CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commis 00029493		2 Total pages fil	led: 23
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE (USE ONLY
OFFICEHOLDER NAME	The Honorable	Charles L.			Date Received	
					ELECTRONICA	ALLY EILED
					10/09/2024	ALLI I ILLD
	_	LAST		SUFFIX	10/09/2024	
		Geren				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1440					
ADDRESS					Receipt #	Amount
Change of Address	Fort Worth, TX 76101				Date Processed	
"					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR F	IRST		MI		
TREASURER		Kit				
NAME						
	NICKNAME L	 -AST		SUFFIX		
		Moncrief		SUFFIX		
	ľ	vioricitei				
C CAMBAICNI	CTREET ADDRESS (NO DO D	OV DI EACE):	A D-	F / CLUTE #: CITY	CT/	ATE: 710 CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	OX PLEASE);	AP	T / SUITE #; CITY;	517	ATE; ZIP CODE
ADDRESS	16 Valley Ridge Rd.					
(Residence or Business)						
	Fort Worth, TX 76107					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(817) 732-4450	. NOMBER E	SKILIKOIOK			
PHONE	(011) 102 4400					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	
				_	appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	T	DOLIGIA	Month Day	Year	
OOVERED	07/01/2024	IH	ROUGH	09/26/202	24	
		<u> </u>				
10 ELECTION	ELECTION DATE			ELECTION TYPE	□ out	
	Month Day Year 11/05/2024		rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Distric	et 99		State Represent	tative District 99	
				l		
		COT	ODACE 2			
		GU I	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have been	itical expenditures made by political c made without the candidate's or office this information only if they receive no	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASU	JRER NAME	
		COMMITTEE CAMPAIGN TREASU	JRER ADDRESS	
16 CONTRIBUTION TOTALS		(OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	\$ 0.00	
	\$ 72,451.66			
EXPENDITURE TOTALS	\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 52,861.74
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED	AS OF THE LAST DAY OF THE	\$ 758,294.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTANDIN TING PERIOD	NG LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			n, under penalty of perjury, that the acc and includes all information required t lection Code.	
			The Honorable Charles L. Ger	en
			Signature of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	day			
		ertify which, witness my hand and se		
Signature of offi	cer administering	Printed name of officer adminis	stering Litle of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			over one	3 of 23
18 FILER NA Geren, C	ME harles L. (The Honorable)	19 Filer ID 00029493	(Ethics Commiss	ion Filers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	72,451.66
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	52,861.74
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.	9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIO	ON:	5		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this f	orm).	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/23	
2	FILER NAME Geren, Char	les L. (The Honorable)				3	Filer ID (Ethics Commission 00029493	on Filers)
4	Date 09/19/2024	5 Full name of contributor ABC PAC6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78767						
8	Principal occu	pation / Job title (See Instructions	5)	9 1	Employer (See Instructions	s)		
	Date 09/19/2024	Full name of contributor Allen Boone Humphries F Contributor address; City; S					Amount of Contribution (\$)	\$1,500.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	5)		Employer (See Instructions	<u>) </u>		
	i iliopai occa	panon / oob nie (eee mendenon	5)	•	Employer (See manucions	')		
	Date 09/19/2024	Full name of contributor Ancira Strategic Partners Contributor address; City; S					Amount of Contribution (\$)	\$500.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instruction:	5)	i	Employer (See Instructions	s)		
	Date 09/19/2024	Full name of contributor Beer Alliance of Texas Pa Contributor address; City; S Austin, TX 78701					Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	s)	E	Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor Ben E. Keith Company To Contributor address; City; S Fort Worth, TX 76102					Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	5)	E	Employer (See Instructions	5)		
				<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/23	
2	FILER NAME Geren, Char	es L. (The Honorable)		3	Filer ID (Ethics Commission 00029493	on Filers)
4	Date 09/19/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Brentwood Public Affairs Michael J. Johnson Contributor address; City; State; Zip Code Austin , TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Cammack & Strong, P.C. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	:)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Danielle Delgadillo Consulting Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Employees of RTX Corporation PAC Contributor address; City; State; Zip Code Arlington, TX 22209			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/23
2	FILER NAME Geren, Char	es L. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00029493
4	Date 09/19/2024	 Full name of contributor		7	Amount of Contribution (\$) \$500.00
_		Austin, TX 78701		_	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Essential Utilities, Inc. PAC Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$1,000.00
	Deinsinal	Bryn Mawr, PA 19010	Formula van (Cara la atmustia na		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Fred Shannon LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_Good Government Fund Contributor address; City; State; Zip Code Fort Worth, TX 76102		•	Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Greenberg Traurig, P.A. Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/23	
2	FILER NAME Geren, Char	es L. (The Honorable)		3	Filer ID (Ethics Commission 00029493	on Filers)
4	Date 09/26/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$3,000.00
_	Dringing Loon	Houston, TX 77077	O Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: HOMEPAC of Texas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#: Health Care Service Corporation Employees PAI Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Chicago, IL 60601				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/19/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ IBAT PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/23	
2	FILER NAME Geren, Char	les L. (The Honorable)			3	Filer ID (Ethics Commission 00029493	on Filers)
4	Date 09/19/2024	5 Full name of contributor IMPACT	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instruction:	s)		
	Date 09/19/2024	Full name of contributor Keefer Konsulting LLC Contributor address; City; S			-	Amount of Contribution (\$)	\$1,500.00
	Deinsinal	Eastland, TX 76448		Frankrica (O. a. bastoration	<u> </u>		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction:	S)		
	Date 09/19/2024	Full name of contributor Kochpac-Koch Industries Contributor address; City; S				Amount of Contribution (\$)	\$2,500.00
		Austin , TX 78701					
	Principal occu	pation / Job title (See Instructions	S)	Employer (See Instruction	s)		
	Date 09/19/2024	Full name of contributor McGuireWoods LLP Contributor address; City; S Richmond, VA 23219				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 09/19/2024	Full name of contributor McRae, Cody Contributor address; City; S Houston, TX 77042)		Amount of Contribution (\$)	\$167.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	s)		

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/23	
2	FILER NAME Geren, Char	les L. (The Honorable)			3	Filer ID (Ethics Commission 00029493	on Filers)
4	Date 09/19/2024	5 Full name of contributor Moak Casey PAC6 Contributor address; City; State;	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78746-5776 pation / Job title (See Instructions)	[9	9 Employer (See Instructions)		
	Date 09/19/2024	Full name of contributor NCHA's Texas Events PAC Contributor address; City; State; Fort Worth, TX 76107	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/19/2024	Nall, Michael Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$167.00
	Principal occu	Kingwood, TX 77345 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/28/2024	Full name of contributor PAC66 Contributor address; City; State; Baton Rouge, LA 70801	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.66
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/19/2024	Full name of contributor Riceland Consulting LLC Contributor address; City; State; Eagle Lake, TX 77434	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
				processor			

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/23	
2	FILER NAME			3 Filer ID (Ethics Commission	Filers)
	Geren, Char	es L. (The Honorable)		00029493	
4	Date	5 Full name of contributor uut-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	08/23/2024	TREPAC/Texas Association of Realtors			5,000.00
		6 Contributor address; City; State; Zip Code			
		Austin , TX 78768-2246			
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)	ns)	
	Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/19/2024	Texans for Lawsuit Reform PAC		\$1	.0,000.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78701			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ns)	
	Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/19/2024	Texas Agricultural Aviation Association AG-Air PA	С		\$250.00
		Contributor address; City; State; Zip Code Austin , TX 78768-4570			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ns)	
	Date	Full name of contributor ut-of-state PAC (ID#:		Amount of Contribution (\$)	
	09/26/2024	Texas Agricultural Cooperative Council Contributor address; City; State; Zip Code			\$350.00
		Round Rock, TX 78664			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ns)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	09/19/2024	Texas Alliance for Life PAC			\$100.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78754			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ns)	
		<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/23	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Geren, Char	les L. (The Honorable)			00029493	
4	Date 09/19/2024	 Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Plans PAC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Texas Leads PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78767				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Texas Lobby Partners LLP Contributor address; City; State; Zip Code				\$1,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Texas Lobby Strategies				\$1,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/19/2024	Texas Wildlife Association PAC				\$1,500.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/23	
2	FILER NAME Geren, Char	les L. (The Honorable)		3	Filer ID (Ethics Commissi 00029493	on Filers)
4	Date 09/19/2024	5 Full name of contributor out-of-state PAC (II The American Electric Power Company-Texa 6 Contributor address; City; State; Zip Code	as-Committee for	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	9 Employer (See Instructions			
	r illicipai occo	pation 7 300 title (See instructions)	3 Employer (See Instructions	»)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (I Tracy, Charles Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$167.00
		Houston, TX 77005				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (II Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental 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 E Legal Services	xpense P	olling Expension of the control of t		Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Gara Fayment		The Instruction Gui	de explains ho	lete this form.						
1	Total pages Schedule F1:	2 FILER NAM	ME				3	Filer ID	(Ethics Commission Filers))	
	Sch: 1/11 Rpt: 13/23	Geren, Cl	narles L. (The Hond	orable)				00029493			
4	Date	5 Payee nam	ne								
	07/01/2024	American									
6	Amount (\$)	7 Payee add	ress; City;	State: 7	Zip Code						
ľ	\$2,695.89	PO Box 5		State, 2	Lip Couc						
	Ψ2,033.03	MD 755	02000								
			7.44.50								
		Tulsa, OK	. 74158								
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedu	(b)	Description					
	OF EXPENDITURE	Travel Ou	t of District						nplete Schedule T.		
						Airfare-Dallas		, officeholder livir			
						Amare Banas	3 10	, , , , , , , , , , , , , , , , , , ,	Still to Dallas		
_	Compulate ONII V if direct	Condidate/C	office belgler record	O#:				Office h	ماما		
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Опі	ce sought			Office h	leia		
	Date	Payee nam	ne								
	08/02/2024	American	Airlines								
	Amount (\$)	Payee add	ress; City;	State; Z	Zip Code						
	\$3,497.81	PO Box 5	82880								
		MD 755									
		Tulsa, OK	′ 7/15Q								
	DUDDOOF	·			Las						
	PURPOSE OF		(See Categories listed at the	top of this schedu	ile) (b)	Description Check if travel	oute	ido of Toyas Co	nplete Schedule T.		
	EXPENDITURE	i ravei Ou	t of District			=		, officeholder livir			
						Airfare					
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Offic	ce sought			Office h	eld		
_		ī								_	
	Date	Payee nam									
	08/28/2024	American	Airlines								
	Amount (\$)	Payee add	ress; City;	State; 2	Zip Code						
	\$1,404.90	PO Box 5	82880								
		MD 755									
		Tulsa, OK	74158								
	PURPOSE	(a) Category	(See Categories listed at the	top of this schodu	(b)	Description					
	OF		it of District	top of this schedu			outs	ide of Texas. Co	mplete Schedule T.		
	EXPENDITURE					ш	n, TX	, officeholder livir	g expense		
						Airfare					
L											
	Complete ONLY if direct		Officeholder name	Offic	ce sought			Office h	eld		
	expenditure to benefit C/OI	H									
	me provided by Tayas F	thica Cammia	oion vara	w othics star	to tv uo				Version V// 1 0 //8da	-157	

SCHEDULE F1

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

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

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: 14/23	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	08/02/2024	Azle Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,400.00	252 W. Main Street, Suite 102
		Azle, TX 76020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sung Fining Sponsorsing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	09/20/2024	Azle Library Trust
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	333 West Main Street
		Azle, TX 76020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		imagine Sponsorsinp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	D :	
	Date	Payee name
	07/08/2024	Baja Cantina
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.05	101 S. Oak St., #300
		Roanoke, TX 76262
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_//	Constituents Dispers
		Constituents Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 3/11 Rpt: 15/23 FILER NAME Geren, Charles L. (The Honorable) 3 Filer ID (Ethics Commission Filer ID) (O0029493	ers)
Sch: 3/11 Rpt: 15/23 Geren, Charles L. (The Honorable) 00029493	
A Data	
4 Date 5 Payee name	
08/23/2024 Cowtown Republican Women	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$300.00 PO Box 470152	
Fort Worth, TX 76147	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
Sponsor	
O Complete ONLY if allowed a Compliance (Office health	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
07/08/2024 Fastsigns	
Amount (\$) Payee address; City; State; Zip Code	
\$239.46 5925 Camp Bowie Blvd.	
Fort Worth, TX 76107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas Complete Schedule T	
Advertising Expense 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	
Campaign Signs	
- Campaign digno	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
07/08/2024 FreshPlus	
Amount (\$) Payee address; City; State; Zip Code	
\$60.65 1221 W. Lynn St	
Austin , TX 78703	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Staff Lunch	
Stail Luiicii	
Complete ONLY if direct Condidate/Officeholder name Office cought	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
·	

SCHEDULE F1

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 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 com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 16/23	Geren, Charles L. (The Honorable)		00029493
4	Date	5 Payee name		-
	07/01/2024	Garza, Sandy		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$500.00	po box 1895		
		Fort Worth, TX 76101		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				July Admin
_	Complete ONLY if direct	Condidate/Officeholder name	la 4	Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ΠŢ	Office held
	Date	Payee name		
	08/01/2024	Garza, Sandy		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$500.00	po box 1895		
		Fort Worth, TX 76101		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense August Admin Contract Labor
				The grant of the state of the s
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	08/28/2024	Garza, Sandy		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$500.00	po box 1895		
	4000.00	po 201 2000		
		Fort Worth, TX 76101		
	DUDDOCE		'L-\	
	PURPOSE OF	,	(D) 	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
				September Admin Contract Labor
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		

Event Expense

SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 17/23	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	07/01/2024	Hertz Dollar Thrifty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.62	850 Gallatin Field Rd.
		Belgrade, MT 59714
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Car Rental
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	08/02/2024	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.66	10019 S IH 35 Frontage Rd.
l		Austin, TX 78747
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Office Bottled Water
		Cince Bothed Water
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	08/29/2024	Larry's Kids
_		•
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 2900 Montgomery St.
	Ψ2,000.00	2300 Montgomery St.
		Fort Worth TV 76107
		Fort Worth, TX 76107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Contributions/Donations Made Ry
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 6/11 Rpt: 18/23	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	07/08/2024	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	815-A Brazos St., Suite 304
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense July Monthly Consulting
		outy working
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	Para a same
	Date	Payee name
	08/02/2024	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	815-A Brazos St., Suite 304
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		August Monthly Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
_	_	
	Date	Payee name
	09/19/2024	Murphy Nasica
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,499.08	815-A Brazos St., Suite 304
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Fundraiser Mailing Package
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Eventse

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

bursement Solicitation/Fundraising 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	l Cor	The Instruction Guide explains how to complete thi	
1	Total pages Schedule F1:	2	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 19/23		Geren, Charles L. (The Honorable)	00029493
	Date	5	Payee name	
	09/26/2024		Murphy Nasica	
6	Amount (\$)	7	Payee address; City; State; Zip Code	
	\$13,163.90		815-A Brazos St., Suite 304	
			Austin , TX 78701	
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE		Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense en EVBM
			Gen	CIT E A DIAI
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		zandidate/Onicendide name Onice sought	Office field
\vdash	Date	Π	Payee name	
	09/26/2024		Northwest Lions Club	
_	Amount (\$)	\vdash	Payee address; City; State; Zip Code	
	\$600.00		PO Box 137495	
	Φ000.00		I O DOV 121432	
			Fort Worth TV 76100	
		_	Fort Worth , TX 76108	
	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule) (b) Desc	cription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations water by	Check if Austin, TX, officeholder living expense
				leo Sponsorship
	Complete ONLY if direct		Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н		
	Date		Payee name	
	08/02/2024		Qi Austin	
	Amount (\$)		Payee address; City; State; Zip Code	
	\$92.94		835 W 6th St., Unit 114	
			Austin, TX 78703	
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE		Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
			Star	ff Dinner
	Complete ONLY if direct	L	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Since Sought	Since Hold
Eo.	me provided by Texas F	thic	e Commission wassa athics state ty us	Version V// 1 0 /18da51f

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Gift/Awards/Mer Legal Services The Instructi	norials Expense	•		xpens Wages			Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission Filers)
L	Sch: 8/11 Rpt: 20/23		Geren, Cha	rles L. (The	Honorable	e)					00029493	
4	Date	5	Payee name									
	07/26/2024		Railhead Sr	nokehouse								
6	Amount (\$)	7	Payee addres	ss; City;		State;	Zip Co	ode				
	\$8,419.57		2900 Montg	omery St.								
			Fort Worth,	TX 76107								
8	PURPOSE	⊢	Category (Se		tod at the tan of	this sales	lula)	(b)	Description			
	OF		Contribution				iuie)	(~)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Candidate/C				tee		ш		officeholder living	
												ttlement, Castleberry & reciation Lunch
Ļ								<u> </u>	Jinsonn Hall			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder nar	ne	Of	fice sou	ught			Office he	eld
	Date		Payee name									
	07/19/2024		River Oaks	Lions Club								
	Amount (\$)		Payee addres	ss; City;		State;	Zip Co	ode				
	\$90.00		PO Box 101	.77								
			Fort Worth,	TX 76114								
	PURPOSE	(a)	Category (Se	e Categories lis	ted at the top of	this sched	lule)	(b)	Description			
	OF EXPENDITURE		Fees		•				_			plete Schedule T.
									3rd Qtr Dues		officeholder living	g expense
									ora du paga			
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder nar	ne	Of	fice sou	l Jaht			Office he	eld
	expenditure to benefit C/O				-	3.	550	g			200 110	
-	Date		Payee name									
	08/01/2024		Rotary Club	of Azle								
\vdash	Amount (\$)	⊢	Payee addres			State;	Zin Co	ode				
	\$1,200.00	ı	PO Box 93	, Oity,		Jiuio,	_ip	Juc				
	41,200.00		. 0 200.00									
			Azle, TX 76	098								
	PURPOSE OF	(a)	Category (Se	e Categories lis	ted at the top of	this sched	lule)	(b)	Description			
	EXPENDITURE		Fees								de of Texas. Com officeholder living	plete Schedule T.
									Annual Dues		omcendider living	y experise
									2 2.000			
	Complete ONLY if direct		andidate/Offic	ceholder nar	ne	Of	fice sou	l ught			Office he	eld
	expenditure to benefit C/O							_				

SCHEDULE F1

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

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

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: 9/11 Rpt: 21/23	Geren, Charles L. (The Honorable) 00029493	
4	Date	5 Payee name	
	07/08/2024	Southwestern Exposition & Livestock Show	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	PO Box 150	
		Fort Worth, TX 76101	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Judging Contest Award Sponsorship	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	+
	expenditure to benefit C/OI	н	
	Date	Payee name	=
	08/02/2024	TDCJ	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$441.66	PO Box 4013	
		Huntsville, TX 77342-4013	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Officenoider/Political Committee Purchase of Chair to be donated	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payee name	=
	09/05/2024	The Fort Worth Club	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$333.55	306 W. 7th Street	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Fort Worth, TX 76102	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Member Lunch	
		Wember Lunch	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 compl	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 10/11 Rpt: 22/23	Geren, Charles L. (The Honorable)			00029493	
4	Date	5 Payee name		•		
	07/19/2024	U-Stor Vickery				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$120.00	7111 W. Vickery Blvd.				
		Benbrook , TX 76116				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) De	escription		
	OF EXPENDITURE	Fees		Check if travel outsid		
			L M	Check if Austin, TX, of Conthly Storage		mpaign yard signs
			171	onany otorage	1005 101 04	mpaight yard signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld .
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			000	
_	Date	Payee name				
	08/16/2024	U-Stor Vickery				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$120.00	7111 W. Vickery Blvd.	C			
	4120.00	TIII W. Viokoly Bird.				
		Benbrook , TX 76116				
_	PURPOSE	(6) 6	h) D	escription		
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	, D	Check if travel outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	1 000		Check if Austin, TX, o		
			M	onthly Storage	Fees for Ca	ampaign Yard Signs
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	nt		Office he	eld
	Date	Payee name				
	09/19/2024	U-Stor Vickery				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$120.00	7111 W. Vickery Blvd.				
		Benbrook , TX 76116				
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	b) De	escription Theck if travel outsid	a of Toyon Com	plata Cabadula T
	EXPENDITURE	Fees	H	Check if Austin, TX, o		•
			St	4		ampaign Yard Signs
				·		-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/O	4				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica			_egal Services	s Expense	Salaries		se s/Contract Labor		OTHER (enter a	istrict a category not listed	d above)
	Credit Card Payment			The Instruction G	uide explair	ns how to c	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 11/11 Rpt: 23/23		Geren, Char	les L. (The Ho	norable)					00029493		
4	Date	5	Payee name						_			
	07/31/2024			National Bank								
6	Amount (\$)	7	Payee addres	s; City;	Sta	te; Zip C	ode					
	\$5.00		200 West Ma	ain Street								
			Arlington, TX	¢ 76010								
8	PURPOSE	(2)					(h)	Description				
0	OF	(a)	Calegory _{(See}	e Categories listed at	the top of this s	schedule)	(0)	Description Check if travel	outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Accounting/L	Sanking						, officeholder livin		
								Monthly Bank	kinç	g Statement	Fees	
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office so	ught			Office h	eld	
	expenditure to benefit C/O	4										
	Date		Payee name									
	08/30/2024		-	National Bank								
	Amount (\$)		Payee addres	s; City;	Sta	te; Zip C	ode					
	\$5.00		200 West Ma	•		, <u>-</u>						

			Arlington, TX	76010								
	DUDDOGE	(-)					10-3					
	PURPOSE OF	(a)		e Categories listed at	the top of this s	schedule)	(a)	Description Check if travel	nuts	ide of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Accounting/E	sanking						, officeholder livin		
								August Month	hly	Banking Sta	atement Fee	
	Complete ONLY if direct	(Candidate/Offic	eholder name		Office so	ught			Office h	eld	
	expenditure to benefit C/OI	4										
	Date		Payee name									
	09/26/2024		-	National Bank								
	Amount (\$)		Payee addres			te; Zip C	ode:					
	\$5.00		200 West Ma	•	Ota	to, <u>Lip</u> c	ouc					
	40.00			a Gt. GGt								
			Arlington, TX	76010								
	DUDDOGE	(-)					(1-)					
	PURPOSE OF	(a)	,	e Categories listed at	the top of this s	schedule)	(D)	Description Check if travel	nuts	ide of Texas, Con	nplete Schedule T.	
	EXPENDITURE		Accounting/E	sanking				ш		, officeholder livin		
								Monthly Bank				
	Complete ONLY if direct		Candidate/Offic	eholder name		Office so	ught			Office h	eld	
	expenditure to benefit C/O						-					