#### 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 Comm 00080043	,	2 Total pages	i filed: 25
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Inna			Date Received	USE ONLY
					ELECTRONI	CALLY FILED
					10/07/2024	-
	NICKNAME	LAST Rogoff-Klein		SUFFIX	10/01/2024	
4 CANDIDATE /	ADDRESS / PO BOX; /	APT / SUITE #: CI	TY:	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING					Receipt #	Amount
ADDRESS	REDACTED PER	254.0313, GOV'T (	CODE			Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Jon G.				
NAME		0011 0.				
	NICKNAME	LAST			SUFFIX	
	Gregory	Marks				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS						
	REDACTED PER	254.0313, GOV'T (	CODE			
(Residence or Business)						
7 CAMPAIGN	AREA CODE PI	HONE NUMBER	EXTENSION			
TREASURER PHONE	(954) 263-0848					
8 REPORT TYPE	January 15	X 30th day befor	e election	Runoff	15th dav 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	T	HROUGH	09/26/202	24	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
	Month Day Ye	ar 🛛 🖓	Primary	Runoff	Other	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	<b>I</b>		12 OFFICE SOUGHT	(if known)	
	District Judge District 2	214 Nueces		District Judge Di		
	1			•		
		GO.	TO PAGE 2			
Forms provided by Ta	exas Ethics Commission		thics.state.tx.u	IC		rsion V4.1.0.48da51f
i onna provided by Te		www.e	ແທບວ.ວເລເບ.ເ	13	ve	131011 V4.1.0.40Ua311

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

FORM JC/OH COVER SHEET PG 2 2 of 25

L

13 C / OH NAME	Rogoff-Klein, Inna (T	he Honorable)	14 Filer ID 00080043	(Ethics Commis	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder. <i>consent.</i> Candidates an	ceholder's know	ledge or		
Additional Pages	COMMITTEE TYPE				
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
		IZED POLITICAL CONTRIBUTIONS(OTHER THA			
16 CONTRIBUTION TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$	0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI		\$	11,865.00
EXPENDITURE	· · ·	IZED POLITICAL EXPENDITURES	N3)	\$	131.00
TOTALS				Ψ	101.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	45,973.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	71,516.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.			
			prable Inna Rogoff-K		
		Signature o	of Candidate or Officeh	older	
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 offic	cer administering oath	Printed name of officer administering oath	Title of offic	er administering	oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1	.0.48da51f

## FORM JC/OH COVER SHEET PG 3

18 FILER NAME 19 Filer ID		19 Filer ID	(Ethics Commission Filers)
Rogoff-Klein, Inna (The Honorable)00080043			
20 SCHEDUI	SUBTOTAL AMOUNT		
NAME OF	SOBTOTAL AMOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		<b>\$</b> 11,001.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 864.00
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 45,973.12
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/11 Rpt: 4/25
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Rogoff-Klein	, Inna (The Honorable)		00080043
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/28/2024	AHUJA, Peggy		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78411		
	Principal Occupation	9 Contributor's Job Title	
homemaker		na	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
na		na	
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 (\$)
09/13/2024	Akpunku, Kelechi		\$1,000.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
Contributor's F	Principal Occupation	Contributor's Job Title	
doctor		doctor	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
na		na	
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 (\$)
08/13/2024	BLODGETT, WILLIAM		\$200.00
	Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78418		
Contributor's F	Principal Occupation	Contributor's Job Title	
BUSINESS		owner	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
na		na	
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 2/11 Rpt: 5/25
2 FILER NAME Rogoff-Klein	, Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
4 Date 09/10/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li></ul>	)	7 Amount of Contribution (\$) \$300.00
	CORPUS CHRISTI, TX 78414		
8 Contributor's F RETIRED	Principal Occupation	9 Contributor's Job Title RETIRED	
10 Contributor's e NA	employer/law firm	11 Law firm of contributor's sp NA	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/18/2024	Full name of contributor       out-of-state PAC (ID#:)         Batey, Hensley		Amount of Contribution (\$) \$500.00
Contributor's F	Corpus Christi, TX 78411 Principal Occupation	Contributor's Job Title	
business		executive	
Contributor's e na	employer/law firm	Law firm of contributor's sp na	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Baugh, Jeremy Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$750.00
	Robstown, TX 78680		
business	Principal Occupation	Contributor's Job Title executive	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
Victory Building Team na			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/11 Rpt: 6/25
2 FILER NAME Rogoff-Klein,	Inna (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080043
07/27/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_ Bennett, Andy</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$250.00
	Corpus Christi, TX 78414		
8 Contributor's P business	rincipal Occupation	9 Contributor's Job Title GM	
10 Contributor's e Richard EPC		11 Law firm of contributor's sp na	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ Brent Chesney Attorney at Law Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$500.00
Contributor's P	Corpus Christi, TX 78411 Irincipal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		iouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)		
Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ CC Filepro, Ltd Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$250.00
	Corpus Christi, TX 78408		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is	a child, law firm of parent(s) (if any)	<u> </u>	
Forme provided b	ov Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule A(J)1: Sch: 4/11 Rpt: 7/25
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Rogoff-Klein, Inna (The Honorable)	00080043
4 Date 5 Full name of contributor out-of-state PAC (ID#:	
09/19/2024 Eastwood, Sandra	\$500.00
6 Contributor address; City; State; Zip Code	
Corpus Christi, TX 78414	
8 Contributor's Principal Occupation 9	Contributor's Job Title
attorney	attorney
	Law firm of contributor's spouse (if any)
law office of Sandra Eastwood	
<b>12</b> 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 (\$)
07/26/2024 Gresham, Laurie	\$50.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78418	
Contributor's Principal Occupation	Contributor's Job Title
car sales	manager
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Mike Shaw Toyota	na
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 (\$)
07/26/2024 Guggenheim, Suzanne	\$100.00
Contributor address; City; State; Zip Code	
Corpus Christi, TX 78418	
Contributor's Principal Occupation	Contributor's Job Title
retired	retired
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
na	na
If contributor is a child, law firm of parent(s) (if any)	
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The Instru	The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/11 Rpt: 8/25
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Rogoff-Klein	Rogoff-Klein, Inna (The Honorable)		00080043
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
08/28/2024	HOBLIT DARLING RALLS HERNANDEZ & HU		\$500.00
	6 Contributor address; City; State; Zip Code		
	CORPUS CHRISTI, TX 78401		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Data			American de Orandei Innelieur (d)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/26/2024	Lujan, Alfredo		\$40.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78468		
Contributor's F	Principal Occupation	Contributor's Job Title	•
retired		retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
na		na	
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 (\$)
08/28/2024	Nueces County Republican Womens PAC	)	\$500.00
00/20/2024			
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78466		
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)		
	by Texas Ethics Commission	s state ty us	Version VA 1.0.48da51f7

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/11 Rpt: 9/25	
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080043	
4 Date       5 Full name of contributor       out-of-state PAC (I         08/28/2024       Raleigh, Edward         6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00	
Corpus Christi, TX 78418			
8 Contributor's Principal Occupation	9 Contributor's Job Title		
physician 10 Contributor's employer/law firm	physician 11 Law firm of contributor's spo	ouso (if any)	
retired	na		
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor out-of-state PAC (I	D#: )	Amount of Contribution (\$)	
09/22/2024 Ramirez, Philip		\$500.00	
Contributor address; City; State; Zip Code			
Corpus Christi, TX 78411			
Contributor's Principal Occupation	Contributor's Job Title		
architect Turner Ramirez Architec			
Contributor's employer/law firm	Law firm of contributor's spo	ouse (if any)	
na	na		
If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor Out-of-state PAC (I		Amount of Contribution (A)	
Date Full name of contributor out-of-state PAC (I 09/18/2024 SHEINBERG, LEIGH	D#:)	Amount of Contribution (\$) \$150.00	
Contributor address; City; State; Zip Code		\$100.00	
Corpus Christi, TX 78411			
Contributor's Principal Occupation	Contributor's Job Title		
BUSINESS	EXECUTIVE		
Contributor's employer/law firm Law firm of contributor's sp		ouse (if any)	
SHEINBERG TOOL NA			
If contributor is a child, law firm of parent(s) (if any)			

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 7/11 Rpt: 10/25
2 FILER NAME Rogoff-Klein,	Inna (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080043
4 Date 09/18/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:_SUAREZ, JESSE</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$45.00
	Corpus Christi, TX 78467		
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title	
ELECTRICIA	N	electrician	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	bouse (if any)
Rabalais		na	
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 (\$)
07/18/2024	SUAREZ, JESSE		\$45.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78467		
Contributor's F	Principal Occupation	Contributor's Job Title	1
ELECTRICIAN electrician			
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
Rabalais		na	
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 (\$)
08/18/2024	SUAREZ, JESSE		\$45.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78467		
Contributor's F	Principal Occupation	Contributor's Job Title	
ELECTRICIA		electrician	
Contributor's employer/law firm Law firm of contributor's sp			oouse (if any)
Rabalais na			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 8/11 Rpt: 11/25
2 FILER NAME Rogoff-Klein, Inna (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00080043	
4 Date 09/13/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>Schiffer, Paul</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$200.00
	Houston, TX 77007		
8 Contributor's F	I Principal Occupation	9 Contributor's Job Title	
attorney		attorney	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
Schiffer Law	Firm PLLC	na	
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 (\$)
07/26/2024	Steinbruck, Roxann		\$250.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
	Principal Occupation	Contributor's Job Title	
property mar		property manager	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
self employe		na	
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 (\$)
08/28/2024	The Law Office of Scott M Ellison, PLLC		\$500.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78401		
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)		
L Farmera anno sida d	by Taxas Ethics Commission	e etato ty ue	Version V/4 1 0 48da51f7

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/11 Rpt: 12/25
		<b>3</b> Filer ID (Ethics Commission Filers) 00080043	
_	, Inna (The Honorable)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/13/2024	cluck, heidi		\$25.00
	6 Contributor address; City; State; Zip Code		
	corpus christi, TX 78418		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
realtor		realtor	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
na		na	
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 (\$)
08/13/2024	corpus christi emergency consultants, llc		\$500.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
Contributor's I	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor's sp		oouse (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 (\$)
09/13/2024	hamilton, christopher		\$750.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78417		
Contributor's I	Principal Occupation	Contributor's Job Title	
entrepreneu	r	entrepreneur	
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
self na			
If contributor i	s a child, law firm of parent(s) (if any)		
Eorms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 10/11 Rpt: 13/25			
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
Rogoff-Klein	, Inna (The Honorable)		00080043		
4 Date	5 Full name of contributor Out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)		
09/15/2024	margulis, Vadim		\$1,000.00		
	6 Contributor address; City; State; Zip Code				
	new York, TX 10075				
8 Contributor's I	I Principal Occupation	9 Contributor's Job Title	1		
business		self employed			
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)		
na		na			
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor 🛛 out-of-state PAC (ID#	t:)	Amount of Contribution (\$)		
08/13/2024	mendez, norbert		\$100.00		
	Contributor address; City; State; Zip Code				
	corpus christi, TX 78418				
	Principal Occupation	Contributor's Job Title			
retired		retired			
	employer/law firm	Law firm of contributor's sp	bouse (if any)		
na		na			
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)		
08/28/2024	patel, Rakesh		\$251.00		
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78418				
Contributor's I	Principal Occupation	Contributor's Job Title			
doctor	- F F	doctor			
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)		
na		na			
If contributor is	s a child, law firm of parent(s) (if any)				
Forme provided	by Texas Ethics Commission www.ethi	es stato ty us	Version V4.1.0.48da51f7		
Forms provided	DY TEARS ELLING CUTITIISSIUIT WWW.ELTI	cs.state.tx.us	VEISIUII V4.1.0.40UdS11/		

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 11/11 Rpt: 14/25						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
Rogoff-Kleir	n, Inna (The Honorable)	00080043						
4 Date 08/13/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: thornton, shirley</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	7 Amount of Contribution (\$) \$100.00						
	Corpus Christi, TX 78418							
8 Contributor's	Principal Occupation	9 Contributor's Job Title						
teacher		teacher						
10 Contributor's CCISD	employer/law firm	<b>11</b> Law firm of contributor's sp na	oouse (if any)					
	is a child, law firm of parent(s) (if any)							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	orm.	1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 15/25			
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Rogoff-Kleir	n, Inna (The Honorable)		00080043				
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5	Date 08/04/2024	<ul> <li>6 Full name of contributor out-of-state PAC (ID#: Neely's Printing and More, LLC</li> <li>7 Contributor address; City; State; Zip Code</li> <li>Corpus Christi, TX 78404</li> </ul>	8	Amount of 9 In-kind contribution contribution (\$) description \$864.00 I donation of Stand-ups				
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule T.     In Employer (FOR NON-JUDICIAL) (See instructions)					
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)					
14	Contributor's	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Reintal Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)		
	Total pages Schedule F1:	2			•		•	3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/10 Rpt: 16/25	I		, Inna (The H	onorable)				00080043		
4	Date 07/25/2024		Payee name B&J's Pizza								
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$600.00       6335 SPID       Corpus Christi, TX 78412										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if Check						expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offic	eholder name	(	Office soug	ht		Office he	eld	
	Date		Payee name								
	09/13/2024		Batey, Brand	ley							
	Amount (\$)		Payee addres	s; City;	State	; Zip Coc	е				
	\$666.15		225 Cape H Corpus Chri	enry Drive sti, TX 78412							
	PURPOSE OF EXPENDITURE			e Categories listed a ges/Contract		nedule)		n, TX,	de of Texas. Comp officeholder living for sign insta	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	(	Office soug	ht		Office he	eld	
	Date		Payee name								
	08/07/2024		2	s in Schools c	of the Coasta	l Bend					
	Amount (\$) \$250.00	I	Payee addres 1921 Dorado		State	; Zip Coc	e				
			corpus chris								
	PURPOSE OF EXPENDITURE		Contribution	e Categories listed a s/Donations N fficeholder/Po	/lade By				de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	(	Office soug	ht		Office he	eld	

	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 Expen Gift/Awards/Memorials Imittee Legal Services The Instruction Gi	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	9
	Total pages Schedule F1:	2					2	Filer ID (Ethics Commission File	orc)
	Sch: 2/10 Rpt: 17/25		2       FILER NAME       3       Filer ID (Ethics Com         Rogoff-Klein, Inna (The Honorable)       00080043						ers)
4	Date	5	Payee name						
	07/16/2024		Cooper Outdoor Advertising	g, Inc.					
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le			
	\$4,769.10		115 Waco						
			corpus chriisti, TX 78401						
L									
8	PURPOSE OF		Category (See Categories listed at t	he top of this sche	edule)	<b>b)</b> Description			
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						billboard sigr		, oncentrate invitig expense	
						biliboard Sigi			
	Operation ONIL V if diverse		)			L-4			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	nt		Office held	
	Date		Payee name						
	07/11/2024 Dreamers & Walkers Consulting								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le			
	\$500.00		PO BOX 18639		•				
	\$000100		10 20/ 10000						
			Corpus Christi, TX 78418						
	PURPOSE	(a)	Category (See Categories listed at t	he top of this sche	edule)	<b>b)</b> Description			
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						July consulti	ıg		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	ht		Office held	
		-							
	Date		Payee name						
	08/09/2024		Dreamers & Walkers Consu	ulting					
	Amount (\$)		Payee address; City;	State;	Zip Coo	le			
	\$1,800.00		PO BOX 18639						
			Corpus Christi, TX 78418						
	PURPOSE	(a)	Category (See Categories listed at t	he top of this sch	edule)	<b>b)</b> Description			
	OF		Advertising Expense	01 0.00 0010			outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense	
						reimburseme	enti	for CCAC advertising	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	C	Office soug	ht		Office held	
	expenditure to benefit C/OI	Η							
-									
1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/10 Rpt: 18/25		Rogoff-Klein, Inna (The Honoral	ole)				00080043	· · ·	
4	Date 08/09/2024		Payee name Dreamers & Walkers Consulting							
6	Amount (\$) \$712.18									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Check if travel outside of Texas. Complete Schedule T.       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense reimbursement for promo services						expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld	
	Date	F	Payee name							
	08/09/2024	[	Dreamers & Walkers Consulting							
	Amount (\$) \$21.69		Payee address; City; PO BOX 18639	State;	Zip Co	de				
	PURPOSE		Corpus Christi, TX 78418			(h) Description				
	OF		Category (See Categories listed at the top o	of this sch	edule)	Check if A	avel outs ustin, TX	ide of Texas. Com , officeholder living SSIVE fundra	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld	
	Date	F	Payee name							
	08/09/2024	[	Dreamers & Walkers Consulting							
	Amount (\$) \$1,500.00		Payee address; City; PO BOX 18639	State;	Zip Co	de				
		(	Corpus Christi, TX 78418							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Consulting Expense	of this sch	edule)		avel outs ustin, TX	ide of Texas. Com , officeholder living <b>\UGUSt</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Travel in District Travel Out of Dist	uipment & Related Expense			
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/10 Rpt: 19/25		Rogoff-Klein, Inna (The Honorable	e)				00080043	()	
4	Date 08/11/2024		Payee name Dreamers & Walkers Consulting							
6	Amount (\$) \$600.00									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense promo fees for Flower Bluff Boosters						expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office he	d	
	Date		Payee name							
	08/11/2024		Dreamers & Walkers Consulting							
⊢	Amount (\$)		Payee address; City;	State:	Zip Coo	e				
	\$500.00									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	his sched	dule)		n, TX,	ide of Texas. Comp , officeholder living for Tejano ad	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office he	ld	
	Date		Payee name							
	08/23/2024		Dreamers & Walkers Consulting							
	Amount (\$) \$1,835.62		Payee address; City; PO BOX 18639	State;	Zip Coo	e				
			Corpus Christi, TX 78418							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	his sched	dule)		n, TX,	ide of Texas. Comp , officeholder living for TV advert	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office he	d	

	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: 5/10 Rpt: 20/25		Rogoff-Klein, Inna (The Honorable)				00080043			
4	Date 08/23/2024	5	Payee name Dreamers & Walkers Consulting							
6	Amount (\$) \$529.35									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense rack cards and donation envelopes						officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sougl	nt		Office held			
	Date		Payee name							
	09/03/2024		Dreamers & Walkers Consulting							
	Amount (\$) \$1,500.00		Payee address; City; State; Zi PO BOX 18639	ip Cod	9					
			Corpus Christi, TX 78418							
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this schedule Consulting Expense	e) <b>(</b>		, тх,	de of Texas. Complete Schedule T. officeholder living expense eptember			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sougl	nt		Office held			
	Date		Payee name							
	09/13/2024		Dreamers & Walkers Consulting							
	Amount (\$) \$1,800.00		Payee address; City; State; Zi PO BOX 18639	ip Cod	è					
			Corpus Christi, TX 78418							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Advertising Expense	e) <b>(</b>	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense or radio advertising			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	ce soug	nt		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     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       ummittee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)	9					
1	Total pages Schedule F1:	2		ers)					
-	Sch: 6/10 Rpt: 21/25	2	Rogoff-Klein, Inna (The Honorable)     00080043	010)					
4	Date	5	Payee name						
	09/13/2024		Dreamers & Walkers Consulting						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$8,400.00		PO BOX 18639						
			Corpus Christi TV 70410						
			Corpus Christi, TX 78418						
8	PURPOSE OF	(a)	(b) Description						
	EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
			reimbursement for TV advertising						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office sought Office held						
	Date		Payee name						
	08/21/2024		Esperanza de Tejas						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$450.00 2630 Segrest st								
			Corpus Christi, TX 78405						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		Contributions/Donations Made By						
	-		Candidate/Officeholder/Political Committee						
			donation						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought Office held						
		<u>.</u>							
	Date		Payee name						
	08/05/2024		Fraternal Order of Police						
	Amount (\$)		Payee address; City; State; Zip Code						
	\$315.00		3236 Reid Dr. B						
			Corps Christi, TX 78404						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		Contributions/Donations Made By						
	LAFENDITORE		Candidate/Officeholder/Political Committee						
			donation						
	Complete ONLY if direct		Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1							

	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	•			2	Filer ID (Ethics Commission Filers)			
1	Sch: 7/10 Rpt: 22/25		Rogoff-Klein, Inna (The Honorable)			3	00080043			
4	Date 08/21/2024		Payee name Harland Clarke							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$207.70 Harland Clarke San Antonio, TX 75201									
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 order checks										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice sough	t		Office held			
	Date		Payee name							
	07/02/2024		NCSOA							
	Amount (\$) \$250.00		Payee address; City; State; 2 3122 Leopard	Zip Code	3					
			Corpus Christi, TX 78408							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Contributions/Donations Made By Candidate/Officeholder/Political Committe				de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice sough	t		Office held			
	Date		Payee name							
	07/29/2024		Neely's Printing							
	Amount (\$) \$1,980.98		Payee address; City; State; 2 1011 Louisiana Avenue	Zip Code	•					
			Corpus Christi, TX 78404							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedu Printing Expense	<sub>ule)</sub> (t		, тх,	de of Texas. Complete Schedule T. officeholder living expense S			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice sough	t		Office held			

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

1

8

9

Date

Date

08/29/2024

Amount (\$)

PURPOSE

OF

EXPENDITURE

08/07/2024

Amount (\$)

PURPOSE

OF

EXPENDITURE

4 Date

09/16/2024

PURPOSE

OF

EXPENDITURE

6 Amount (\$)

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 8/10 Rpt: 23/25 Rogoff-Klein, Inna (The Honorable) 00080043 Payee name 5 PADRE ISLAND BUSINESS ASSOCIATION Payee address; City; State; Zip Code 7 \$1,250.00 14493 SPID SUITE A CORPUS CHRISTI, TX 78418 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee sponsorship of Taste of the Island Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name **Texas Bar Foundation** Payee address; City; State; Zip Code \$500.00 515 Congress Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Threaded Expressions Payee address: City: State; Zip Code \$100.00 104 Whitewing dr Robstown, TX 78380 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder living expense

T-shirts

Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense				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: 9/10 Rpt: 24/25		Rogoff-Klein, Inna (The Honorable)				00080043			
4	Date 09/18/2024	5	Payee name Tunchez, Eric							
6	Amount (\$) \$10,000.00									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ought			Office held			
	Date		Payee name							
	07/30/2024		corpus Christi Police Officers Association							
	Amount (\$) \$300.00		Payee address; City; State; Zip C 3122 leopard	Code						
			Corpus Christi, TX 78408	1						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	bught			Office held			
	Date		Payee name							
	08/08/2024		johnston tobey baruch PC							
	Amount (\$) \$2,944.35		Payee address; City; State; Zip C 12377 Merit dr	Code						
			Dallas, TX 75251	-1						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Legal Services	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	bught			Office held			

	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: Sch: 10/10 Rpt: 25/25	2 FILER NAME Rogoff-Klein, Inna (The Honorable)	3         Filer ID         (Ethics Commission Filers)           00080043         00080043	
4	Date 09/06/2024	5 Payee name youth odyssey		
6	Amount (\$) \$1,560.00	7 Payee address; City; State; Zip Code 400 SPID Suite 200 Corpus Christi, TX 78405		
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	