER NAME Hobbs, Cabell				
		·	20			
		COMMITTEE CAMPAIGN TREASURER ADDRES PO Box 341027	55			
		FO BOX 341027				
		Austin, TX 78734				

SUBTOTALS - JC/OH

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

				5 of 31
18 FILER NA	ME , David (The Honorable)	19 Filer ID 00062484	(Ethics Comm	ission Filers)
	LE SUBTOTALS - SCHEDULE		SUBTOT	AL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	12,085.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	879.50
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	;	\$	48,390.41
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ons	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	129.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	12,547.65
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	ETURNED	\$	4.05
			•	

	MONET	ARY POLITICAL C	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 6/31
2	FILER NAME Schenck, Da	avid (The Honorable)			3 Filer ID (Ethics Commission Filers) 00062484
4	Date 05/30/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$) \$1,000.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
10	Contributor's o	employer/law firm		11 Law firm of contributor's sp	spouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if a	nny)	I	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	02/27/2024	Bernard, Tim Contributor address; City; St Zebulon, NC 27597			\$5.00
	Contributor's	Principal Occupation		Contributor's Job Title	<u> </u>
	retired	-ппстрат Оссираціоп		n/a	
		employer/law firm		Law firm of contributor's sp	enouse (if any)
	na	employer/law lilli		n/a	pouse (ii arry)
		s a child, law firm of parent(s) (if a	uny)	170	
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	02/29/2024	Canyon Lake Republican Contributor address; City; St Canyon Lake , TX 78133			\$750.00
	Contributor's I	Principal Occupation		Contributor's Job Title	-
	Contributor's	employer/law firm		Law firm of contributor's sp	spouse (if any)
	If contributor i	s a child, law firm of parent(s) (if a	nny)		

	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: 2/5 Rpt: 7/31
2	FILER NAME Schenck, Da	avid (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062484
4	Date 03/02/2024	5 Full name of contributor Donald , Huffines6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,500.00
		Dallas, TX 75225				
8		Principal Occupation		9 Contributor's Job Title		
40	Real Estate			Self		Ct - m)
10	Huffines Cor	employer/law firm		11 Law firm of contributor's sp	oous	e (II any)
12		s a child, law firm of parent(s) (i	f any)	lia .		
12	. II CONTINUED I	s a crilia, law litti of pareril(s) (i	i arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	03/01/2024	Hall, David	U out of state (No (IB#.)		\$50.00
		Contributor address; City;	State: 7in Code		-	\$30.00
		,				
		Sweetwater, TX 79556				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Judge			n/a		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	n/a					
	If contributor i	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	03/01/2024	Hall, Jana	<u> </u>			\$50.00
		Contributor address; City;	State; Zip Code		1	
		Sweetwater, TX 79556				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Real estate	investor		Investor		
Contributor's employer/law firm Law firm of contributor's s			oous	e (if any)		
	n/a					
	If contributor i	s a child, law firm of parent(s) (i	f 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: 3/5 Rpt: 8/31
2	FILER NAME Schenck, Da	avid (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062484
4	Date 02/29/2024	 5 Full name of contributor Huffines, Phillip 6 Contributor address; City; 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$5,000.00
Ļ	Cantuila staula I	Dallas, TX 75205		O Constributorio Joh Title		
8	Real Estate	Principal Occupation		9 Contributor's Job Title Self		
10		employer/law firm		11 Law firm of contributor's sp	20116	co (if any)
10	na	етпрюуетлам шті		na	Jous	se (II ally)
12		s a child, law firm of parent(s) (i	f any)	1100		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	03/01/2024	Hunter, Valerie Contributor address; City;	State; Zip Code			\$100.00
		Portland, OR 97215				
		Principal Occupation		Contributor's Job Title		
	Radiologist			Doctor		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	na		£ A			
	If contributor is	s a child, law firm of parent(s) (i	fany)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	03/11/2024	Lutz, William	_			\$25.00
		Contributor address; City; Austin, TX 78727	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Public Serva			Same		
				Law firm of contributor's sp	oous	se (if any)
	n/a					
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL CON	ITRIBUTIC	ONS		SCHEDULE F	\(J)1
	The Instru	ction Guide explains how to c	omplete this f	orm.		es Schedule A(J)1: Rpt: 9/31	
2	FILER NAME Schenck, Da	avid (The Honorable)			3 Filer ID 0006248	(Ethics Commissio 4	n Filers)
4	Date 06/10/2024	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount o	f Contribution (\$)	\$100.00	
g	Contributor's I	Austin, TX 78701 Principal Occupation		9 Contributor's Job Title			
Ü	Attorney	ппораг Оссарацоп		Attorney			
10		employer/law firm		11 Law firm of contributor's sp	ouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor ou	t-of-state PAC (ID#:_)	Amount o	f Contribution (\$)	
	05/30/2024	Preston West Republican Wom Contributor address; City; State; Zi Dallas, TX 75248	en			· ·	\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	00111110010101	тторы обобранот					
	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 ou	t-of-state PAC (ID#:_)	Amount o	f Contribution (\$)	
	02/27/2024	Shah, Nishad Contributor address; City; State; Zi Richmond, VA 23294	p Code				\$5.00
	Contributor's I	Principal Occupation		Contributor's Job Title	l		
IT Information Technolo		Information Technologis	st				
	Contributor's on/a	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)					

MONET	ARY POLITICAL C	CONTRIBUTIO	DNS		SCHEDULE A(J)1
The Instru	ction Guide explains how	to complete this f	orm.		ges Schedule A(J)1: 5 Rpt: 10/31
2 FILER NAME					(Ethics Commission Filers)
	avid (The Honorable)			0006248	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)		of Contribution (\$)
05/09/2024	Wilson County Republicar 6 Contributor address; City; Sta	Party Executive Con			\$1,000.00
	Floresville, TX 78114				
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	•	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if a	ny)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of	of Contribution (\$)
03/02/2024	huffines, Mary catherine	` -			\$2,000.00
	Contributor address; City; Sta	ate; Zip Code			
	Dallas, TX 75205				
	Principal Occupation		Contributor's Job Title		
Retired			Wife Mother	(if)	
na Contributors	employer/law firm		Law firm of contributor's sp	ouse (if any)	
	s a child, law firm of parent(s) (if a	mv)	Πα		
ii contributor i	s a clind, law litti of paretit(s) (ii a				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCI	IFF		_	ΛΊ
301	ᇽᆮᇈ	UL		~4

The Instruct	ion Guide explains how to complete this fo	orm.	1	Total pages Schedule A2: Sch: 1/1 Rpt: 11/31
2 FILED NAME			_	·
2 FILER NAME Schenck, Davi	d (The Honorable)		3	Filer ID (Ethics Commission Filers) 00062484
4 TOTAL OF U	INITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00
5 Date 6	Full name of contributor out-of-state PAC (ID#:)	8	Amount of 9 In-kind contribution
05/01/2024 	Glasheen, Kevin Contributor address; City; State; Zip Code			contribution (\$) description \$667.00 1/3 of booth fee for Republican State Convention
	Austin, TX 78701			Check if travel outside of Texas. Complete Schedule T.
10 Principal occupa	ation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	IDICIAL) (See instructions)
12 Contributor's pri	ncipal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)
Attorney		Oartner		
14 Contributor's em	ployer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's	spouse (if any) (FOR JUDICIAL)
Glasheen, Val	les & Inderman			
16 If contributor is a	a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/01/2024	Full name of contributor			Amount of contribution (\$) In-kind contribution description \$212.50 1/3 of banner expense for Republican state convention
	Rockport, TX 78372			Check if travel outside of Texas. Complete Schedule T.
Principal occupa	ation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JU	IDICIAL) (See instructions)
Contributor's pri	ncipal occupation (FOR JUDICIAL)	Contributor's job title	(FC	OR JUDICIAL) (See instructions)
Retired		n/a		
Contributor's em	nployer/law firm (FOR JUDICIAL)	Law firm of contributo	r's	spouse (if any) (FOR JUDICIAL)
n/a				
If contributor is a	a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEDGE	ED CONTRIBUTIONS (JUDIC	IAL)		SCHEDU	JLE B(J)
The Ir	nstruction Guide explains how to compl	ete this form.	1 Total pages Sch Sch: 1/1 Rpt:		
2 FILER NAME Schenck, Dav	vid (The Honorable)		3 Filer ID (I	Ethics Commission	n Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		•	\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID# 7 Pledgor Address; City; State; Zip		8 Amount of pledge (\$)	9 In-kind o	description olicable)
			Check if travel of	ı outside of Texas. (Complete Schedule T.
10 Pledgor's princ	ipal occupation	11 Pledgor's job title			
12 Pledgor's empl	oyer/law firm	13 Law firm of pledgo	or's spouse (if any)		
14 If pledgor is a o	child, law firm of parent(s) (if any)				

SCHEDULE F1

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

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

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

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: 1/11 Rpt: 13/31	Schenck, David (The Honorable) 00062484
4	Date	5 Payee name
	03/08/2024	Lone Star Directors
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,421.43	PO Box 201131
		Austin, TX 78720
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Videographer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/28/2024	Lone Star Directors
	Amount (\$)	Payee address; City; State; Zip Code
	\$762.50	PO Box 201131
		Austin, TX 78720
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Editing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
_	Date	Payee name
	02/28/2024	Schenck, David
	Amount (\$)	Payee address; City; State; Zip Code 1717 Main St.
	\$20,000.00	1717 Main St.
		Dallas, TX 75225-2118
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursed like amount of expense reported on
		thirty day report
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4

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: 2/11 Rpt: 14/31	Schenck, David (The Honorable) 00062484
4	Date	5 Payee name
	03/10/2024	fidelity credit card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$174.78	PO Box 770001
		Cincinnati, OH 45277
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment of bill for expense reported on 8-day report
		Home Depot
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	03/10/2024	fidelity credit card
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.96	PO Box 770001
		Cincinnati, OH 45277
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment of bill for expense reported on 8-day report
		Amarillo Uber
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	03/10/2024	fidelity credit card
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 770001
		Cincinnati, OH 45277
	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 Payment of bill for expense reported on 8-day report
		Montgomery County Tea Party Event
-	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to con	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/11 Rpt: 15/31	Schenck, David (The Honorable)		00062484
4	Date	5 Payee name		
	03/10/2024	fidelity credit card		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$686.98	PO Box 770001		
		Cincinnati, OH 45277		
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 Payment of bill for expense reported on 8-day report
				DRI Printing
_	Commission ONLL V if disposit	Condidate/Office helder norms	a. la 4	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	gnt	Office held
	Date	Payee name		
	03/10/2024	fidelity credit card		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$29.00	PO Box 770001		
		Cincinnati, OH 45277		
	PURPOSE OF	2 ((b)	Description
	EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Payment of bill for expense reported on 8-day report
				Campaign Partner
	Complete ONLY if direct	Candidate/Officeholder name Office souc	aht	Office held
	expenditure to benefit C/O		9	0.1100
_	Date	Davis asses		
	03/10/2024	Payee name fidelity credit card		
		-		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$153.36	PO Box 770001		
		Cincinnati, OH 45277		
	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 Payment of bill for expense reported on 8-day report
				Hilton Hotel
	Operation ONE With disease	Constitute (Office leading a group	14	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	gnt	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
1	Sch: 4/11 Rpt: 16/31	Schenck, David (The Honorable) Schenck Over 10 (Ethics Continues Soft Pilets)
4	Date	5 Payee name
	03/20/2024	fidelity credit card
6	Amount (\$) \$29.00	7 Payee address; City; State; Zip Code PO Box 770001 Cincinnati, OH 45277
8	PURPOSE	
١	OF	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment of bill for expense reported on 30-day report Campaign partner
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2024	fidelity credit card
	Amount (\$)	Payee address; City; State; Zip Code
	\$503.96	PO Box 770001
		Cincinnati, OH 45277
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment of bill for expense reported on 8-day report Amarillo flight.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2024	fidelity credit card
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.35	PO Box 770001
		Cincinnati, OH 45277
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Payment of bill for expense reported on 8-day report Amarillo Hotel
	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

	Candidate/Officeholder/Politica Credit Card Payment			es/Wag	ense ges/Contract Labor		OTHER (enter a	category not listed above)
	Credit Card Payment		The Instruction Guide explains how to	comp	olete this form.			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 5/11 Rpt: 17/31		Schenck, David (The Honorable)				00062484	
4	Date	5	Payee name					
	03/10/2024		fidelity credit card					
6	Amount (\$)	7	Payee address; City; State; Zip	Code	e			
	\$529.34		PO Box 770001					
			Cincinnati, OH 45277					
_	DUDD 0.05	<u> </u>		10	.			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(1)	Description	outo	do of Toyon Com	plete Schedule T.
	EXPENDITURE		Credit Card Payment				officeholder living	
					ш			reported on 30-day
					report Offic			
9	Complete ONLY if direct		Candidate/Officeholder name Office	<u> </u>	nt		Office he	eld
	expenditure to benefit C/O			J				
_	Date	Т	Payee name					
	03/10/2024		fidelity credit card					
	Amount (\$)	┝		Code	`			
	\$90.00		Payee address; City; State; Zip PO Box 770001	Code	-			
	φ90.00		FO BOX 170001					
		L	Cincinnati, OH 45277					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b	Description			
	EXPENDITURE		Credit Card Payment				de of Texas. Com officeholder living	plete Schedule T.
					ш			reported on 30-day
					report Katy			
	Complete ONLY if direct		Candidate/Officeholder name Office	<u> </u>	nt		Office he	eld
	expenditure to benefit C/O				•			
	Date	Т	Payoo namo					
	03/10/2024		Payee name fidelity credit card					
		-		Code				
	Amount (\$)		Payee address; City; State; Zip PO Box 770001	Code	;			
	\$123.17		PO BOX 770001					
			01					
			Cincinnati, OH 45277					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b	Description			
	EXPENDITURE		Credit Card Payment		ш		de of Texas. Com , officeholder living	plete Schedule T.
								reported on 30-day
					report Ham			po co au
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office	SOLIGH	nt		Office h	eld
	expenditure to benefit C/Ol		January Children Harris Office	Jougi	••		Onioc III	···

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 6/11 Rpt: 18/31	Schenck, David (The Honorable) Schenck Over 10 (Ethics Commission Files) 00062484
4	Date	5 Payee name
	03/10/2024	fidelity credit card
6	Amount (\$) \$501.41	7 Payee address; City; State; Zip Code PO Box 770001
		Cincinnati, OH 45277
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment of bill for expense reported on 30-day report DRI Printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/10/2024	fidelity credit card
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.12	PO Box 770001
		Cincinnati, OH 45277
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment of bill for expense reported on 8-day report
		USPS (Stamps)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2024	fidelity credit card
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,400.00	PO Box 770001
		Cincinnati, OH 45277
	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
		Payment of bill for expense reported on 8-day report Install Connect
Н	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 Candidate/Officeholder/Political Committee

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 19/31	Schenck, David (The Honorable)	00062484
4	Date	5 Payee name	
	03/10/2024	fidelity credit card	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.89	PO Box 770001	
		Cincinnati, OH 45277	
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
			Payment of bill for expense reported on 8-day report Home Depot
Ļ			<u> </u>
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experientare to serious eye.		
	Date	Payee name	
	03/10/2024	fidelity credit card	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15,000.00	PO Box 770001	
		Cincinnati, OH 45277	
	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 Payment of bill for expense reported on 8-day report
			A4 Media
_	Operation ONE With disease	Constitute 10ff as helder your	Office hold
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	03/20/2024	fidelity credit card	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.99	PO Box 770001	
		Cincinnati, OH 45277	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Payment of bill for expense reported on 8-day report
			Apple
	Commission ONII V if direct	Constitute / Office helder regree	· ·
	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 Co

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		OTHER (enter a category not listed above)
	Credit Card F dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 20/31	Schenck, David (The Honorable)	00062484
4	Date	5 Payee name	•
	03/10/2024	fidelity credit card	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	PO Box 770001	
		Cincinnati, OH 45277	
8	PURPOSE	<u> </u>	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Credit Card Paymont	evel outside of Texas. Complete Schedule T.
	EXPENDITURE	Great Gara Layment	ustin, TX, officeholder living expense
		Payment o	of bill for expense reported on 30-day
		report Al	rlington Women Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/27/2024	stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.20	510 Townsend St	
		San Francisco, CA 94103	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if tra	evel outside of Texas. Complete Schedule T.
EXPENDITURE		/ tecounting/ Banking	ıstin, TX, officeholder living expense
		Credit card	d processing fee for online contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/27/2024	stripe	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.16	510 Townsend St	
		San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		evel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	ıstin, TX, officeholder living expense
		Credit card	d processing fee for online contribution
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/O	1	

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/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: 9/11 Rpt: 21/31	Schenck, David (The Honorable) 00062484
4	Date	5 Payee name
	02/25/2024	stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.65	510 Townsend St
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee for online contribution
		Create data processing fee for crimine contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	02/27/2024	stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.16	510 Townsend St
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit card processing fee for online contribution
		Credit card processing fee for origine contribution
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	03/02/2024	stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.00	510 Townsend St
		San Francisco, CA 94103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Credit cord processing foe for online contribution
		Credit card processing fee for online contribution
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

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/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: 10/11 Rpt: 22/31	Schenck, David (The Honorable) 00062484
4	Date	5 Payee name
	06/10/2024	stripe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.20	510 Townsend St
		San Francisco, CA 94103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee for online contribution
		Croate sale processing too for crimine contained
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/29/2024	stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	510 Townsend St
	Ψ100.00	310 Townsend St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee for online contribution
		Credit data processing fee for orinine contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 03/01/2024	Payee name
		stripe
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.80	510 Townsend St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee for online contribution
		Credit card processing fee for orinine contribution
	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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 11/11 Rpt: 23/31	2	FILER NAME Schenck, David (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062484
4	Date 03/01/2024	5	Payee name stripe		
6	Amount (\$) \$3.20	7	Payee address; City; State; Zip Co 510 Townsend St San Francisco, CA 94103	ode	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee for online contribution
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ght	Office held
	Date 03/02/2024		Payee name stripe		
	Amount (\$) \$42.80		Payee address; City; State; Zip Co 510 Townsend St San Francisco, CA 94103	de	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fee for online contribution
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ght	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Serv	vices	Salaries/Wages/Contract La	abor OT	THER (enter a cate	gory not listed al	oove)
		ruction Guide explains he	ow to complete this fo	rm.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
Sch: 1/1 Rpt: 24/31	Schenck, David (Th	ne Honorable)			00062484		
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF U		_		
ISSUER	Fic	lelity	EXPENDITUI CHARGED T		\$		
		•	CARD	O A CILLDII			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	it Card Issuer	Paid		
	\$29.00	06/11/2024					
	Ψ23.00	00/11/2024					
7 PAYEE	(a) Payee name		(b) Payee addre	SS:	City,	State,	Zip Code
	(1)		16 Dudley St	,	,,	,	
	Campaign Partner		10 Budiey Gt				
			Fitchburg, MA	01420			
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Website hostir	ng			
X Political	Advertising Expense			Ū			
Non-Political	(3) Day 177 1 1 1 1	(T. 0. 1. 0. 1. 1.			"		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule 1	fice sought	eck if Austin, TX,	officeholder living of Office held	expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Oniceriolder	Tiaille Oi	nce sought		Office field		
PAYMENT	(a) Amount Charged	(b) Data of Charge	(a) Data(a) Crad	it Card Issuer	Doid		
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	il Caru issuer	Palu		
	\$100.00	06/12/2024					
DAVEE							
PAYEE	(a) Payee name		(b) Payee addre		City,	State,	Zip Code
	Texas Criminal Def	fense Lawvers	6808 Hill Mea	dows			
	Toxas ommas Bot	oneo Larry oro					
	() 2 :		Austin , TX 78	736			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Event Expense	,	Rusty Duncan				
Political							
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule 1		eck if Austin, TX,	officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder	r name Of	fice 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 Consulting Expense Contributions/ Donations Made By

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/	Wages/Contract Labor		OTHER (enter a category not listed above)	
	credit card r ayment		The Instruction Guide explains how to co	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 25/31		Schenck, David (The Honorable)			00062484	
4	Date	5	Payee name				
	05/26/2024		Avis				
6	Amount (\$)	7	Payee address; City; State; Zip Ci	ode			
	\$153.93		3819 Presidential Blvd				
	Reimbursement from						
	X political contributions intended		Austin TV 70710				
_		Ļ.	Austin, TX 78719	I =			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	4	Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense	e T.
	EXPENDITURE		Travel In District	Dontal oar for rotu	_		
				Remarcar for rem	וווג	n from state Rep. Convention	
9	Complete ONLY if direct	Γ	ndidate/Officeholder name	Office sought		Office held	
9	expenditure to benefit	Cai	ididate/Oniceriolder name	Office Sought		Office field	
	C/OH						
	Date		Payee name				
	05/11/2024		Campaign Partner				
	Amount (\$)	┢	Payee address; City; State; Zip Co	ode			
	\$29.00		16 Dudley St				
	Reimbursement from		,				
	X political contributions intended		Fitchburg, MA 01420				
	PURPOSE	┝	Category (See Categories listed at the top of this schedule)	Description	1 c	Check if travel outside of Texas. Complete Schedul	- T
	OF		Advertising Expense	Description	4	Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Advertising Expense	Website hosting	•		
	Complete ONLY if direct	Ca	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
	C/OI1						
	Date		Payee name				
	03/11/2024		Campaign Partner				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$29.00		16 Dudley St				
	Reimbursement from						
	X political contributions intended		Fitchburg, MA 01420				
	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description	CI	Check if travel outside of Texas. Complete Schedul	е Т.
	OF EXPENDITURE		Advertising Expense		CI	check if Austin, TX, officeholder living expense	
				Website hosting			
		Ca	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memor Legal Services The Instruction	·		expense Wages/Contract Labor complete this form.	Travel Out of Dist OTHER (enter a d	rict category not listed above)
1	Total pages Schedule G:	2	FILER NAME	Ī				3 Filer ID (Et	hics Commission Filers)
	Sch: 2/4 Rpt: 26/31		Schenck, D	avid (The Hor	norable)			00062484	
4	Date	5	Payee name						
	04/11/2024		Campaign I	Partner					
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode		
	\$29.00		16 Dudley S	St					
	Reimbursement from political contributions intended		Fitchburg, N	ИА 01420					
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	edule)	(b) Description	Check if travel outsid	e of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			l L	Check if Austin, TX, o	officeholder living expense
							Website hosting		
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Of	ffice held
	Date		Payee name						
	05/08/2024		Capitol pro	notions					
	Amount (\$)	T	Payee addre	ss; City;	State	; Zip Co	ode		
	\$1,168.00		2362 Oakda	ale					
	Reimbursement from								
	x political contributions intended		Glenside, P	A 19038					
	PURPOSE		Category (S	ee Categories listed	at the top of this sch	edule)	Description [Check if travel outsid	e of Texas. Complete Schedule T.
	OF EXPENDITURE		Printing Exp	oense			[Check if Austin, TX, o	officeholder living expense
							Bumper Stickers	i	
		Car	ndidate/Office	holder name			Office sought	Ot	ffice held
	expenditure to benefit C/OH								
	C/OTT								
	Date		Payee name						
	05/25/2024		Hampton In	n					
	Amount (\$)	T	Payee addre	ss; City;	State	; Zip Co	ode		
	\$646.34		1130 Larkir	ı Ave					
	Reimbursement from								
	x political contributions intended		Seguin, TX	78115					
	PURPOSE		Category (s	ee Categories listed	at the top of this sch	edule)	Description	Check if travel outsid	e of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In Di	strict				Check if Austin, TX, o	officeholder living expense
	Z. LIDITOIL						Hotel for State R	epublican Conv	ention
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Of	ffice held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	T T	ravel in Distr ravel Out of		
The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAME	1			3 F	iler ID	(Ethics Commission Filers)	
	Sch: 3/4 Rpt: 27/31	Schenck, D	avid (The Honorable)			0	0062484	4	
4	Date	5 Payee name							
	05/18/2024		Women of Greater North T	exas					
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode				
	\$1,000.00	PO Box 23!	53						
	Reimbursement from								
	X political contributions intended	Frisco, TX	75034						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	Ched	ck if travel ou	utside of Texas. Complete Schedule T.	
	OF	Event Expe	nse			Ched	ck if Austin,	TX, officeholder living expense	
	EXPENDITURE				College Scholars	ship C	Sala Eve	nt	
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit				Ū				
	C/OH								
	Date	Payee name							
	03/02/2024	YT ad servi	ces						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5,000.00	l	440 E. Trinity Mills						
	Reimbursement from		,						
	x political contributions intended	Carrollton .	TV 75006						
		Carrollton,							
	PURPOSE OF		ee Categories listed at the top of this sch	nedule)	Description	=		utside of Texas. Complete Schedule T. TX, officeholder living expense	
	EXPENDITURE	Advertising	Expense		L Van Tuba Ad	Chec	ok ii Ausuri,	TX, officeriolder living expense	
					You Tube Ad				
	0 1: 0.11.7.7.1.				0.00			000	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	nolder name		Office sought			Office held	
	C/OH								
	Date	Payoo namo							
	04/05/2024	Payee name texas trade	granhics						
_				. 7:- 0-	-1-				
	Amount (\$)	Payee addre	•	; Zip Co	ode				
	\$519.60	2935 Irving	Bivu						
	Reimbursement from political contributions	Suite 202							
	intended	Dallas, TX	75247						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	_		ıtside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Printing Exp	oense			Ched	ck if Austin, 1	ΓX, officeholder living expense	
					Signs				
		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
<u> </u>									

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: 4/4 Rpt: 28/31 Schenck, David (The Honorable) 00062484 Date Payee name 03/04/2024 texas trade graphics 6 Amount (\$) Payee address; City; State; Zip Code 2935 Irving Blvd \$1,753.65 Suite 202 Reimbursement from political contributions intended Х Dallas, TX 75247 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Printing Expense EXPENDITURE** Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/14/2024 texas trade graphics Amount (\$) Payee address; City; State; Zip Code \$2,219.13 2935 Irving Blvd Suite 202 Reimbursement from political contributions Х Dallas, TX 75247 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 Printing Expense **EXPENDITURE** Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

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ccu	IFDU	к
эсп	IEDU	

	The Instru	ction Guide explains how to complete this form.			ages Schedule K: /1 Rpt: 29/31	
2	FILER NAME	3	3 Fi	ler ID	(Ethics Commission F	ilers)
	Schenck, Da	avid (The Honorable)	00624	484		
4	Date 03/08/2024	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$)	\$2.32
		San Antonio, TX 78509				
		7 Purpose for which amount is received	litical	contri	bution returned to filer	
	Date 04/08/2024	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.67
		San Antonio, TX 78509 Purpose for which amount is received	litical	contri	bution returned to filer	
		Interest				
	Date 05/08/2024	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.46
		San Antonio, TX 78509				
		Purpose for which amount is received	litical	contri	bution returned to filer	
	Date 06/10/2024	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.60
		San Antonio, TX 78509				
		Purpose for which amount is received	litical	contri	bution returned to filer	

OUTSTAN	IDING LOANS	SCHEDULE			
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 30/31			
FILER NAME Schenck, David	(The Honorable)	3 Filer ID (Ethics Commission Filers) 00062484			
LENDER INFORMATION	4 Name of lender Schenck, David	-			
	5 Lender address; City; State; Zip Code				
	Dallas, TX 75201				
GUARANTOR INFORMATION	6 Name of guarantor				
X not applicable	7 Guarantor address; City; State; Zip Code				

TEXT ANNOTATION	
	Sch: 1/1 Rpt: 31/31
FILER NAME	Filer ID (Ethics Commission Filers)
Schenck, David (The Honorable)	00062484
Schedule	
L	
Information entered by filer as a memo:	
Out of an abundance of caution I am rereporting the amounts paid from personal funds bu earlier reports, including reports covering the end of my term on the 5th court July 2022 ar that date (\$23,819), I do not understand reported but as yet unreimbursed amounts to be line here to be netted with such further amounts on these reports that followed.	nd 1/2023 reports covering all periods prior to