CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00062484		23			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		МІ	ELECTRONICAL	LY FILED
	OFFICEHOLDER NAME	The Honorable	David			10/07/2024	
		NICKNAME	LAST		SUFFIX		
			Schenck			Date Hand-delivered or D	Date Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff	Other (specify)		
		July 15	Exceeded modifie	· · · · ·		Receipt #	Amount
		X 30th day before election	15th day after cam appointment (office			Date Processed	
		8th day before election	Final Report (Attac	ch C/OH-FR)		Date i rooccou	
5	ORIGINAL PERIOD COVERED	Month Day Yea		Month Day	Year	Date Imaged	
		07/01/2024	THROUGH	09/26/2024			
6	EXPLANATION OF (
	Removed office held	information. No other char	iges.				
7	AFFIDAVIT		1				
				vear, or affirm, under p l correct.	benalty of perjury	y, that this corrected i	report is true
			Ch	eck the box next to an	y and all applica	ble statements:	
						affirm that the origination an intent to mislead	
				misrepresent the in			
			Х	Other reports:	swear or affirm	, that I am filing this c	orrected
				report not later than	the 14th busine	ess day after the date	I learned
						naccurate or incomple mission in the report a	
				filed was made in g			
				The	Honorable Da	avid Schenck	
				_		e or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signal			
	Sworn to and subso	ribed before me, by the sai	d		thic t	he	day
		, 20, to cer				-	
		·					
	Cignoture of offic	or administoring aath	Drintod name of a	fficer administering	2th	Title of officer educitie	storing oath
	Signature of offic	er administering oath	Printed name of c	fficer administering oa	aun	Title of officer admini	stering oath
		Remember To At	tach Any Part Of	The Campaign	Finance Rep	ort Form	
				nd Explain Corr			

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	omplete this form.	1 Filer ID (Ethics Commis 00062484	· · ·	2 Total pages	s filed: 23
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
OFFICEHOLDER NAME	The Honorable	David			Date Received	
					ELECTRON	CALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
	MCRNAME	Schenck		SUFFIX	10/01/2021	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	NPT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
MAILING ADDRESS	REDACTED PER 2	254.0313, GOV'T (CODE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Christopher D				
	NICKNAME	LAST			SUFFIX	
		Kratovil			SOLLIX	
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	Γ / SUITE #; CITY;	S	STATE; ZIP CODE
TREASURER ADDRESS						
(Residence or Business)	REDACTED PER 2	254.0313, GOV'T (CODE			
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION			
TREASURER PHONE	(214) 462-6400					
8 REPORT TYPE	January 15	X 30th day before	e election	Runoff	15th day after	campaign treasurer
		_			-	officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	07/01/2024	TI	HROUGH	09/26/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Ye	ar 🛛 🗖 F	Primary	Runoff	Other	
	11/05/2024		General	Special	_	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				Court of Criminal	Appeals, Pres	siding Judge
	1			I		
GO TO PAGE 2						
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Ve	rsion V4.1.0.48da51f

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH **COVER SHEET PG 2** 3 of 23

I

13 C / OH NAME	Schenck, David (The	Honorable)	14 Filer ID 00062484	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	t the candidate's or offic	eholder's kn	owledge or
X Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Texas Alliance for Life PAC			
		COMMITTEE ADDRESS			
	SPECIFIC	8000 Centre Park Drive			
		Suite 380			
Austin, TX 78754					
COMMITTEE CAMPAIGN TREASURER NAME					
Shaw, James					
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
		4505 Corazon Cove			
		Dound Dools TV 70001			
		Round Rock, TX 78681			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$	200.00
		ICAL CONTRIBUTIONS		\$	32,850.00
	· · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAI ZED POLITICAL EXPENDITURES	NS)	-	
EXPENDITURE TOTALS				\$	0.00
		ICAL EXPENDITURES		\$	827.64
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	42,528.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	23,819.64
17 AFFIDAVIT					
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	ty of perjury, that the ac all information required	ccompanying to be reporte	report is d by me
		The Hor	norable David Schen	ck	
		Signature	of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
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 offi	cer administering oath	Printed name of officer administering oath	Title of office	er administeri	ing oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V	4.1.0.48da51f7

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT **SUPPORT & TOTALS**

FORM JC/OH ADDENDUM

C / OH NAME 17 NOTICE FROM POLITICAL COMMITTEE(S)	expenditures may have	of political expenditures by political committees to s been made without the candidate's or officeholder's	knowledge or co	(Ethics Commission Filers) date / officeholder. These				
FROM POLITICAL	expenditures may have officeholders are require	been made without the candidate's or officeholder's	knowledge or co	late / officeholder. These				
	COMMITTEE TYPE		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 NAME						
	X GENERAL	Hays County Republican Party						
		COMMITTEE ADDRESS						
	SPECIFIC	PO Box 1806						
		Kyle, TX 78640						
		COMMITTEE CAMPAIGN TREASURER NAME						
		Hennager, Guy						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
		916 Mustang Lane						
		San Marcos, TX 78666						

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

5 of 23

	18 FILER NAME19 Filer ID(ESchenck, David (The Honorable)00062484				
	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL AMOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 32,850.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$ 23,819.64		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 740.64		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 87.00		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	DF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	INS	\$		
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 2.92		

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 6/23				
2 FILER NAME Schenck, Da	vid (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062484			
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)			
08/12/2024	Austin Republican Women PAC		\$1,500.00			
	6 Contributor address; City; State; Zip Code					
	Austin, TX 78738					
8 Contributor's F	Principal Occupation	9 Contributor's Job Title				
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)			
10 If contributor is						
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)			
08/27/2024	Canyon Lake Republican Women		\$750.00			
	Contributor address; City; State; Zip Code					
Cantributaria	Canyon Lake , TX 78113	Contributorio Job Title				
Contributors F	Principal Occupation	Contributor's Job Title				
Contributor's e	employer/law firm	Law firm of contributor's sp	nouse (if any)			
Contributor 5 C						
If contributor is	s a child, law firm of parent(s) (if any)					
	· · · · · · · · · · · · · · · · · · ·					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
08/27/2024	Chappell, Buckley)	\$1,000.00			
	Contributor address; City; State; Zip Code					
	Forney, TX 75126					
Contributor's F	Principal Occupation	Contributor's Job Title				
Self Employe		Bail bonds				
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)			
Cowboy Bail Bonds						
If contributor is a child, law firm of parent(s) (if any)						
	by Taxas Ethics Commission	s state ty us	Version V/4.1.0.48da51f7			

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 7/23	
2 FILER NAME Schenck, Da	vid (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062484
09/09/2024			7 Amount of Contribution (\$) \$1,500.00
	MIDLAND, TX 79705		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Interventiona	l Radiologist	Doctor	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
University Me	edical Center		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/11/2024	Fayette County Republican Women		\$500.00
	Contributor address; City; State; Zip Code La Grange, TX 78945		
Contributorio		Contributoria Job Titla	
Contributor's P	rrincipal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/11/2024	Foster, Cornelia		\$2,000.00
	Contributor address; City; State; Zip Code		
	Grandview, TX 76050		
Contributor's P	rincipal Occupation	Contributor's Job Title	
retired		none	
Contributor's employer/law firm Law firm of contribut			oouse (if any)
none			
If contributor is	a child, law firm of parent(s) (if any)		
	ov Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 8/23		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	vid (The Honorable)	00062484		
	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
09/06/2024	6/2024 Great State Republicans		\$1,000.00	
	6 Contributor address; City; State; Zip Code			
	Hallettsville, TX 77964	-		
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title		
	and a second second second			
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC (ID#	·)	Amount of Contribution (\$)	
09/12/2024	Full name of contributor out-of-state PAC (ID# Mehryari, Ashkan)	\$1,000.00	
00/12/2024	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	dallas, TX 75204			
Contributor's F	rincipal Occupation	Contributor's Job Title		
Attorney		Partner		
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)	
Meyhyari				
If contributor is	a child, law firm of parent(s) (if any)	•		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
09/19/2024	Minderjahn, Helga		\$100.00	
	Contributor address; City; State; Zip Code			
	McKinney, TX 75069			
	rincipal Occupation	Contributor's Job Title		
Retired		Retired		
Contributor's employer/law firm Law firm of contributor's employer/law firm			oouse (if any)	
Retired				
If contributor is a child, law firm of parent(s) (if any)				
Forms provided	ny Texas Ethics Commission www.ethi	rs state tx us	Version V4 1 0 48da51f7	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 9/23				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Schenck, Da	vid (The Honorable)	00062484				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)				
08/27/2024	7/2024 Montgomery County Republican Women		\$750.00			
	6 Contributor address; City; State; Zip Code		1			
	Conroe, TX 77305					
8 Contributor's F	Principal Occupation	9 Contributor's Job Title				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)			
10 Kasatributani						
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date 08/01/2024	Full name of contributor out-of-state PAC (ID#: North Shore Republican Women)	Amount of Contribution (\$) \$500.00			
00/01/2024			\$300.00			
	Contributor address; City; State; Zip Code					
	Montgomery , TX 77356					
Contributor's F	Principal Occupation	Contributor's Job Title				
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)			
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
09/17/2024	O'Neil Wysoki		\$500.00			
	Contributor address; City; State; Zip Code					
	Frisco, TX 75034					
Contributor's F	Principal Occupation	Contributor's Job Title				
Contributor's	employer/law firm	Law firm of contributor's sp				
Contributors		Law Infit of contributor 5 Sp				
If contributor is	If contributor is a child, law firm of parent(s) (if any)					
	h. Tougo Etking Commission					

The Instru	ction Guide explains how to complete th	1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 10/23		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Schenck, David (The Honorable)			00062484	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
08/05/2024	Peck, John		\$5,000.00	
	6 Contributor address; City; State; Zip Code			
9 Contributoria (Dallas, TX 75225	9 Contributor's Job Title		
retired	Principal Occupation	retired		
10 Contributor's e	amplover/law firm	11 Law firm of contributor's s	nouse (if any)	
n/a				
	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
09/13/2024	Peck, Vera	()	\$5,000.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75225			
Contributor's F	Principal Occupation	Contributor's Job Title		
retired		retired		
	employer/law firm	Law firm of contributor's s	pouse (if any)	
retired				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
09/24/2024	Roughneen, Patrick		\$500.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75025			
Contributor's F	Principal Occupation	Contributor's Job Title		
Physician		Physician		
Contributor's employer/law firm Law firm of contributor's sp			pouse (if any)	
Wichita Falls Heart				
If contributor is a child, law firm of parent(s) (if any)				
Formo providad	hy Texas Ethics Commission www.e	ethics state tx us	Version V4.1.0.48da51f7	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 11/23		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Schenck, Da	vid (The Honorable)	00062484		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/24/2024	San Angelo Republican Women		\$100.00	
	6 Contributor address; City; State; Zip Code		1	
	San Angelo, TX 75906			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/01/2024	Schenck, John (Dr.)		\$5,000.00	
	Contributor address; City; State; Zip Code			
	Voorheesville, NY 12186			
	Principal Occupation	Contributor's Job Title		
Physicist	and a south as the firm	Retired		
none	employer/law firm	Law firm of contributor's sp	Jouse (II any)	
	s a child, law firm of parent(s) (if any)			
Data	Full name of contributor out-of-state PAC (ID#:	``````````````````````````````````````	Amount of Contribution (\$)	
Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Tate, Fred)	\$500.00	
03/20/2024	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	Colleyville, TX 76034			
Contributor's F	Principal Occupation	Contributor's Job Title		
Accountant		Managing partner		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
CFO Shield				
If contributor is a child, law firm of parent(s) (if any)				
Formo providad	hy Texas Ethics Commission www.ethic	es state ty us	Version V/4 1 0 48da51f7	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 12/23	
2 FILER NAME Schenck, Da	wid (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062484
4 Date 09/12/2024			7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code		
	Mesquite, TX 75150		
	Principal Occupation	9 Contributor's Job Title	
Attorney 10 Contributor's e	pmployor/low firm	Attorney 11 Law firm of contributor's sp	pourso (if any)
Ted Lyon	shipioyenaw intri		ouse (II ally)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/10/2024	Texas Strong Republican Women		\$1,500.00
	Contributor address; City; State; Zip Code		
	Argyle, TX 76226		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	nouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/11/2024	Thomas, Brooke		\$250.00
	Contributor address; City; State; Zip Code		
Contributorio	Voorheesville, NY 12185	Contributorio Job Title	
Retired	Principal Occupation	Contributor's Job Title Teacher	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
none			
If contributor is	s a child, law firm of parent(s) (if any)		
	by Taxas Ethics Commission		Version V/4 1 0 48da51f7

The Instruct	tion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 13/23	
2 FILER NAME Schenck, Davi	id (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062484	
09/26/2024	 Full name of contributor out-of-state PAC (ID#: huffines, phillip Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)\$2,500.00
	Dallas, TX 75205		
8 Contributor's Pri	incipal Occupation	9 Contributor's Job Title	•
Real Estate		Owner	
10 Contributor's em		11 Law firm of contributor's sp	oouse (if any)
Huffines Mana	-		
12 If contributor is a	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/15/2024	schon, Kenneth		\$100.00
	Contributor address; City; State; Zip Code Terrell, TX 75161		
Contributor's Pri	incipal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's em Retired	nployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2024	vigen, Eric		\$1,000.00
···	Contributor address; City; State; Zip Code		
	Sherman, TX 75090		
Contributor's Pri CFO	incipal Occupation	Contributor's Job Title	
		Airespring	
Contributor's em Airespring, Inc		Law firm of contributor's sp	ouse (ii any)
	 a child, law firm of parent(s) (if any)		
Formo provide d'E	v Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

	LOANS (J	UDICIAL)				SCHE	DULE	E(J)	
	The Instruction		Total pages Schedule E(J): Sch: 1/1 Rpt: 14/23						
2	FILER NAME Schenck, David	(The Honorable)			3 Filer ID 00062	(Ethics Co 484	ommissio	n Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$		23,819.64	
5	Date of loan	7 Name of lender out-of-stat	ate PA	AC (ID#:) 9 Loan Ai	mount (\$	6)	
6	Is lender a financial institution?	8 Lender address; City; Stat	ate;	Zip Code		10 Interest			
						11 Maturity	y Date		
12	2 Lender's Principal	Occupation		13 Lender's Job Title					
14	4 Lender's Employe	r/Law Firm		15 Law Firm of lender's spous	se (if any)				
16	6 If lender is child, la	aw firm of parent(s) (if any)		•					
17	7 Description of Coll	ateral		18 Check if personal funds were deposited into political account (See Instructions)					
19	9 GUARANTOR INFORMATION	20 Name of guarantor				22 Amount	t Guaran	iteed (\$)	
	not applicable	21 Guarantor address; City; Stat	ate;	Zip Code					
23	3 Guarantor's Princi	pal Occupation		24 Guarantor's Job Title		•			
2!	5 Guarantor's Emplo	oyer/Law Firm		26 Law Firm of guarantor's spouse (if any)					
27	7 If guarantor is child	d, law firm of parent(s) (if any)							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 1/5 Rpt: 15/23		Schenck, David (The Honorable)				00062484	
4	Date	5	Payee name					
	09/17/2024		Montgomery County Republican Party					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$250.00		18001					
			Highway 105 West					
			Montgomery, TX 77356					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Event Expense	ouulo)	_	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE						officeholder living expense	
					Lincoln Reag	Jan	Day Event	
_			And the second					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held	
	Date		Payee name					
	08/05/2024		stripe					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$145.30		510 Townsend St					
			San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Accounting/Banking	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense essing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C)ffice sou	jht		Office held	
	Date		Payee name					
	08/27/2024		stripe					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$29.30		510 Townsend St					
			San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Accounting/Banking	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense essing fee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 16/23		Schenck, David (The Honorable)					00062484
4	Date 09/09/2024		Payee name stripe					
6	Amount (\$) \$43.70	į	Payee address; City; 510 Townsend St San Francisco, CA 94103	State;	; Zip Coo	le		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Credit card processing fee						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht		Office held
	Date	F	Payee name					
	09/10/2024	5	stripe					
	Amount (\$) \$43.70	Ę	Payee address; City; 510 Townsend St San Francisco, CA 94103	State;	; Zip Coo	le		
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the top of Accounting/Banking	this sch	edule)		n, TX,	de of Texas. Complete Schedule T. , officeholder living expense essing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date	F	Payee name					
	09/12/2024	9	stripe					
	Amount (\$) \$29.30		Payee address; City; 510 Townsend St	State;	; Zip Coo	le		
			San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Accounting/Banking	this sch	edule)		ı, TX,	de of Texas. Complete Schedule T. , officeholder living expense essing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 3/5 Rpt: 17/23	Schenck, David (The Honorable)	00062484					
4	Date 09/12/2024	Payee name stripe						
6	Amount (\$) \$2.93	Payee address; City; State; Zip Code 510 Townsend St San Francisco, CA 94103						
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if Austin, TX, officeholder living expense Credit card processing fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/13/2024	stripe						
	Amount (\$) \$145.30	Payee address; City; State; Zip Code 510 Townsend St						
	DUDDOSE	San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense processing fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/16/2024	stripe						
	Amount (\$) \$1.45	Payee address; City; State; Zip Code 510 Townsend St						
		San Francisco, CA 94103						
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense processing fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 18/23		enck, David (The Honoral	ole)				00062484
	Date 09/17/2024	5 Paye strip	e name e					
6	Amount (\$)	-	e address; City;	State:	Zip Coo	e		
•	\$14.50	510	Townsend St Francisco, CA 94103	Clairo,		-		
0	DUDDOSE					b) December in a		
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						officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held
	Date	Paye	e name					
	09/18/2024	strip	e					
	Amount (\$)	Paye	e address; City;	State;	; Zip Coo	e		
	\$2.93		Townsend St Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the bounting/Banking	top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense essing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held
	Date	Paye	e name					
	09/19/2024	strip						
	Amount (\$)		e address; City;	State:	; Zip Coo	e		
	\$2.93	510	Townsend St		·			
		San	Francisco, CA 94103					
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the bunting/Banking	top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense essing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office soug	ht		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials E Committee Legal Services	Office O Polling E Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
-					
1	Total pages Schedule F1: Sch: 5/5 Rpt: 19/23	2 FILER NAME Schenck, David (The Honora	able)		3 Filer ID (Ethics Commission Filers) 00062484
_					00002404
4	Date 09/19/2024	5 Payee name stripe			
6	Amount (\$) \$29.30	7 Payee address; City;510 Townsend St	State; Zip C	Code	
		San Francisco, CA 94103			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Accounting/Banking	e top of this schedule)	Check if Austi	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense Drocessing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office so	bught	Office held

	POLITICAL EX	PENDITURES FROM PERSON	AL FUNDS	SCHEDULE G		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E> - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G: Sch: 1/1 Rpt: 20/23	2 FILER NAME Schenck, David (The Honorable)	3	Filer ID (Ethics Commission Filers) 00062484		
4	Date 07/12/2024	5 Payee name Campaign Partner	·			
6	Amount (\$) \$29.00 X Reimbursement from political contributions intended	 Payee address; City; State; Zip Code 16 Dudley St Fitchburg, MA 01420 				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date 07/12/2024	Payee name Campaign Partner				
	Amount (\$) \$29.00 X Reimbursement from political contributions intended	Payee address; City; State; Zip Co 16 Dudley St Fitchburg, MA 01420	de			
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
	Date 09/11/2024	Payee name Campaign Partner				
	Amount (\$) \$29.00	Payee address; City; State; Zip Co 16 Dudley St	de			
	Reimbursement from political contributions intended	Fitchburg, MA 01420				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

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

SCHEDULE K

	The Instru	ctio		Total pages Schedule K: Sch: 1/1 Rpt: 21/23			
2	FILER NAME			(Ethics Commission I	-ilers)		
	Schenck, Da	vid	00062	484			
4	Date	5	Name of person from whom amount is received			8 Amount (\$)	
	07/09/2024		Frost Bank				\$0.61
		6	Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78509				
		7	Purpose for which amount is received	Check if po	litical contr	ribution returned to filer	
			Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	08/08/2024		Frost Bank				\$0.71
			Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78509				
			Purpose for which amount is received	Check if po	litical contr	ibution returned to filer	
			Interest				
	Date		Name of person from whom amount is received			Amount (\$)	
	09/10/2024		Frost Bank				\$1.60
			Address of person from whom amount is received; City; State; Zip Code				
			San Antonio, TX 78509				
			Purpose for which amount is received	Check if po	litical contr	ribution returned to filer	

OUTSTAN	IDING LOANS		SCHEDULE L
The Instruction	on Guide explains how to complete this form.		Total pages Schedule L: Sch: 1/1 Rpt: 22/23
2 FILER NAME			Filer ID (Ethics Commission Filers)
	(The Honorable) 4 Name of lender	(00062484
LENDER INFORMATION	david, schenck		
	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: 23/23

FILER NAME	Filer ID (Ethics Commission Filers)
Schenck, David (The Honorable)	00062484
Schedule	•

L

Information entered by filer as a memo:

As noted on earlier reports, I have memorialized as a loan to myself the total of the amounts owed to myself as unreimbursed expenditures as of the end of my term on the 5th court of appeals. Subsequent unreimbursed expenditures are reflected as such on each corresponding subsequent report.