

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|---|--|---|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00088090 | 2 Total pages filed: 32 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Keresa | MI MI | OFFICE USE ONLY | |
| | NICKNAME | LAST Richardson | SUFFIX | | Date Received ELECTRONICALLY FILED 10/28/2024 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 1179 McKinney, TX 75070 | | ZIP CODE | Date Hand-delivered or Date Postmarked | |
| | | | | Receipt # | |
| | | | | Amount | |
| | | | | Date Processed | |
| | | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Amber | MI MI | | |
| | NICKNAME | LAST Gaige | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 911 Parkwood Ct. McKinney, TX 75072 | | APT / SUITE #; | CITY; STATE; ZIP CODE | |
| | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| (214) 403-4554 | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | |
| | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | |
| 9 PERIOD COVERED | Month | Day | Year | Month | |
| 09/27/2024 | | THROUGH | | 10/26/2024 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| 11/05/2024 | | | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | <input type="checkbox"/> Other |
| 11 OFFICE | OFFICE HELD (if any) None District 61 Collin | | 12 OFFICE SOUGHT (if known) State Representative District 61 | | |
| | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Richardson, Keresa (Mrs.) **14 Filer ID** (Ethics Commission Filers)
00088090

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made 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.

| | | |
|---|--------------------------------------|---|
| <input checked="" type="checkbox"/> GENERAL | COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> SPECIFIC | | Golden Corridor Republican Women's Club |
| | COMMITTEE ADDRESS | PO Box 162 |
| | | Frisco, TX 75034 |
| | COMMITTEE CAMPAIGN TREASURER NAME | Rumfield, Lailani |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | 5116 Datewood Lane |
| | | McKinney, TX 75071 |

| | | |
|--------------------------------|---|---------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 30,792.39 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 21,963.88 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 82,232.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 111,741.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Keresa Richardson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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| | | | |
|---|---|--------------------------------|----------------------------|
| 18 FILER NAME Richardson, Keresa (Mrs.) | | 19 Filer ID 00088090 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 30,105.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 687.39 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 21,963.88 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Absher, Lanell | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code McKinney, TX 75072 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albertson, Sharron | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Plano, TX 75023 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Barbara | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Allen, TX 75013 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auman, Candy | Amount of Contribution (\$) \$175.00 |
| Contributor address; City; State; Zip Code Mckinney, TX 75072 | | |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter, Richard | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75072 | | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) R.E. Baxter & Associates |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter, Richard <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070 | 7 Amount of Contribution (\$) \$350.00 |
| 8 Principal occupation / Job title (See Instructions) President | | 9 Employer (See Instructions) Self |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter, Richard <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) R.E. Baxter & Associates |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beeson, Jonnie <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Kathy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Kathy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackard, Donna <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75071 | 7 Amount of Contribution (\$) \$350.00 |
| 8 Principal occupation / Job title (See Instructions) Business Owner | | 9 Employer (See Instructions) Self |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Steven <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$350.00 |
| Principal occupation / Job title (See Instructions) Healthcare | | Employer (See Instructions) Varsity Healthcare Providers |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mike and Debra <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Real Estate |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mike and Debra <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Real Estate |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caplan, Terri <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Schools Now PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Warren <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combined Card Payments from Fundraiser, <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Ken <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Chiropractor | | Employer (See Instructions) Self |
| Date 09/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corcoran, Wendy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) IT Contractor | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowell, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Far North Dallas, TX 75287 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Anesthetist | | 9 Employer (See Instructions) Self |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeYager, Stan <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Chaplain | | Employer (See Instructions) Cottonwood Creek Church |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dimatos, Drew <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) IBA Sports Video |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudley, Charlotte <hr/> Contributor address; City; State; Zip Code Plano, TX 75075 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Educational Consultant | | Employer (See Instructions) Dudley Advocacy and Consulting |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Sharon <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Leonard <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engle, Linda <hr/> Contributor address; City; State; Zip Code McKinney, TX 75069 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Executive Director | | Employer (See Instructions) Little Elm ISD |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Laura <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Business Owner |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Ann <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbis, Sue <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesenhahn, Liesl | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code McKinney, TX 75070 | |
| 8 Principal occupation / Job title (See Instructions) Corporate Travel, Events and Marketing Manager | | 9 Employer (See Instructions) Simpler Consulting |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Henry | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Plano, TX 75093 | |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Henry's Homemade Ice Cream |
| Date 10/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden Corridor Republican omen's Club | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Frisco, TX 75034 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Rex | Amount of Contribution (\$) \$1,200.00 |
| | Contributor address; City; State; Zip Code Austin, TX 78709 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Jeff | Amount of Contribution (\$) \$175.00 |
| | Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harding, Keith <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070 | 7 Amount of Contribution (\$) \$350.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 10/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Richard <hr/> Contributor address; City; State; Zip Code Lake Dallas, TX 75065 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Attorney and State Representative | | Employer (See Instructions) Self |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herblin, Dana <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) Bookkeeper | | Employer (See Instructions) Herblin PC |
| Date 10/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hess, Doris <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75116 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heussner, Steven <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Mogul Wealth Strategies, LLC |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy, Rohit <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) CPA | | 9 Employer (See Instructions) Texas State Board of Public Accountancy |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |
| Date 10/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, David <hr/> Contributor address; City; State; Zip Code Plano, TX 75024 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Karen <hr/> Contributor address; City; State; Zip Code Melissa, TX 75454 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kezhaya, Jerry <hr/> Contributor address; City; State; Zip Code Plano, TX 75094 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) The Auto Shop |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kezhaya, Jerry | 7 Amount of Contribution (\$) \$350.00 |
| 6 Contributor address; City; State; Zip Code Plano, TX 75094 | | |
| 8 Principal occupation / Job title (See Instructions) Manager | | 9 Employer (See Instructions) The Auto Shop |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laesch, Elizabeth | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Garland, TX 75044 | | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Self |
| Date 10/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laesch, Elizabeth | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Garland, TX 75044 | | |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Daniela | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Plano, TX 75075 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) America's Best |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Daniela | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Plano, TX 75075 | | |
| Principal occupation / Job title (See Instructions) Optometrist | | Employer (See Instructions) America's Best |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/11/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magno, Roy | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Coppell, TX 75019 | | |
| 8 Principal occupation / Job title (See Instructions) Real Estate | | 9 Employer (See Instructions) Self |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Mary Jane | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Mary Jane | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, David | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Celina, TX 75009 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, John | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75070 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 09/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Bill and Barbara <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) Benjamin Franklin Plumbing |
| Date 10/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, John <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$175.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, John <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNamara, Denise <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meeks, Randall <hr/> Contributor address; City; State; Zip Code Plano, TX 75075 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Ranco Services Inc |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melissa, Parrott | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Plano, TX 75025 | | |
| 8 Principal occupation / Job title (See Instructions) Occupational Therapist | | 9 Employer (See Instructions) Texas Health Resources Plano |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merritt, | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code TX | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, John | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) IT Management | | Employer (See Instructions) CBRE |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montes, John | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) IT Management | | Employer (See Instructions) CBRE |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, James | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulliqli, Gino <hr/> 6 Contributor address; City; State; Zip Code Wylie, TX 75098 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) Napoli's Italian Restaurant |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neel, Glenda <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newmann, Brian <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Jana <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettit, Dana <hr/> Contributor address; City; State; Zip Code Heath, TX 75032 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Susan | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code Celina, TX 75009 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Susan | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Celina, TX 75009 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pogue, Judy | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75070 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pogue, Judy | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75070 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Lois | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) Member of Internal Brokerage Board | | Employer (See Instructions) Benjamin F. Edwards |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Lois <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75071 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Member of Internal Brokerage Board | | 9 Employer (See Instructions) Benjamin F. Edwards |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Howard <hr/> Contributor address; City; State; Zip Code TX 75075 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raths, Gregory <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 10/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Bill <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushiti, Gezim <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035 | Amount of Contribution (\$) \$175.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/20/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanford, Beolan | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code McKinney, TX 75070 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarvadi, Dr. Victoria | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75072 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schell, Jan | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlager, Sherry | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 09/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoof, Ronald | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/25/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scirratt, Marty <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shwaluk, Laura <hr/> Contributor address; City; State; Zip Code Plano, TX 75094 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not sure | | Employer (See Instructions) Not sure |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Kyle <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) PPO Officer | | Employer (See Instructions) Paradin Security |
| Date 10/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sirigireddy, Ramesh <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Senior Sales Force Admin | | Employer (See Instructions) Octo |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cheryl <hr/> Contributor address; City; State; Zip Code Allen, TX 75013 | Amount of Contribution (\$) \$175.00 |
| Principal occupation / Job title (See Instructions) Dentist | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoner, David | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code McKinney, TX 75072 | | |
| 8 Principal occupation / Job title (See Instructions) Digital Media Technologist | | 9 Employer (See Instructions) Self |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoner, David | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75072 | | |
| Principal occupation / Job title (See Instructions) Digital Media Technologist | | Employer (See Instructions) Self |
| Date 10/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Victoria, TX 77901 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Associated General Contractors of Texas PAC | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Austin, TX 78768 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tingle, Diane | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Murphy, TX 75094 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tolley, Carolyn | 7 Amount of Contribution (\$) \$1,000.00 |
| 6 Contributor address; City; State; Zip Code Plano, TX 75093 | | |
| 8 Principal occupation / Job title (See Instructions) Audiologist | | 9 Employer (See Instructions) ASI Health Services |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tolley, Carolyn | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code Plano, TX 75093 | | |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) Self |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Luis | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Dr. Luis Torres |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tunnell, Charlotte | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75071 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, Judith | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Parker, TX 75002 | | |
| Principal occupation / Job title (See Instructions) HR | | Employer (See Instructions) University of Texas Tyler |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unitemized cash donations from fundraiser | 7 Amount of Contribution (\$) \$820.00 |
| 6 Contributor address; City; State; Zip Code Plano, TX 75024 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venhaus, Rebecca | Amount of Contribution (\$) \$175.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75072 | | |
| Principal occupation / Job title (See Instructions) Ministry Assistant | | Employer (See Instructions) Preston Trail Community Church |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venhaus, Rebecca | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code McKinney, TX 75072 | | |
| Principal occupation / Job title (See Instructions) Ministry Assistant | | Employer (See Instructions) Preston Trail Community Church |
| Date 10/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vestal, Robin | Amount of Contribution (\$) \$150.00 |
| Contributor address; City; State; Zip Code Melissa, TX 75454 | | |
| Principal occupation / Job title (See Instructions) Development Director | | Employer (See Instructions) Cornerstone Ranch |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vestal, Robin | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Melissa, TX 75454 | | |
| Principal occupation / Job title (See Instructions) Development Director | | Employer (See Instructions) Cornerstone Ranch |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/32 |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/20/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vineyard, Tommy | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code McKinney, TX 75072 | | |
| 8 Principal occupation / Job title (See Instructions) President | | 9 Employer (See Instructions) Elite Submersible Pumps |
| Date 10/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Cheryl | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Richardson, TX 75082 | | |
| Principal occupation / Job title (See Instructions) County Commissioner | | Employer (See Instructions) Collin County |
| Date 10/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Thomas Kirk | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code Dallas, TX 75229 | | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Western Frontier Dev |
| Date 10/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wittstock, Linda | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Prosper, TX 75078 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 26/32 | |
| 2 FILER NAME Richardson, Keresa (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088090 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/18/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben E. Keith Company | 8 Amount of contribution (\$) \$189.44 | 9 In-kind contribution description 7 cases of beer. |
| | 7 Contributor address; City; State; Zip Code Dallas, TX 75235 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 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) | | 15 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) | | | |
| Date 10/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spec's Wine, Spirits and Finer Foods | Amount of contribution (\$) \$497.95 | In-kind contribution description 1 Case of Gouleyant Malbec and 2 cases of Tobias Sauvignon |
| | Contributor address; City; State; Zip Code Fulshear, TX 77441 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 1/6 Rpt: 27/32 | 2 FILER NAME Richardson, Keresa (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088090 |
|--|--|--|

| | |
|-----------------------------|--|
| 4 Date 09/27/2024 | 5 Payee name AlpenMusikanten c/o Allan Walling |
|-----------------------------|--|

| | |
|----------------------------------|--|
| 6 Amount (\$) \$450.00 | 7 Payee address; City; State; Zip Code P.O. Box 765 Allen, TX 75013 |
|----------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Entertainment for fundraiser. |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 10/08/2024 | Payee name Caroline Harris Davila Campaign |
|--------------------|---|

| | |
|-------------------------|--|
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680 |
|-------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to campaign. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/11/2024 | Payee name Collin County GOP |
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| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 2963 W 15th St Suite 2981 Plano, TX 75075 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Host contribution for election watch party. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 2/6 Rpt: 28/32 | 2 FILER NAME Richardson, Keresa (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 09/27/2024 | 5 Payee name Di Domenico Creative Inc. | |
| 6 Amount (\$) \$6,500.00 | 7 Payee address; City; State; Zip Code 26 Lantern Glow Circle Henderson, NV 89074 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trump impersonator for October fundraiser. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/08/2024 | Payee name Don McLaughlin Campaign | |
| Amount (\$) \$250.00 | Payee address; City; State; Zip Code PO Box 1707 Uvalde, TX 78802 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to campaign. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/22/2024 | Payee name Fredshots LLC | |
| Amount (\$) \$270.63 | Payee address; City; State; Zip Code 7701 Pleasant Valley Trail McKinney, TX 75070 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos for fundraiser event. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 3/6 Rpt: 29/32 | 2 FILER NAME Richardson, Keresa (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/02/2024 | 5 Payee name Fredshots LLC | |
| 6 Amount (\$) \$541.25 | 7 Payee address; City; State; Zip Code 7701 Pleasant Valley Trail McKinney, TX 75070 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography/ videography for October fundraiser. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/22/2024 | Payee name Haggard, Rutledge | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 5948 Haggard McKamy Trail Plano, TX 75024 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser location. |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/25/2024 | Payee name Install Connect, Inc. | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 505 W State St Garland, TX 75040 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign install/ removal |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 4/6 Rpt: 30/32 | 2 FILER NAME Richardson, Keresa (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088090 |
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| 4 Date 10/03/2024 | 5 Payee name Legislative Solutions |
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| 6 Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code PO Box 5643 Austin, TX 78763 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email services. |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/08/2024 | Payee name Marc LaHood Campaign |
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| Amount (\$) \$2,000.00 | Payee address; City; State; Zip Code 4014 McCullough Ave San Antonio, TX 78212 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to political campaign. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/30/2024 | Payee name McNamara Media, LLC |
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| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code 6510 Abrams Road Suite 568 Dallas, TX 75231 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense October campaign consulting. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 5/6 Rpt: 31/32 | 2 FILER NAME Richardson, Keresa (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088090 |
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| 4 Date 10/03/2024 | 5 Payee name Neel & Partners |
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| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code 8601 Ice House Dr Unit 7108 North Richland Hills, TX 76180 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General consulting. October retainer. |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/22/2024 | Payee name Neel & Partners |
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| Amount (\$) \$4,502.00 | Payee address; City; State; Zip Code 8601 Ice House Dr Unit 7108 North Richland Hills, TX 76180 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texts and digital services. |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/08/2024 | Payee name Shelley Luther Campaign |
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| Amount (\$) \$250.00 | Payee address; City; State; Zip Code 587 White Mound Rd Sherman, TX 75090 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to political campaign. |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 6/6 Rpt: 32/32 | 2 FILER NAME Richardson, Keresa (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088090 |
| 4 Date 10/07/2024 | 5 Payee name Steve Kinard Campaign | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code P.O. Box 260464 Plano, TX 75026 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to campaign. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |