#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction            | n Guide explains how to co     | omplete this form.  | 1 Filer ID<br>(Ethics Comm<br>00062112 | ,                                 | 2 Total pages      | filed:<br>33          |
|----------------------------------|--------------------------------|---------------------|--|-----------------------------------|--------------------|-----------------------|
| 3 CANDIDATE /                    | MS / MRS / MR                  | FIRST               |  | MI                                |                    | USE ONLY              |
| OFFICEHOLDER<br>NAME             | The Honorable                  | Kenneth H.          |  |                                   | Date Received      |                       |
|                                  |                                |                     |  |                                   | ELECTRONI          | CALLY FILED           |
|                                  | NICKNAME                       | LAST                |  | SUFFIX                            |                    |                       |
|                                  | Ken                            | Molberg             |  | 30111X                            |                    |                       |
| 4 CANDIDATE /<br>OFFICEHOLDER    | ADDRESS / PO BOX; A            | APT / SUITE #; CIT  | TY;                                    | ZIP CODE                          | Date Hand-delivere | d or Date Postmarked  |
| MAILING<br>ADDRESS               | REDACTED PER 2                 | 254.0313. GOV'T (   | CODE                                   |                                   | Receipt #          | Amount                |
| Change of Address                |                                |                     |  |                                   | Date Processed     |                       |
|                                  |                                |                     |  |                                   |                    |                       |
|                                  |                                |                     |  |                                   | Date Imaged        |                       |
| 5 CAMPAIGN                       | MS / MRS / MR                  | FIRST               |  |                                   | MI                 |                       |
| TREASURER<br>NAME                | Mr.                            | David W.            |  |                                   |                    |                       |
|                                  | NICKNAME                       | LAST                |  |                                   | SUFFIX             |                       |
|                                  |                                | Bradley             |  |                                   |                    |                       |
| 6 CAMPAIGN                       | STREET ADDRESS (NO             | PO BOX PLEASE);     | AP                                     | T / SUITE #; CITY;                | S                  | TATE; ZIP CODE        |
| TREASURER<br>ADDRESS             |                                | /1                  |  | , 1                               |                    |                       |
| (Residence or Business)          | REDACTED PER 2                 | 254.0313, GOV'T (   | CODE                                   |                                   |                    |                       |
|                                  |                                |                     |  |                                   |                    |                       |
| 7 CAMPAIGN<br>TREASURER<br>PHONE | AREA CODE PH<br>(214) 213-1994 | IONE NUMBER         | EXTENSION                              |                                   |                    |                       |
| 8 REPORT<br>TYPE                 | January 15                     | 30th day befor      |  | Runoff                            | 15th day after     | campaign treasurer    |
|                                  |                                |                     |  |                                   | appointment (c     | fficeholder only)     |
|                                  | July 15                        | X 8th day before    | election                               | Exceeded modified reporting limit | Final Report (A    | Attach C/OH-FR)       |
| 9 PERIOD                         | Month Day Ye                   |                     |  | Month Day                         | Year               |                       |
| COVERED                          | 09/27/2024                     | T                   | HROUGH                                 | 10/26/202                         | 24                 |                       |
| 10 ELECTION                      | ELECTION DATE                  |                     |  | ELECTION TYPE                     |                    |                       |
|                                  | Month Day Ye                   | ar   🔲 F            | Primary                                | Runoff                            | Other              |                       |
|                                  | 11/05/2024                     | X                   | General                                | Special                           |                    |                       |
| 11 OFFICE                        | OFFICE HELD (if any)           |                     |  | 12 OFFICE SOUGHT                  | (if known)         |                       |
|                                  | Court Of Appeals, Just         | ice Place 12 Distri | ict 5                                  | Court Of Appeal                   |                    | e 12 District 5       |
|                                  |                                |                     |  |                                   |                    |                       |
|                                  |                                |                     | TO PAGE 2                              |                                   |                    |                       |
| Forms provided by Te             | exas Ethics Commission         | www.e               | thics.state.tx.u                       | IS                                | Vei                | rsion V4.1.0.48da51f7 |

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

FORM JC/OH COVER SHEET PG 2 2 of 33

I

| 13 C / OH NAME                                 | Molberg, Kenneth H.              | (The Honorable)  | 14 Filer ID<br>00062111  | (Ethics Commission Filers) |
|--|----------------------------------|--|--------------------------|----------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expenditu<br>These expenditures may have been made without<br>d officeholders are required to report this informatio | the candidate's or offic | eholder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME   |                          |                            |
|  | GENERAL                          | COMMITTEE ADDRESS  |                          |                            |
|  | SPECIFIC                         |  |                          |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAME  |                          |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADDRE   | SS                       |                            |
| 16 CONTRIBUTION<br>TOTALS                      |                                  | ZED POLITICAL CONTRIBUTIONS(OTHER THAN<br>ES OF LOANS, OR CONTRIBUTIONS MADE ELE   |                          | \$ 0.00                    |
|  |                                  | ICAL CONTRIBUTIONS<br>PLEDGES, LOANS, OR GUARANTEES OF LOAN  | IS)                      | <b>\$</b> 39,270.00        |
| EXPENDITURE<br>TOTALS                          |                                  | IZED POLITICAL EXPENDITURES  |                          | \$ 0.00                    |
|  | 4. TOTAL POLIT                   | ICAL EXPENDITURES  |                          | <b>\$</b> 231,761.87       |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE L  | AST DAY OF THE           | <b>\$</b> 152,872.76       |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS<br>TING PERIOD   | OF THE LAST DAY          | <b>\$</b> 0.00             |
| 17 AFFIDAVIT                                   |                                  |  |                          |                            |
|  |                                  | I swear, or affirm, under penalt<br>true and correct and includes a<br>under Title 15, Election Code.  |                          |                            |
|  |                                  | The Honora   | able Kenneth H. Mol      | berg                       |
|  |                                  | Signature of   | f Candidate or Officeho  | lder                       |
| AFFIX NO                                       | TARY STAMP / SEAL AB             | OVE  |                          |                            |
| Sworn to and subso                             | cribed before me, by the s       | aid  | , this the               | day                        |
| of   | , 20, to c                       | ertify which, witness my hand and seal of office.  |                          |                            |
| Signature of offic                             | er administering oath            | Printed name of officer administering oath   | Title of office          | er administering oath      |
| Forms provided by Tex                          | xas Ethics Commissior            | www.ethics.state.tx.us   |                          | Version V4.1.0.48da51f7    |

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

|       |           |  |             |            | 3 of 33          |
|-------|-----------|--|-------------|------------|------------------|
| 18 FI | _ER NAM   | ME   | 19 Filer ID | (Ethics Co | mmission Filers) |
| М     | olberg, I | Kenneth H. (The Honorable)   | 00062111    |            |                  |
|       |           | E SUBTOTALS<br>SCHEDULE  |             | SUB        | TOTAL AMOUNT     |
| 1.    | х         | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                    |             | \$         | 39,270.00        |
| 2.    |           | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                    |             | \$         |                  |
| 3.    |           | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                |             | \$         |                  |
| 4.    |           | SCHEDULE E(J): LOANS (JUDICIAL)  |             | \$         |                  |
| 5.    | х         | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS               | ;           | \$         | 230,177.65       |
| 6.    |           | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                       |             | \$         |                  |
| 7.    |           | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO                | DNS         | \$         |                  |
| 8.    | Х         | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                  |             | \$         | 1,478.86         |
| 9.    | Х         | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                         |             | \$         | 105.36           |
| 10    |           | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C               | DF C/OH     | \$         |                  |
| 11    | · 🔲       | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC              | INS         | \$         |                  |
| 12    | . X       | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F<br>TO FILER | RETURNED    | \$         | 11.49            |
|       |           |  |             |            |                  |

SUBTOTALS - JC/OH

| The Instruc  | ction Guide explains how to complete this f                              | form.                                  | 1 Total pages Schedule A(J)1:<br>Sch: 1/19 Rpt: 4/33     |
|--|--|--|--|
| 2 FILER NAME<br>Molberg, Ker   | nneth H. (The Honorable)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062111 |
| 4 Date<br>09/30/2024   | 5 Full name of contributor Out-of-state PAC (ID#:_<br>Ayres, Christopher |  | 7 Amount of Contribution (\$)<br>\$1,000.00              |
|  | 6 Contributor address; City; State; Zip Code                             |  |  |
|  | Dallas, TX 75231   |  |  |
| 8 Contributor's P  | rincipal Occupation  | 9 Contributor's Job Title              |  |
| Attorney   |  | Attorney                               |  |
| 10 Contributor's e   |  | <b>11</b> Law firm of contributor's sp | oouse (if any)   |
| Ayres Law O  |  |  |  |
| 12 If contributor is   | a child, law firm of parent(s) (if any)                                  |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                          | )                                      | Amount of Contribution (\$)                              |
| 09/30/2024   | Ayres, R Jack  |  | \$500.00   |
|  | Contributor address; City; State; Zip Code<br>Richardson, TX 75082       |  |  |
| Contributor's P  | rincipal Occupation  | Contributor's Job Title                |  |
| Attorney   |  | Attorney                               |  |
| Contributor's e  | mployer/law firm   | Law firm of contributor's sp           | bouse (if any)   |
| Ayres Law O  | ffice PC   |  |  |
| If contributor is  | a child, law firm of parent(s) (if any)                                  |  |  |
| Date   | Full name of contributor out-of-state PAC (ID#:_                         | )                                      | Amount of Contribution (\$)                              |
| 10/21/2024   | Bradley, David   |  | \$100.00   |
| Ì  | Contributor address; City; State; Zip Code                               |  |  |
|  |  |  |  |
|  | Irving, TX 75062   |  |  |
| Accounting   | rincipal Occupation  | Contributor's Job Title                |  |
|  | mployor/low firm   | Accounting                             | nouse (if any)   |
| Contributor's employer/law firm Law firm of contributor's sp<br>Dallas County District Clerk |  |  |  |
|  | s a child, law firm of parent(s) (if any)                                |  |  |
|  |  |  |  |
|  | ov Texas Ethics Commission www.ethic                                     | s state tx us                          | Version V4 1 0 48da51f7                                  |

| The Instrue  | ction Guide explains how to complete this t   | form.                                  | 1 Total pages Schedule A(J)1:<br>Sch: 2/19 Rpt: 5/33                |
|--|---|--|---|
| 2 FILER NAME<br>Molberg, Ker                                 | nneth H. (The Honorable)  |  | 3 Filer ID (Ethics Commission Filers)<br>00062111                   |
| 4 Date<br>10/21/2024   | <ul> <li>5 Full name of contributor out-of-state PAC (ID#: Branson, Debbie</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> |  | <ul> <li>Amount of Contribution (\$)</li> <li>\$2,500.00</li> </ul> |
|  | Dallas, TX 75205  |  |   |
|  | Principal Occupation  | 9 Contributor's Job Title              |   |
| Attorney   |   | Attorney                               |   |
| 10 Contributor's e   |   | <b>11</b> Law firm of contributor's sp | bouse (if any)  |
|  | of Frank L Branson  |  |   |
| <b>12</b> If contributor is                                  | s a child, law firm of parent(s) (if any)   |  |   |
|  |   |  |   |
| Date<br>10/20/2024   | Full name of contributor out-of-state PAC (ID#:   | )                                      | Amount of Contribution (\$)   |
| 10/20/2024   | Brown, Mark   |  | \$500.00  |
|  | Contributor address; City; State; Zip Code  |  |   |
|  |   |  |   |
|  | Irving, TX 75060  |  |   |
| Contributor's E  | Principal Occupation  | Contributor's Job Title                |   |
| Pilot  |   | Pilot                                  |   |
|  | employer/law firm   | Law firm of contributor's sp           | pouse (if any)  |
| Envoy Airline  |   |  |   |
| If contributor is  | s a child, law firm of parent(s) (if any)   |  |   |
|  |   |  |   |
| Date   | Full name of contributor out-of-state PAC (ID#:   | )                                      | Amount of Contribution (\$)   |
| 10/20/2024   | Bush, Janie   |  | \$100.00  |
|  | Contributor address; City; State; Zip Code  |  |   |
|  |   |  |   |
|  | Dallas, TX 75229  |  |   |
| Contributor's F  | Principal Occupation  | Contributor's Job Title                | •   |
| Not Employe  | ed  | Not Employed                           |   |
| Contributor's employer/law firm Law firm of contributor's sp |   | bouse (if any)                         |   |
| Not Employe  | ed  |  |   |
| If contributor is  | s a child, law firm of parent(s) (if any)   |  |   |
|  |   |  |   |
|  |   |  |   |
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| The Instruc                      | ction Guide explains how to complete this                            | form.                                  | 1 Total pages Schedule A(J)1:<br>Sch: 3/19 Rpt: 6/33 |
|----------------------------------|--|--|--|
| 2 FILER NAME                     |  |  | <b>3</b> Filer ID (Ethics Commission Filers)         |
| -                                | nneth H. (The Honorable)   |  | 00062111   |
| 4 Date<br>10/21/2024             | 5 Full name of contributor out-of-state PAC (ID#:<br>Carboy, Colleen |  | 7 Amount of Contribution (\$)<br>\$150.00            |
|                                  | 6 Contributor address; City; State; Zip Code                         |  |  |
|                                  |  |  |  |
|                                  | Lewisville, TX 75056   |  |  |
|                                  | Principal Occupation   | 9 Contributor's Job Title              |  |
| Attorney                         |  | Attorney                               |  |
| 10 Contributor's e<br>Carboy Law |  | <b>11</b> Law firm of contributor's sp | pouse (if any)                                       |
| -                                | a child, law firm of parent(s) (if any)                              |  |  |
|                                  | a child, law littl of parends) (it any)                              |  |  |
| Date                             | Full name of contributor out-of-state PAC (ID#:                      | )                                      | Amount of Contribution (\$)                          |
| 10/24/2024                       | Carlock, David   |  | \$100.00   |
|                                  | Contributor address; City; State; Zip Code                           |  |  |
|                                  |  |  |  |
|                                  |  |  |  |
|                                  | Dallas, TX 75209   |  |  |
|                                  | Principal Occupation   | Contributor's Job Title                |  |
| Not Employe                      |  | Not Employed                           |  |
| Not Employe                      | mployer/law firm   | Law firm of contributor's sp           | pouse (if any)                                       |
|                                  | s a child, law firm of parent(s) (if any)                            |  |  |
|                                  |  |  |  |
| Date                             | Full name of contributor out-of-state PAC (ID#:                      | )                                      | Amount of Contribution (\$)                          |
| 10/20/2024                       | Collins, John  |  | \$250.00   |
|                                  | Contributor address; City; State; Zip Code                           |  |  |
|                                  |  |  |  |
|                                  |  |  |  |
|                                  | Dallas, TX 75204   |  |  |
|                                  | Principal Occupation   | Contributor's Job Title                |  |
| Attorney                         |  | Attorney                               |  |
|                                  | mployer/law firm<br>f John Collins                                   | Law firm of contributor's sp           | pouse (ii any)                                       |
|                                  | s a child, law firm of parent(s) (if any)                            |  |  |
|                                  |  |  |  |
|                                  |  |  |  |
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| L                                |  |  |  |
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| The Instruction Guide explains how to complete this  | form.                                  | 1 Total pages Schedule A(J)1:<br>Sch: 4/19 Rpt: 7/33     |
|--|--|--|
| 2 FILER NAME<br>Molberg, Kenneth H. (The Honorable)  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062111 |
| 4 Date       5 Full name of contributor       out-of-state PAC (ID#         09/30/2024       Cubbage, Brenda         6 Contributor address; City; State; Zip Code  |  | 7 Amount of Contribution (\$)<br>\$500.00                |
| Arlington, TX 76012  |  |  |
| 8 Contributor's Principal Occupation<br>Attorney   | 9 Contributor's Job Title<br>Attorney  |  |
| 10 Contributor's employer/law firm<br>Calhoun Bhella & Sechrest LLP  | <b>11</b> Law firm of contributor's sp | pouse (if any)   |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)  |  |  |
| Date       Full name of contributor       out-of-state PAC (ID#         10/20/2024       Deitsch-Perez, Deborah         Contributor address; City; State; Zip Code | Deitsch-Perez, Deborah                 |  |
| Dallas, TX 75230   | Contributor's Job Title                |  |
| Contributor's Principal Occupation<br>Attorney   | Attorney                               |  |
| Contributor's employer/law firm<br>Stinson LLP   | Law firm of contributor's sp           | oouse (if any)   |
| If contributor is a child, law firm of parent(s) (if any)  |  |  |
| Date     Full name of contributor     out-of-state PAC (ID#<br>00/20/2024       10/20/2024     Dickenson, Gail       Contributor address; City; State; Zip Code    |  | Amount of Contribution (\$)<br>\$250.00                  |
| Dallas, TX 75225   | -                                      |  |
| Contributor's Principal OccupationContributor's Job TitleNot EmployedNot Employed  |  |  |
| Contributor's employer/law firm Law firm of contributor's sp   |  | pouse (if any)   |
| Not Employed   |  |  |
| If contributor is a child, law firm of parent(s) (if any)  |  |  |
| Forms provided by Texas Ethics Commission www.ethi   | cs.state.tx.us                         | Version V4.1.0.48da51f7                                  |

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|------------------------------|--|---------------------------------|--|
| 2 FILER NAME<br>Molberg, Ker | nneth H. (The Honorable)   |                                 | 3 Filer ID (Ethics Commission Filers)<br>00062111    |
| 4 Date<br>10/10/2024         | 5 Full name of contributor out-of-state PAC (ID#:_<br>Dunn Sheehan LLP |                                 | 7 Amount of Contribution (\$)<br>\$1,000.00          |
|                              | 6 Contributor address; City; State; Zip Code                           |                                 |  |
|                              | Dallas, TX 75206   |                                 |  |
| 8 Contributor's P            | rincipal Occupation  | 9 Contributor's Job Title       |  |
| 10 Contributor's e           | mployer/law firm   | 11 Law firm of contributor's sp | oouse (if any)                                       |
| 12 If contributor is         | s a child, law firm of parent(s) (if any)                              |                                 |  |
| Date                         | Full name of contributor out-of-state PAC (ID#:_                       | )                               | Amount of Contribution (\$)                          |
| 10/20/2024                   | Eaton, Chad  |                                 | \$100.00   |
|                              | Contributor address; City; State; Zip Code<br>Dallas, TX 75248         |                                 |  |
| Contributor's F              | Principal Occupation   | Contributor's Job Title         |  |
| Attorney                     |  | Attorney                        |  |
|                              | mployer/law firm   | Law firm of contributor's sp    | oouse (if any)                                       |
| Rolle Eaton I                | _aw  |                                 |  |
| If contributor is            | s a child, law firm of parent(s) (if any)                              |                                 |  |
| Date                         | Full name of contributor out-of-state PAC (ID#:_                       | )                               | Amount of Contribution (\$)                          |
| 10/20/2024                   | Fettinger, George Marcus   |                                 | \$100.00   |
|                              | Contributor address; City; State; Zip Code                             |                                 |  |
|                              | Dallas, TX 75214   |                                 |  |
|                              | Principal Occupation   | Contributor's Job Title         |  |
| Attorney                     |  | Attorney                        |  |
| Gray Reed N                  | mployer/law firm   | Law firm of contributor's sp    | oouse (if any)                                       |
| _                            | s a child, law firm of parent(s) (if any)                              |                                 |  |
|                              |  |                                 |  |
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|-----------------------------|--|---------------------------------|--|
| 2 FILER NAME<br>Molberg, Ke | nneth H. (The Honorable)   |                                 | 3 Filer ID (Ethics Commission Filers)<br>00062111    |
| 4 Date<br>10/20/2024        | <ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>Fitzgerald, Karen</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> |                                 | 7 Amount of Contribution (\$)<br>\$250.00            |
|                             | Dallas, TX 75206   |                                 |  |
| 8 Contributor's I           | Principal Occupation   | 9 Contributor's Job Title       | •  |
| Attorney                    |  | Attorney                        |  |
| 10 Contributor's e          |  | 11 Law firm of contributor's sp | bouse (if any)                                       |
| Fitzgerald La               |  |                                 |  |
| 12 If contributor is        | s a child, law firm of parent(s) (if any)  |                                 |  |
|                             |  |                                 |  |
| Date                        | Full name of contributor out-of-state PAC (ID#:  | )                               | Amount of Contribution (\$)                          |
| 10/20/2024                  | Forsythe- Lill, Veletta  |                                 | \$100.00   |
|                             | Contributor address; City; State; Zip Code   |                                 |  |
|                             |  |                                 |  |
|                             |  |                                 |  |
|                             | Dallas, TX 75223   |                                 |  |
| Contributor's I             | Principal Occupation   | Contributor's Job Title         | •  |
| Not Employe                 | ed   | Not Employed                    |  |
| Contributor's e             | employer/law firm  | Law firm of contributor's sp    | bouse (if any)                                       |
| Not Employe                 | ed   |                                 |  |
| If contributor is           | s a child, law firm of parent(s) (if any)  |                                 |  |
|                             |  |                                 |  |
| Date                        | Full name of contributor Out-of-state PAC (ID#:  | )                               | Amount of Contribution (\$)                          |
| 09/30/2024                  | Friedman & Feiger LLP  |                                 | \$1,000.00   |
|                             | Contributor address; City; State; Zip Code   |                                 |  |
|                             |  |                                 |  |
|                             |  |                                 |  |
|                             | Dallas, TX 75252   |                                 |  |
| Contributor's               | Principal Occupation   | Contributor's Job Title         |  |
| Contributor 3 1             |  |                                 |  |
| Contributor's e             | employer/law firm  | Law firm of contributor's sp    | house (if any)                                       |
| Contributor 3 C             |  |                                 |  |
| If contributor i            | s a child, law firm of parent(s) (if any)  |                                 |  |
|                             |  |                                 |  |
|                             |  |                                 |  |
|                             |  |                                 |  |
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|                             | by Taxas Ethics Commission   | e etato ty ue                   | Version VA 1.0.48da51f7                              |

| The Instru           | ction Guide explains how to complete this f        | orm.                            | 1 Total pages Schedule A(J)1:<br>Sch: 7/19 Rpt: 10/33 |
|----------------------|--|---------------------------------|---|
| 2 FILER NAME         |  |                                 | 3 Filer ID (Ethics Commission Filers)                 |
| Molberg, Kei         | nneth H. (The Honorable)                           |                                 | 00062111  |
| 4 Date               | 5 Full name of contributor out-of-state PAC (ID#:_ | )                               | 7 Amount of Contribution (\$)                         |
| 10/10/2024           | Furgeson, William Royal                            |                                 | \$250.00  |
|                      | 6 Contributor address; City; State; Zip Code       |                                 |   |
|                      |  |                                 |   |
|                      |  |                                 |   |
|                      | Dallas, TX 75205                                   |                                 |   |
| 8 Contributor's F    | Principal Occupation                               | 9 Contributor's Job Title       |   |
| Not Employe          | ed   | Not Employed                    |   |
| 10 Contributor's e   | employer/law firm                                  | 11 Law firm of contributor's sp | oouse (if any)  |
| Not Employe          | ed   |                                 |   |
| 12 If contributor is | s a child, law firm of parent(s) (if any)          |                                 |   |
|                      |  |                                 |   |
| Date                 | Full name of contributor out-of-state PAC (ID#:    | )                               | Amount of Contribution (\$)                           |
| 10/19/2024           | General Drivers Warehousemen & Helpers             |                                 | \$2,000.00  |
|                      | Contributor address; City; State; Zip Code         |                                 | 1   |
|                      |  |                                 |   |
|                      |  |                                 |   |
|                      | Dallas, TX 75217                                   |                                 |   |
| Contributor's F      | Principal Occupation                               | Contributor's Job Title         |   |
|                      |  |                                 |   |
| Contributor's e      | employer/law firm                                  | Law firm of contributor's sp    | bouse (if any)  |
|                      |  |                                 |   |
| If contributor is    | s a child, law firm of parent(s) (if any)          |                                 |   |
|                      |  |                                 |   |
| Date                 | Full name of contributor out-of-state PAC (ID#:_   | )                               | Amount of Contribution (\$)                           |
| 10/21/2024           | Gillespie, Hal                                     |                                 | \$500.00  |
|                      | Contributor address; City; State; Zip Code         |                                 |   |
|                      |  |                                 |   |
|                      |  |                                 |   |
|                      | Dallas, TX 75206                                   | 1                               |   |
|                      | Principal Occupation                               | Contributor's Job Title         |   |
| Attorney             |  | Attorney                        |   |
|                      | employer/law firm                                  | Law firm of contributor's sp    | bouse (if any)  |
| Gillespie Sar        |  |                                 |   |
| If contributor is    | s a child, law firm of parent(s) (if any)          |                                 |   |
|                      |  |                                 |   |
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| Forms provided       | by Texas Ethics Commission www.ethic               | s state tx us                   | Version V4 1 0 48da51f7                               |

| 6       Contributor address: City: State: Zip Code         Dallas, TX 75201       9         8       Contributor's Principal Occupation         9       Contributor's employentaw firm         12       It contributor's employentaw firm         12       Full name of contributor         10/20/2024       Full name of contributor         Gruber, Mike       Out of state PAC (ID#)         Amount of Contributor's spouse (if any)         Contributor's Principal Occupation         Attorney         Contributor's employentaw firm         Contributor's Principal Occupation         Attorney         Contributor's a child, law firm of parent(s) (if any)         Date         10/20/2024         Full name of contributor         Contributor's Principal Occupation         Attorney         Contributor's a child, law firm of parent(s) (if any)         Date         10/15/2024         Full name of contributor         Quinter of contributor's a child, law firm of parent(s) (if any)         Contributor's Principal Occupation         10/15/2024       Full name of contributor         Hermandez, Stacey       Attorney         Contributor's Principal Occupation       Contributor's Job Title  | The Instruc  | tion Guide explains how to complete this f      | orm.                            | 1 Total pages Schedule A(J)1:<br>Sch: 8/19 Rpt: 11/33 |
|--|--|---|---------------------------------|---|
| 09/30/2024       Grau Law Group PLLC       \$500.0         6       Contributor address; City; State; Zip Code  |  | neth H. (The Honorable)                         |                                 |   |
| 8       Contributor's Principal Occupation       9       Contributor's Job Title         10       Contributor's employer/law firm       11       Law firm of contributor's spouse (if any)         12       If contributor is a child, law firm of parent(s) (if any)       Amount of Contributor (\$)       Amount of Contributor (\$)         Date       Full name of contributor       out-of-state PAC (ID)::       Amount of Contribution (\$)       \$1,000.0         Date       Contributor's Address, City; State; Zip Code       Amount of Contributor's Job Title       Attorney         Contributor's employer/law firm       Contributor's apployer/law firm       Law firm of contributor's spouse (if any)       Genetibutor's spouse (if any)         Contributor's employer/law firm       Contributor's spouse (if any)       Amount of Contributor (\$)       \$100.0         I contributor is a child, law firm of parent(s) (if any)       Contributor's Job Title       Amount of Contribution (\$)       \$100.0         Date       Full name of contributor       cost-state PAC (ID::       Contributor's spouse (if any)       \$100.0         Date       Full name of contributor       cost-state PAC (ID::       Contributor's Job Title       \$100.0         10/15/2024       Full name of contributor       cost-state PAC (ID::       Contributor's Job Title       \$100.0         Contributor's Principal Occupation | 09/30/2024   | Grau Law Group PLLC                             |                                 | 7 Amount of Contribution (\$)<br>\$500.00             |
| 10 Contributor's employer/law firm       11 Law firm of contributor's spouse (if any)         12 If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         10/20/2024       Full name of contributor out-of-state PAC (IDE:)       Amount of Contribution (\$)         10/20/2024       Gruber, Mike   |  | Dallas, TX 75201                                |                                 |   |
| 12 If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/20/2024       Gruber, Mike   | 8 Contributor's P  | rincipal Occupation                             | 9 Contributor's Job Title       |   |
| Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/20/2024       Gruber, Mike  | 10 Contributor's e   | mployer/law firm                                | 11 Law firm of contributor's sp | bouse (if any)  |
| 10/20/2024       Gruber, Mike       \$1,000.0         Contributor address; City; State; Zip Code   | 12 If contributor is   | a child, law firm of parent(s) (if any)         |                                 |   |
| Contributor address: City; State; Zip Code         Dallas, TX 75201         Contributor's Principal Occupation         Attorney         Contributor's employer/law firm         Greenberg Traurig         If contributor is a child, law firm of parent(s) (if any)         Date         10/15/2024         Full name of contributor         In demandez, Stacey         Contributor's Principal Occupation         Attorney         Date         10/15/2024         Hernandez, Stacey         Contributor's Principal Occupation         Attorney         Date         Data         Out-of-state PAC (ID#         Mount of Contribution (\$)         \$100.0         Contributor's Principal Occupation         Attorney         Contributor's Principal Occupation         Attorney         Contributor's application         Contributor's spouse (if any)         Catter Arnett Bennett & Perez         If contributor is a child, law firm of parent(s) (if any)  | Date   | Full name of contributor out-of-state PAC (ID#: | )                               | Amount of Contribution (\$)                           |
| Dallas, TX 75201       Contributor's Principal Occupation         Attorney       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Greenberg Traurig       Law firm of contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         10/15/2024       Hernandez, Stacey       Amount of Contributor (\$)         Contributor's Principal Occupation       Attorney       \$100.0         Dallas, TX 75228       Contributor's object/law firm       Contributor's spouse (if any)         Contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)       \$100.0         if contributor is a child, law firm of parent(s) (if any)       Law firm of contributor's spouse (if any)       \$100.0  | 10/20/2024   | Gruber, Mike                                    |                                 | \$1,000.00  |
| Contributor's Principal Occupation       Contributor's Job Title         Attorney       Law firm of contributor's spouse (if any)         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Greenberg Traurig       Law firm of contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)         10/15/2024       Full name of contributor       out-of-state PAC (ID#)         Contributor address; City; State; Zip Code       S100.0         Contributors Principal Occupation       Contributor's Job Title         Attorney       Contributor's Job Title         Attorney       Law firm of contributor's spouse (if any)         Catter Arnett Bennett & Perez       If contributor is a child, law firm of parent(s) (if any)         If contributor is a child, law firm of parent(s) (if any)       Amount of contributor's spouse (if any)  |  |   |                                 |   |
| Attorney       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         If contributor is a child, law firm of parent(s) (if any)       Amount of Contribution (s)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contributor's spouse (if any)         Contributor's Principal Occupation       Contributor's Job Title         Attorney       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Catter Arnett Bennett & Perez       If contributor is a child, law firm of parent(s) (if any)   | Contributor's P  |   | Contributor's Job Title         |   |
| Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Greenberg Traurig       Identification of contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor is a child, law firm of parent(s) (if any)         Amount of Contributor address; City; State; Zip Code       Amount of Contributor (\$)         Dallas, TX 75228       Contributor's Principal Occupation         Contributor's Principal Occupation       Contributor's Job Title         Attorney       Law firm of contributor's spouse (if any)         Carter Arnett Bennett & Perez       If contributor is a child, law firm of parent(s) (if any)  |  |   |                                 |   |
| If contributor is a child, law firm of parent(s) (if any)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         10/15/2024       Hernandez, Stacey  | Contributor's e  | mployer/law firm                                |                                 | oouse (if any)  |
| Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/15/2024       Hernandez, Stacey       \$100.0         Contributor address; City; State; Zip Code       Dallas, TX 75228         Contributor's Principal Occupation       Contributor's Job Title         Attorney       Attorney         Contributor is employer/law firm       Law firm of contributor's spouse (if any)         Carter Arnett Bennett & Perez       If contributor is a child, law firm of parent(s) (if any)   | Greenberg T  | aurig   |                                 |   |
| 10/15/2024       Hernandez, Stacey       \$100.0         Contributor address; City; State; Zip Code       Dallas, TX 75228         Contributor's Principal Occupation       Contributor's Job Title         Attorney       Attorney         Contributor's employer/law firm       Law firm of contributor's spouse (if any)         Carter Arnett Bennett & Perez       If contributor is a child, law firm of parent(s) (if any)  | If contributor is  | a child, law firm of parent(s) (if any)         |                                 |   |
| Contributor address; City; State; Zip Code         Dallas, TX 75228         Contributor's Principal Occupation         Attorney         Contributor's employer/law firm         Contributor's employer/law firm         Carter Arnett Bennett & Perez         If contributor is a child, law firm of parent(s) (if any)  | Date   | Full name of contributor out-of-state PAC (ID#: | )                               | Amount of Contribution (\$)                           |
| Contributor address; City; State; Zip Code         Dallas, TX 75228         Contributor's Principal Occupation         Attorney         Attorney         Contributor's employer/law firm         Contributor's employer/law firm         Carter Arnett Bennett & Perez         If contributor is a child, law firm of parent(s) (if any)   | 10/15/2024   | -   |                                 | \$100.00  |
| Attorney     Attorney       Contributor's employer/law firm     Law firm of contributor's spouse (if any)       Carter Arnett Bennett & Perez     If contributor is a child, law firm of parent(s) (if any)  |  | Contributor address; City; State; Zip Code      |                                 |   |
| Contributor's employer/law firm<br>Carter Arnett Bennett & Perez<br>If contributor is a child, law firm of parent(s) (if any)  | Contributor's P  | rincipal Occupation                             | Contributor's Job Title         | 1   |
| Carter Arnett Bennett & Perez<br>If contributor is a child, law firm of parent(s) (if any)   | Attorney   |   | Attorney                        |   |
| If contributor is a child, law firm of parent(s) (if any)  | Contributor's employer/law firm Law firm of contributor's sp |   | oouse (if any)                  |   |
|  | Carter Arnett  | Bennett & Perez                                 |                                 |   |
| Forme provided by Toyoe Ethice Commission  | If contributor is  | a child, law firm of parent(s) (if any)         |                                 |   |
|  | Forms provided b   | W Texas Ethics Commission                       |                                 | Version V4.1.0.48da51f7                               |

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| 2 FILER NAME<br>Molberg, Ken  | nneth H. (The Honorable)  |                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062111 |
| 10/26/2024                    | 5 Full name of contributor out-of-state PAC (ID#:<br>Hofmeister, Kent |                                       | 7 Amount of Contribution (\$)<br>\$250.00                |
|                               | 6 Contributor address; City; State; Zip Code                          |                                       |  |
|                               | Dallas, TX 75230  |                                       |  |
| 8 Contributor's P<br>Attorney | rincipal Occupation   | 9 Contributor's Job Title<br>Attorney |  |
| 10 Contributor's e            | mployer/law firm  | 11 Law firm of contributor's sp       | oouse (if any)   |
| Brown & Hofi                  | meister LLP   |                                       |  |
| 12 If contributor is          | a child, law firm of parent(s) (if any)                               |                                       |  |
| Date                          | Full name of contributor out-of-state PAC (ID#:_                      | )                                     | Amount of Contribution (\$)                              |
| 10/21/2024                    | Hollingsworth, Cynthia  |                                       | \$100.00   |
|                               | Contributor address; City; State; Zip Code<br>Dallas, TX 75214        |                                       |  |
| Contributor's P               | rincipal Occupation   | Contributor's Job Title               |  |
| Attorney                      |   | Attorney                              |  |
| Contributor's e               | mployer/law firm  | Law firm of contributor's sp          | oouse (if any)   |
| Hollingsworth                 | n Walker  |                                       |  |
| If contributor is             | a child, law firm of parent(s) (if any)                               |                                       |  |
| Date                          | Full name of contributor out-of-state PAC (ID#:_                      | )                                     | Amount of Contribution (\$)                              |
| 10/14/2024                    | Holmes, James   |                                       | \$250.00   |
|                               | Contributor address; City; State; Zip Code                            |                                       | 1  |
|                               |   |                                       |  |
|                               | Dallas, TX 75201  | •                                     |  |
|                               | rrincipal Occupation  | Contributor's Job Title               |  |
| Attorney Attorney             |   |                                       |  |
|                               | mployer/law firm  | Law firm of contributor's sp          | bouse (if any)   |
| Holmes PLLC                   |   |                                       |  |
| If contributor is             | a child, law firm of parent(s) (if any)                               |                                       |  |
| Forme are de la               | ov Texas Ethics Commission www.ethic                                  | s state tx us                         | Version V4 1 0 48da51f7                                  |

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| 2 FILER NAME<br>Molberg, Keni                             | neth H. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00062111 |  |
| 4 Date !<br>10/21/2024                                    | 5 Full name of contributor out-of-state PAC (ID#:                 |   | <ul><li>7 Amount of Contribution (\$)</li><li>\$250.00</li></ul> |
| Ĩ   | 6 Contributor address; City; State; Zip Code<br>Addison, TX 75001 |   |  |
| 8 Contributor's Pr  | incipal Occupation  | 9 Contributor's Job Title                         |  |
| Attorney  |   | Attorney  |  |
| 10 Contributor's en                                       | nployer/law firm  | 11 Law firm of contributor's sp                   | bouse (if any)   |
| Scott H Palme   | er PC   |   |  |
| 12 If contributor is                                      | a child, law firm of parent(s) (if any)                           | ·   |  |
| Date  | Full name of contributor out-of-state PAC (ID#:                   | )   | Amount of Contribution (\$)                                      |
| 10/21/2024  | Jiral, Jeannine   |   | \$100.00   |
|   | Contributor address; City; State; Zip Code                        |   |  |
|   |   |   |  |
|   | Dallas, TX 75201  |   |  |
| Contributor's Pr  | incipal Occupation  | Contributor's Job Title                           |  |
| Attorney  |   | Attorney  |  |
| Contributor's employer/law firm Law firm of contributor's |   |   | oouse (if any)   |
| Kizzia Johnso   | on PLLC   |   |  |
| If contributor is   | a child, law firm of parent(s) (if any)                           | •   |  |
| Date  | Full name of contributor out-of-state PAC (ID#:_                  | )   | Amount of Contribution (\$)                                      |
| 09/30/2024  | Julian, Elizabeth   |   | \$250.00   |
|   | Contributor address; City; State; Zip Code                        |   |  |
|   |   |   |  |
|   | Crockett, TX 75835  |   |  |
| Contributor's Pr  | rincipal Occupation   | Contributor's Job Title                           |  |
| Attorney  |   | Attorney  |  |
| Contributor's employer/law firm Law firm of contribut     |   | Law firm of contributor's sp                      | oouse (if any)   |
| Law Office of Elizabeth Julian                            |   |   |  |
| If contributor is   | a child, law firm of parent(s) (if any)                           |   |  |
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| 2 FILER NAME   |  | <b>3</b> Filer ID (Ethics Commission Filers)           |                               |
| Molberg, Ker   | neth H. (The Honorable)                          | 00062111   |                               |
|  | 5 Full name of contributor out-of-state PAC (ID# | #:)  | 7 Amount of Contribution (\$) |
| 09/30/2024   | Kelly M Liebbe PLLC                              |  | \$1,000.00                    |
|  | 6 Contributor address; City; State; Zip Code     |  |                               |
|  |  |  |                               |
|  |  |  |                               |
| <b>0</b> Contributorio D   | Dallas, TX 75231                                 | Contributorio Job Title                                |                               |
| 8 Contributor's P  | rincipal Occupation                              | 9 Contributor's Job Title                              |                               |
| 10 Contributor's e   | mplover/law firm                                 | <b>11</b> Law firm of contributor's sp                 | house (if any)                |
|  |  |  |                               |
| <b>12</b> If contributor is  | a child, law firm of parent(s) (if any)          |  |                               |
|  |  |  |                               |
| Date   | Full name of contributor Out-of-state PAC (ID#   | #:)  | Amount of Contribution (\$)   |
| 09/30/2024   | Kendall Law Group PLLC                           | //   | \$1,000.00                    |
|  | Contributor address; City; State; Zip Code       |  |                               |
|  |  |  |                               |
|  |  |  |                               |
|  | Dallas, TX 75219                                 |  |                               |
| Contributor's F  | rincipal Occupation                              | Contributor's Job Title                                |                               |
|  |  |  |                               |
| Contributor's e  | mployer/law firm                                 | Law firm of contributor's sp                           | bouse (if any)                |
|  |  |  |                               |
| If contributor is  | a child, law firm of parent(s) (if any)          |  |                               |
|  |  |  |                               |
| Date   | Full name of contributor out-of-state PAC (ID#   | #:)  | Amount of Contribution (\$)   |
| 10/20/2024   | LoVuolo, Michael                                 |  | \$25.00                       |
|  | Contributor address; City; State; Zip Code       |  |                               |
|  |  |  |                               |
|  | Dallas, TX 75235                                 |  |                               |
| Contributor's P  | rincipal Occupation                              | Contributor's Job Title                                |                               |
| Staff Represe  |  | Staff Representative                                   |                               |
| Contributor's employer/law firm Law firm Law firm between the second sec |  |  | pouse (if any)                |
| Communications Workers of America  |  |  |                               |
| If contributor is  | a child, law firm of parent(s) (if any)          |  |                               |
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| i onno provided l  | Jy TEAS LUIUS COUTINISSION WWW.EUN               | ics.state.tx.us  | VEISIUII V4.1.0.40Ud311/      |

|  | Sch: 12/19 Rpt: 15/33                                    |
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| 2 FILER NAME<br>Molberg, Kenneth H. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00062111 |
| 4 Date       5 Full name of contributor       out-of-state PAC (ID#:                       | ) <b>7</b> Amount of Contribution (\$) \$500.00          |
| Dallas, TX 75254   |  |
| 8 Contributor's Principal Occupation     9 Contributor's Job 1       Attorney     Attorney | Title  |
| 10 Contributor's employer/law firm11 Law firm of contribLaw offices of Mitchell Madden     | putor's spouse (if any)                                  |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)                        |  |
| Date       Full name of contributor       out-of-state PAC (ID#:                           | ) Amount of Contribution (\$)<br>                        |
| dallas, TX 75225   |  |
| Contributor's Principal OccupationContributor's Job 1AttorneyAttorney                      | Title  |
|  | outor's spouse (if any)                                  |
| If contributor is a child, law firm of parent(s) (if any)                                  |  |
| Date       Full name of contributor       out-of-state PAC (ID#:                           | ) Amount of Contribution (\$)<br>\$500.00                |
| Dallas, TX 75230<br>Contributor's Principal Occupation Contributor's Job 1                 | Title  |
| Contributor's Principal OccupationContributor's Job 1AttorneyAttorney                      | nue  |
|  | putor's spouse (if any)                                  |
| Law Office of Steve Malouf   |  |
| If contributor is a child, law firm of parent(s) (if any)                                  |  |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us                           | Version V4.1.0.48da51f7                                  |

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| 2 FILER NAME<br>Molberg, Ker   | nneth H. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00062111 |  |
| 4 Date<br>10/25/2024   | <ul> <li>5 Full name of contributor out-of-state PAC (ID#:_<br/>McCallum, Ron</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> | 7 Amount of Contribution (\$)<br>\$100.00         |  |
|  | Dallas, TX 75205   |   |  |
| 8 Contributor's F<br>Attorney  | rincipal Occupation  | 9 Contributor's Job Title<br>Attorney             |  |
| <b>10</b> Contributor's e<br>Law Office of   | mployer/law firm<br>f Ron McCallum   | 11 Law firm of contributor's sp                   | oouse (if any)   |
| 12 If contributor is   | s a child, law firm of parent(s) (if any)  |   |  |
| Date     Full name of contributor     out-of-state PAC (ID#:                                   |  |   | Amount of Contribution (\$)<br>\$250.00                |
|  | Dallas, TX 75230   |   |  |
| Contributor's F<br>Attorney  | Principal Occupation   | Contributor's Job Title<br>Attorney               |  |
|  | mployer/law firm<br>rquodale PC  | Law firm of contributor's sp                      | oouse (if any)   |
| If contributor is  | s a child, law firm of parent(s) (if any)  | ·   |  |
| Date<br>10/09/2024   |  |   | Amount of Contribution (\$)<br>\$10.00                 |
|  | Carrollton, TX 75007   |   |  |
| Contributor's Principal Occupation     Contributor's Job 1       Not Employed     Not Employed |  |   |  |
| Contributor's employer/law firm         Law firm of contributor's s                            |  |   | oouse (if any)   |
| Not Employed   |  |   |  |
| If contributor is  | s a child, law firm of parent(s) (if any)  |   |  |
|  |  |   |  |
| Forms provided   | by Texas Ethics Commission www.ethic   | s.state.tx.us                                     | Version V4.1.0.48da51f7                                |

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|--|---|--|-------------------------------|
| 2 FILER NAME   |   | <b>3</b> Filer ID (Ethics Commission Filers)           |                               |
| Molberg, Ker   | nneth H. (The Honorable)                          | 00062111   |                               |
| 4 Date   | 5 Full name of contributor out-of-state PAC (ID#: | )  | 7 Amount of Contribution (\$) |
| 10/09/2024   | McDowell, Jan                                     |  | \$10.00                       |
|  | 6 Contributor address; City; State; Zip Code      |  | 1                             |
|  |   |  |                               |
|  |   |  |                               |
|  | Carrollton, TX 75007                              |  |                               |
|  | Principal Occupation                              | 9 Contributor's Job Title                              |                               |
| Not Employe  |   | Not Employed   |                               |
| 10 Contributor's e   |   | <b>11</b> Law firm of contributor's sp                 | bouse (if any)                |
| Not Employe  |   |  |                               |
| 12 If contributor is   | s a child, law firm of parent(s) (if any)         |  |                               |
|  |   |  |                               |
| Date   | Full name of contributor out-of-state PAC (ID#:   | )  | Amount of Contribution (\$)   |
| 10/10/2024   | McGovern, Katherine                               |  | \$100.00                      |
|  | Contributor address; City; State; Zip Code        |  |                               |
|  |   |  |                               |
|  |   |  |                               |
|  | Dallas, TX 75229                                  | -  |                               |
|  | Principal Occupation                              | Contributor's Job Title                                |                               |
| Attorney   |   | Attorney   |                               |
|  | employer/law firm                                 | Law firm of contributor's sp                           | bouse (if any)                |
|  | f Katherine McGovern                              |  |                               |
| If contributor is  | s a child, law firm of parent(s) (if any)         |  |                               |
|  |   |  |                               |
| Date   | Full name of contributor out-of-state PAC (ID#:   | )  | Amount of Contribution (\$)   |
| 10/20/2024   | McGovern, Katherine                               |  | \$250.00                      |
|  | Contributor address; City; State; Zip Code        |  |                               |
|  |   |  |                               |
|  |   |  |                               |
|  | Dallas, TX 75229                                  |  |                               |
|  | Principal Occupation                              | Contributor's Job Title                                |                               |
| Not Employed Not Employed  |   |  |                               |
| Contributor's employer/law firm Law firm of contributor's Not Employed |   | Law IIIII of contributor's St                          |                               |
|  | s a child, law firm of parent(s) (if any)         |  |                               |
|  | s a child, law intri of parent(s) (if any)        |  |                               |
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| Eorme provided   | by Texas Ethics Commission www.ethic              | rs state tx us   | Version V4 1 0 48da51f7       |

| The Instructio   | n Guide explains how to complete this f                                | 1 Total pages Schedule A(J)1:<br>Sch: 15/19 Rpt: 18/33 |   |
|--|--|--|---|
| <ol> <li>FILER NAME<br/>Molberg, Kennet</li> </ol>                                     | h H. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00062111      |   |
|  | Full name of contributor out-of-state PAC (ID#:<br>Miller Copeland LLP |  | 7 Amount of Contribution (\$)<br>\$500.00 |
| 6 (  | Contributor address; City; State; Zip Code                             |  |   |
|  | Dallas, TX 75201   |  |   |
| 8 Contributor's Princi   | ipal Occupation  | 9 Contributor's Job Title                              |   |
| 10 Contributor's emplo   | oyer/law firm  | 11 Law firm of contributor's sp                        | ouse (if any)                             |
| 12 If contributor is a cl  | hild, law firm of parent(s) (if any)                                   | L  |   |
| Date I   | Full name of contributor out-of-state PAC (ID#:                        | )  | Amount of Contribution (\$)               |
| 10/25/2024   | Rawlins, Michael   |  | \$250.00                                  |
|  | Contributor address; City; State; Zip Code                             |  |   |
|  | Richardson, TX 75080   |  |   |
| Contributor's Princi<br>Not Employed   | parOccupation  | Contributor's Job Title<br>Not Employed                |   |
| Contributor's emplo  | over/law firm  | Law firm of contributor's sp                           | oouse (if any)                            |
| Not Employed   |  |  |   |
| If contributor is a cl   | hild, law firm of parent(s) (if any)                                   |  |   |
| Date I   | Full name of contributor out-of-state PAC (ID#:                        | )  | Amount of Contribution (\$)               |
| 10/20/2024   | Samples, Steven  |  | \$1,000.00                                |
|  | Contributor address; City; State; Zip Code                             |  |   |
|  | Hurst, TX 76054  |  |   |
| Contributor's Princi   | ipal Occupation  | Contributor's Job Title                                |   |
| Attorney     Attorney       Contributor's employer/law firm     Law firm of contribute |  |  | pourse (if any)                           |
| Samples Ames   |  | Law firm of contributor's sp                           |   |
| -  | hild, law firm of parent(s) (if any)                                   |  |   |
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|  | exas Ethics Commission www.ethic                                       |  | Version V4.1.0.48da51f7                   |

| The Instru  | ction Guide explains how to complete this f                     | 1 Total pages Schedule A(J)1:<br>Sch: 16/19 Rpt: 19/33 |                               |
|---|---|--|-------------------------------|
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)                  |                               |
| Molberg, Ke   | nneth H. (The Honorable)  | 00062111   |                               |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#:               | )  | 7 Amount of Contribution (\$) |
| 10/19/2024  | Sangani, Bharat   |  | \$3,000.00                    |
|   | 6 Contributor address; City; State; Zip Code                    |  |                               |
|   |   |  |                               |
|   |   |  |                               |
| <b>9</b> Contributoria (                                    | Dallas, TX 75225  | 9 Contributor's Job Title                              |                               |
| CEO   | Principal Occupation  | CEO  |                               |
| 10 Contributor's e  | emplover/law firm   | <b>11</b> Law firm of contributor's sp                 | nouse (if any)                |
| Encore Ente   |   |  |                               |
|   | s a child, law firm of parent(s) (if any)                       |  |                               |
|   |   |  |                               |
| Date  | Full name of contributor out-of-state PAC (ID#:_                | )  | Amount of Contribution (\$)   |
| 10/21/2024  | Sharp, Cynthia  | ······   | \$25.00                       |
|   | Contributor address; City; State; Zip Code                      |  |                               |
|   |   |  |                               |
|   |   |  |                               |
|   | Irving, TX 75061  |  |                               |
|   | Principal Occupation  | Contributor's Job Title                                |                               |
| Fiscal servic   |   | Fiscal services  |                               |
| Contributor's employer/law firm Law firm of contributor's s |   |  | oouse (if any)                |
| Ada Staffing  |   |  |                               |
| If contributor is   | s a child, law firm of parent(s) (if any)                       |  |                               |
|   |   |  |                               |
| Date  | Full name of contributor out-of-state PAC (ID#:                 | )  | Amount of Contribution (\$)   |
| 10/10/2024  | Sidley Austin LLP<br>Contributor address; City; State; Zip Code |  | \$1,000.00                    |
|   | Contributor address, City, State, Zip Code                      |  |                               |
|   |   |  |                               |
|   | New York, NY 10019  |  |                               |
| Contributor's F   | I<br>Principal Occupation                                       | Contributor's Job Title                                | I                             |
|   |   |  |                               |
| Contributor's employer/law firm Law firm of contributor's   |   | Law firm of contributor's sp                           | oouse (if any)                |
|   |   |  |                               |
| If contributor is   | s a child, law firm of parent(s) (if any)                       |  |                               |
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| The Instru  | ction Guide explains how to complete this f  | 1 Total pages Schedule A(J)1:<br>Sch: 17/19 Rpt: 20/33 |   |
|---|--|--|---|
| 2 FILER NAME<br>Molberg, Ke                                 | nneth H. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00062111      |   |
| 4 Date<br>10/20/2024  | <ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li> <li>Siegel, Charles</li> <li>6 Contributor address; City; State; Zip Code</li> </ul> | 7 Amount of Contribution (\$)<br>\$1,000.00            |   |
|   | Dallas, TX 75230   |  |   |
|   | Principal Occupation   | 9 Contributor's Job Title                              |   |
| Attorney  |  | Attorney   |   |
| 10 Contributor's e  |  | <b>11</b> Law firm of contributor's sp                 | oouse (if any)                            |
|   | s Paul & Siegel  |  |   |
|   | s a child, law firm of parent(s) (if any)  |  |   |
|   |  |  |   |
| Date<br>10/10/2024  | Full name of contributor out-of-state PAC (ID#:<br>Sommerman McCaffity Quesada & Geisler LLP   |  | Amount of Contribution (\$)<br>\$5,000.00 |
| 10/10/2024  |  |  | \$3,000.00                                |
|   | Contributor address; City; State; Zip Code   |  |   |
|   |  |  |   |
|   | Dallas, TX 75219   |  |   |
| Contributor's F   | Principal Occupation   | Contributor's Job Title                                |   |
| Contributor 3 1   |  |  |   |
| Contributor's employer/law firm Law firm of contributor's s |  |  | oouse (if any)                            |
|   |  |  |   |
| If contributor is   | s a child, law firm of parent(s) (if any)  |  |   |
|   |  |  |   |
| Date  | Full name of contributor out-of-state PAC (ID#:_   | )  | Amount of Contribution (\$)               |
| 09/30/2024  | Steed Law Firm LLP   |  | \$2,500.00                                |
|   | Contributor address; City; State; Zip Code   |  |   |
|   |  |  |   |
|   |  |  |   |
|   | Dallas, TX 75201   |  |   |
| Contributor's F   | Principal Occupation   | Contributor's Job Title                                |   |
|   |  |  |   |
| Contributor's e   | employer/law firm  | Law firm of contributor's sp                           | oouse (if any)                            |
| If contributor is   | s a child, law firm of parent(s) (if any)  |  |   |
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| The Instrue   | ction Guide explains how to complete this t       | 1 Total pages Schedule A(J)1:<br>Sch: 18/19 Rpt: 21/33 |                               |
|---|---|--|-------------------------------|
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)                  |                               |
| Molberg, Kei  | nneth H. (The Honorable)                          | 00062111   |                               |
| 4 Date  | 5 Full name of contributor out-of-state PAC (ID#: | )  | 7 Amount of Contribution (\$) |
| 10/18/2024  | Stonewall Democrats of Dallas                     |  | \$250.00                      |
|   | 6 Contributor address; City; State; Zip Code      |  |                               |
|   |   |  |                               |
|   |   |  |                               |
|   | Dallas, TX 75219                                  |  |                               |
| 8 Contributor's F                                     | Principal Occupation                              | 9 Contributor's Job Title                              |                               |
|   |   |  |                               |
| 10 Contributor's e                                    | employer/law firm                                 | <b>11</b> Law firm of contributor's sp                 | bouse (if any)                |
|   |   |  |                               |
| <b>12</b> If contributor is                           | s a child, law firm of parent(s) (if any)         |  |                               |
|   |   |  |                               |
| Date  | Full name of contributor out-of-state PAC (ID#:   | )  | Amount of Contribution (\$)   |
| 10/20/2024  | Taylor, Ben                                       |  | \$250.00                      |
|   | Contributor address; City; State; Zip Code        |  |                               |
|   |   |  |                               |
|   |   |  |                               |
|   | Dallas, TX 75214                                  |  |                               |
|   | Principal Occupation                              | Contributor's Job Title                                |                               |
| Attorney  |   | Attorney   |                               |
|   | employer/law firm<br>& Associates PC              | Law firm of contributor's sp                           | oouse (if any)                |
| -   |   |  |                               |
|   | s a child, law firm of parent(s) (if any)         |  |                               |
|   |   |  |                               |
| Date  | Full name of contributor out-of-state PAC (ID#:   | )  | Amount of Contribution (\$)   |
| 10/21/2024  | Toles, William                                    |  | \$1,000.00                    |
|   | Contributor address; City; State; Zip Code        |  |                               |
|   |   |  |                               |
|   | Dallas, TX 75254                                  |  |                               |
| Contributor's F                                       | Principal Occupation                              | Contributor's Job Title                                |                               |
| Attorney  |   | Attorney   |                               |
| Contributor's employer/law firm Law firm of contribut |   |  | pouse (if any)                |
| Munsch Hardt  |   |  |                               |
|   | s a child, law firm of parent(s) (if any)         |  |                               |
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| Forme provided  | by Texas Ethics Commission www.ethic              | s state ty us  | Version V/4 1 0 48da51f7      |

| The Instru          | ction Guide explains how to complete this f       | orm.   | 1 Total pages Schedule A(J)1:<br>Sch: 19/19 Rpt: 22/33 |
|---------------------|---|--|--|
| 2 FILER NAME        |   | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| Molberg, Ke         | nneth H. (The Honorable)                          | 00062111                                     |  |
| 4 Date              | 5 Full name of contributor out-of-state PAC (ID#: | )  | 7 Amount of Contribution (\$)                          |
| 10/10/2024          | Van Wey Metzler & Williams PLLC                   |  | \$500.00   |
|                     | 6 Contributor address; City; State; Zip Code      |  | •  |
|                     |   |  |  |
|                     |   |  |  |
|                     | Dallas, TX 75230                                  |  |  |
| 8 Contributor's     | Principal Occupation                              | 9 Contributor's Job Title                    |  |
| 6 Contributor S     |   |  |  |
| 10 Contributorio    |   |  |  |
| 10 Contributor's (  | employer/law firm                                 | <b>11</b> Law firm of contributor's sp       | bouse (if any)   |
|                     |   |  |  |
| 12 If contributor i | s a child, law firm of parent(s) (if any)         |  |  |
|                     |   |  |  |
| Date                | Full name of contributor out-of-state PAC (ID#:   | )  | Amount of Contribution (\$)                            |
| 09/30/2024          | Witherite Law Group PLLC                          |  | \$5,000.00   |
|                     | Contributor address; City; State; Zip Code        |  | 1  |
|                     |   |  |  |
|                     |   |  |  |
|                     | Dallas, TX 75231                                  |  |  |
| Contributor's       | Principal Occupation                              | Contributor's Job Title                      |  |
| Contributor 3       |   |  |  |
| Contributor's       | employer/law firm                                 | Law firm of contributor's sp                 | oouso (if any)   |
| Contributor 3 (     |   |  |  |
| lf oontributor i    | a a shild low firm of parant(a) (if any)          |  |  |
|                     | s a child, law firm of parent(s) (if any)         |  |  |
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|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |  |
|---|---|--|---|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Repayment/Reimbursen<br>Fees Office Overhead/Rental Expen<br>Food/Beverage Expense Poling Expense<br>Gift/Awards/Memorials Expense Printing Expense<br>Legal Services Salaries/Wages/Contract Labor<br>The Instruction Guide explains how to complete this form | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>or OTHER (enter a category not listed above)      |  |  |
| 1 | Total pages Schedule F1:  | FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |  |  |
|   | Sch: 1/5 Rpt: 23/33   | Molberg, Kenneth H. (The Honorable)  | 00062111  |  |  |
| 4 | Date<br>09/30/2024  | Payee name<br>American Express   |   |  |  |
| 6 | Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |
| Ū | \$1,961.63  | PO Box 360001<br>Ft Lauderdale, FL 33336-0001  |   |  |  |
| _ |   |  |   |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  |  | travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense<br>se credit card expenses detailed on prior 30-       |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O   | Candidate/Officeholder name Office sought  | Office held   |  |  |
|   | Date  | Payee name   |   |  |  |
|   | 10/25/2024  | American Express   |   |  |  |
| - | Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |
|   | \$1,478.86  | PO Box 360001  |   |  |  |
|   |   | Ft Lauderdale, FL 33336-0001   |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | n<br>travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense<br>Se credit card for expenses detailed in report |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought  | Office held   |  |  |
|   | Date  | Payee name   |   |  |  |
|   | 10/01/2024  | BerlinRosen  |   |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |
|   | \$101,287.78  | 15 Maiden Ln Ste 1600  |   |  |  |
|   |   | New York, NY 10038   |   |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | n<br>travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense<br>n direct mail                                  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |
|   |   |  |   |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)  |     |  |   |                 |       |   |
|---|--|-----|--|---|-----------------|-------|---|
|   | Advertising Expense     Event Expense     Loan Repayment/Reimbursement       Accounting/Banking     Fees     Office Overhead/Rental Expense       Consulting Expense     Food/Beverage Expense     Polling Expense       Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee     Gift/Awards/Memorials Expense     Printing Expense       Credit Card Payment     The Instruction Guide explains how to complete this form. |     |  | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |                 |       |   |
| 1 | Total pages Schedule F1:   | 2   |  |   |                 | 3     | Filer ID (Ethics Commission Filers)   |
|   | Sch: 2/5 Rpt: 24/33  |     | Molberg, Kenneth H. (The Honorable)  |   |                 |       | 00062111  |
| 4 | Date   | 5   | Payee name   |   |                 |       |   |
|   | 10/16/2024   |     | BerlinRosen  |   |                 |       |   |
| 6 | Amount (\$)  | 7   | Payee address; City; State;  | Zip Co  | de              |       |   |
|   | \$61,064.00  |     | 15 Maiden Ln Ste 1600  |   |                 |       |   |
|   |  |     |  |   |                 |       |   |
|   |  |     | New York, NY 10038   |   |                 |       |   |
| 8 | PURPOSE  | (a) | Category (See Categories listed at the top of this sche  | edule)  | (b) Description |       |   |
|   | OF<br>EXPENDITURE  |     | Advertising Expense  | ,   |                 | outsi | ide of Texas. Complete Schedule T.  |
|   | EXPENDITORE  |     |  |   |                 |       | , officeholder living expense   |
|   |  |     |  |   | Digital advert  | lisir | ng  |
| _ | Operation ONITY if all the st  |     | And the second |   |                 |       |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF   |     | Candidate/Officeholder name O  | office sou  | Jur             |       | Office held   |
|   | Date   |     | Payee name   |   |                 |       |   |
|   | 10/23/2024   |     | BerlinRosen  |   |                 |       |   |
|   | Amount (\$)  |     | Payee address; City; State;  | Zip Co  | de              |       |   |
|   | \$41,725.00  |     | 15 Maiden Ln Ste 1600  |   |                 |       |   |
|   |  |     |  |   |                 |       |   |
|   |  |     | New York, NY 10038   |   |                 |       |   |
|   | PURPOSE<br>OF<br>EXPENDITURE   | (a) | Category (See Categories listed at the top of this sche<br>Advertising Expense                                   | edule)  |                 | , TX  | ide of Texas. Complete Schedule T.<br>, officeholder living expense<br>t mail |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł   |     | Candidate/Officeholder name O  | Office sou  | yht             |       | Office held   |
|   | Date   |     | Payee name   |   |                 |       |   |
|   | 10/14/2024   |     | Corinth Communications dba The Dalla   | as Exam   | nser            |       |   |
|   | Amount (\$)  |     | Payee address; City; State;  | Zip Co  | de              |       |   |
|   | \$810.00   |     | PO Box 3720  |   |                 |       |   |
|   |  |     |  |   |                 |       |   |
|   |  |     | Dallas, TX 75208   |   |                 |       |   |
|   | PURPOSE<br>OF  | (a) | Category (See Categories listed at the top of this sche  | edule)  | (b) Description |       |   |
|   | EXPENDITURE  |     | Advertising Expense  |   |                 |       | ide of Texas. Complete Schedule T.<br>, officeholder living expense           |
|   |  |     |  |   | Newspaper a     |       |   |
|   |  |     |  |   |                 |       |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O  |     | Candidate/Officeholder name O  | office sou  | Jht             | _     | Office held   |
|   |  |     |  |   |                 |       |   |
|   |  |     |  |   |                 |       |   |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |                        |   |
|---|---|--|---|------------------------|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explain | Office Overhea<br>Polling Expens<br>Printing Exper<br>Salaries/Wage | se<br>s/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1:  | ILER NAME  |   | 3                      | Filer ID (Ethics Commission Filers)   |
|   | Sch: 3/5 Rpt: 25/33   | Nolberg, Kenneth H. (The Honorable   | )   |                        | 00062111  |
| 4 | Date<br>10/14/2024  | Payee name<br>Democracy Toolbox  |   |                        |   |
| 6 | Amount (\$)<br>\$15,500.00  | Payee address; City; Stat<br>Post Office Box 6250<br>AcKinney, TX 75071  | e; Zip Code   |                        |   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this s<br>Consulting Expense   | chedule) (b)  |                        | side of Texas. Complete Schedule T.<br>X, officeholder living expense<br>Sulting services   |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   | ndidate/Officeholder name  | Office sought   |                        | Office held   |
|   | Date  | Payee name   |   |                        |   |
|   | 10/23/2024  | Democracy Toolbox  |   |                        |   |
|   | Amount (\$)<br>\$4,000.00   | Payee address; City; Stat<br>Post Office Box 6250  | e; Zip Code   |                        |   |
|   |   | IcKinney, TX 75071   |   |                        |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this s<br>Consulting Expense   | chedule) (b)  |                        | side of Texas. Complete Schedule T.<br>X, officeholder living expense<br>Sulting services   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | ndidate/Officeholder name  | Office sought   |                        | Office held   |
|   | Date  | Payee name   |   |                        |   |
|   | 10/26/2024  | DonorBox   |   |                        |   |
|   | Amount (\$)<br>\$582.45   | Payee address; City; Stat<br>520 Belle View Blvd #4106   | e; Zip Code   |                        |   |
|   |   | Nexandria, VA 22307  |   |                        |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this s   | chedule) (b)  | Check if Austin, T     | side of Texas. Complete Schedule T.<br>X, officeholder living expense<br>es for online donations during the<br>d  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   | ndidate/Officeholder name  | Office sought   |                        | Office held   |
|   |   |  |   |                        |   |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)                        |   |  |                  |   |                             |                |  |                            |
|---|--|---|--|------------------|---|-----------------------------|----------------|--|----------------------------|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | mmittee   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Ex<br>Legal Services<br>The Instruction Guid |                  | Office Over<br>Polling Exp<br>Printing Exp<br>Salaries/Wa | ense<br>Iges/Contract Labor |                | Travel in District<br>Travel Out of Dis    | quipment & Related Expense |
| 1   | Total pages Schedule F1:                                   | FILER NAM   | IE   |                  |   |                             | 3              | Filer ID                                   | (Ethics Commission Filers) |
|   | Sch: 4/5 Rpt: 26/33  |   | Cenneth H. (The Ho   | norable)         |   |                             |                | 00062111                                   |                            |
| 4   | Date   | Payee name  | <u>e</u>   |                  |   |                             |                |  |                            |
|   | 10/23/2024   |   | & Patterson Signs  |                  |   |                             |                |  |                            |
| 6   | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |                  |   |                             |                |  |                            |
|   | \$1,094.41   | 203 S Belt  | line Rd  |                  |   |                             |                |  |                            |
|   |  | Irving, TX  | 75060  |                  |   |                             |                |  |                            |
| 8   | PURPOSE<br>OF  |   | See Categories listed at the t   | top of this sche | edule)  | b) Description              |                |  |                            |
|   | EXPENDITURE  | Advertising   | g Expense  |                  |   |                             |                | ide of Texas. Com<br>, officeholder living |                            |
|   |  |   |  |                  |   | Yard signs                  | , i <i>r</i> , | , onicentitider inving                     |                            |
|   |  |   |  |                  |   | 5                           |                |  |                            |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Of  | ficeholder name  | C                | Office soug   | ht                          |                | Office he                                  | ld                         |
|   | Date   | Payee name  | 6  |                  |   |                             |                |  |                            |
|   | 10/20/2024   | Lake Highl  | lands White Rock D   | emocrats         | S   |                             |                |  |                            |
|   | Amount (\$)  | Payee addr  | ess; City;   | State;           | Zip Coo   | е                           |                |  |                            |
|   | \$250.00 PO Box 180598                                     |   |  |                  |   |                             |                |  |                            |
|   |  | Dallas, TX  | 75218  |                  |   |                             |                |  |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | Category (:<br>Advertising  | See Categories listed at the t<br>g Expense  | op of this sche  | edule)  |                             |                | ide of Texas. Com<br>, officeholder living |                            |
|   |  |   |  |                  |   | Advertising s               |                |  |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Of  | ficeholder name  | C                | Office soug   | ht                          |                | Office he                                  | łd                         |
|   | Date   | Payee name  | e  |                  |   |                             |                |  |                            |
|   | 09/30/2024   | Molberg, K  | Cen  |                  |   |                             |                |  |                            |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |                  |   |                             |                |  |                            |
|   | \$193.96   | 2201 Main   | Street Ste 820   |                  |   |                             |                |  |                            |
|   |  | Dallas, TX  | 75201  |                  |   |                             |                |  |                            |
|   | PURPOSE<br>OF  |   | See Categories listed at the t<br>ayment/Reimburser  |                  | edule)  |                             |                | ide of Texas. Com                          |                            |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense     Reimbursement for mileage and office expenses     details on prior 30-day report |  |                  |   |                             |                | and office expenses                        |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O  | Candidate/Of  | ficeholder name  | C                | Office soug   | ht                          |                | Office he                                  | ld                         |
| ┣—  |  |   |  |                  |   |                             |                |  |                            |
|   |  |   |  |                  |   |                             |                |  |                            |

|   |  | EXPENDITURE CATEGORIES FOR BOX 8(a)  |
|---|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       I Committee     Legal Services     Salaries/Wages/Contract Labor     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: 5/5 Rpt: 27/33  | Molberg, Kenneth H. (The Honorable) 00062111   |
| 4 | Date   | 5 Payee name   |
|   | 10/25/2024   | Molberg, Ken   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$229.56   | 2201 Main Street Ste 820   |
|   |  |  |
|   |  | Dallas, TX 75201   |
| 8 | PURPOSE  |  |
| ľ | OF   | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement (b) Description<br>Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  |  |
|   |  | Reimbursement for mileage and others expenses  |
|   |  | noted in this report   |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI  |  |
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|          | EXPENDITURE CATEGORIES FOR BOX 10(a)                                |   |                             |  |  |                |             |
|----------|---|---|-----------------------------|--|--|----------------|-------------|
|          | Advertising Expense<br>Accounting/Banking                           | Event Expe<br>Fees                                | ense                        | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense | Solicitation/Fundraising Expen<br>Transportation Equipment & R | se<br>elated F | xnense      |
|          | Consulting Expense  | Food/Beve   | rage Expense                | Polling Expense  | Travel in District   | olatou i       | _,,ponee    |
|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica |   | s/Memorials Expense<br>ices | Printing Expense<br>Salaries/Wages/Contract Labor              | Travel Out of District<br>OTHER (enter a category not          | isted at       | nove)       |
|          |   | 5   |                             | how to complete this form.                                     | - · · · _ · · (- · · · · · · · · · · · · · · · ·               |                | ,           |
| 1        | Total pages Schedule F4:  | 2 FILER NAME                                      |                             |  | 3 Filer ID (Ethics Co  | mmiss          | ion Filers) |
|          | Sch: 1/3 Rpt: 28/33   | Molberg, Kenneth F                                | H. (The Honorable)          |  | 00062111   |                |             |
| 4        | CREDIT CARD   | Name of final                                     | ncial institution           | 5 TOTAL OF UNITEMIZ  | ED   |                |             |
|          | ISSUER  | Amorico   | n Evproce                   | EXPENDITURES   | \$   |                |             |
|          |   | America   | n Express                   | CHARGED TO A CRE   | DIT  |                |             |
| <u> </u> |   | (a) Amount Changed                                | (h) Data of Charge          | CARD   |  |                |             |
| 6        | PAYMENT   | (a) Amount Charged                                | (b) Date of Charge          | (c) Date(s) Credit Card Is                                     | Suel Palu  |                |             |
|          |   | \$160.00  | 10/07/2024                  |  |  |                |             |
|          |   |   |                             |  |  |                |             |
| 7        | PAYEE   | (a) Payee name                                    |                             | (b) Payee address;   | City, St   | ate,           | Zip Code    |
|          |   |   |                             | 3200 E Airfield Dr   |  |                |             |
|          |   | DFW International                                 | Airport Parking             |  |  |                |             |
|          |   |   |                             | Dallas, TX 75261   |  |                |             |
| 8        | PURPOSE OF  | (a) Category                                      |                             | (b) Description  |  |                |             |
| -        | EXPENDITURE   | (See Categories listed at the top                 | of this schedule)           | Parking during trip for  | Texas Employment La  | wver           | S           |
|          | Ly Delitical  | Travel Out of District                            |                             | Association conference   |  |                | •           |
|          | X Political   |   |                             |  |  |                |             |
|          | Non-Political   | (C) Check if travel outside                       | of Texas. Complete Schedule | e T. Check if Austin   | , TX, officeholder living expense                              |                |             |
| 9        | Complete ONLY if direct   | Candidate/Officeholder                            | name C                      | Office sought  | Office held  |                |             |
| e        | xpenditure to benefit C/OH  |   |                             |  |  |                |             |
|          | PAYMENT   | (a) Amount Charged                                | (b) Date of Charge          | (c) Date(s) Credit Card Is                                     | suer Paid  |                |             |
|          |   | \$296.83  | 10/04/2024                  |  |  |                |             |
|          |   | φ230.00   | 10/04/2024                  |  |  |                |             |
|          | PAYEE   | (a) Payee name                                    |                             | (b) Payee address;   | City, Si   | ate,           | Zip Code    |
|          |   |   |                             | 1491 Ave de las Amer   |  | ,              | P           |
|          |   | La Docena Sao Pa                                  | ulo                         |  |  |                |             |
|          |   |   |                             | Guadalajara Jalisco 44   | 1610 Mexico  |                |             |
|          | PURPOSE OF  | (a) Category                                      |                             | (b) Description  |  |                |             |
|          | EXPENDITURE   | (See Categories listed at the top                 | of this schedule)           | Meal during Texas Em   | ploymont Lowwore As  | - ocio         | tion        |
|          |   | Food/Beverage Expe                                | nse                         | conference   | ipioyment Lawyers As   | socia          | uon         |
|          | X Political   |   |                             |  |  |                |             |
|          | Non-Political   | (C) Check if travel outside                       | of Texas. Complete Schedule | e T. Check if Austin   | , TX, officeholder living expense                              |                |             |
|          | Complete ONLY if direct   | Candidate/Officeholder                            | name C                      | Office sought  | Office held  |                |             |
| e        | xpenditure to benefit C/OH  |   |                             |  |  |                |             |
|          | PAYMENT   | (a) Amount Charged                                | (b) Date of Charge          | (c) Date(s) Credit Card Is                                     | suer Paid  |                |             |
|          |   | \$39.92   | 10/03/2024                  |  |  |                |             |
|          |   | \$0010L   | 10/00/2021                  |  |  |                |             |
|          | PAYEE   | (a) Payee name                                    | I                           | (b) Payee address;   | City, Si   | ate,           | Zip Code    |
|          |   |   |                             | 1491 Ave de las Amer   | -  | ,              | P           |
|          |   | La Docena Sao Pa                                  | ulo                         |  | 1005   |                |             |
|          |   |   |                             | Cupdalaiara Jaliana Ar   | 1610 Movice  |                |             |
|          |   | (a) Catagory                                      |                             | Guadalajara Jalisco 44   | HOTO IMEXICO   |                |             |
|          | PURPOSE OF<br>EXPENDITURE   | (a) Category<br>(See Categories listed at the top | of this schedule)           | (b) Description  | nloumont Louisiana A-  |                | tion        |
|          | —   | Food/Beverage Expe                                |                             | Meal during Texas Em<br>conference                             | ipioyment Lawyers As   | socia          | uUH         |
|          | X Political   |   |                             |  |  |                |             |
|          | Non-Political   | (C) Check if travel outside                       | of Texas. Complete Schedule | e T. Check if Austin   | , TX, officeholder living expense                              |                |             |
|          | Complete ONLY if direct   | Candidate/Officeholder                            | name C                      | Office sought  | Office held  |                |             |
| e        | xpenditure to benefit C/OH  |   |                             |  |  |                |             |
|          |   |   |                             |  |  |                |             |

**EXPENDITURES MADE BY CREDIT CARD** 

|   |   | EXP                               |                                |   |  |  |  |  |  |
|---|---|-----------------------------------|--------------------------------|---|--|--|--|--|--|
| Advertising Expense<br>Accounting/Banking                     |   | Fees Office                       |                                | ffice Overhead/Rental Expense Ti            | olicitation/Fundraising Expense<br>ransportation Equipment & Related Expense         |  |  |  |  |
|   | Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica | - Gift/Award                      | s/Memorials Expense Pr         | inting Expense Ti                           | avel in District<br>avel Out of District<br>THER (enter a category not listed above) |  |  |  |  |
|   | Candidate/Onicendider/Politica  | 0                                 | ruction Guide explains hov     | -   |  |  |  |  |  |
| 1   | Total pages Schedule F4:  | 2 FILER NAME                      |                                |   | <b>3</b> Filer ID (Ethics Commission Filers)   |  |  |  |  |
|   | Sch: 2/3 Rpt: 29/33   | Molberg, Kenneth I                | H. (The Honorable)             |   | 00062111   |  |  |  |  |
| 4   | CREDIT CARD   | Name of fina                      | ncial institution              | 5 TOTAL OF UNITEMIZED                       |  |  |  |  |  |
|   | ISSUER  | see p                             | revious                        | EXPENDITURES<br>CHARGED TO A CREDIT<br>CARD | \$   |  |  |  |  |
| 6   | PAYMENT   | (a) Amount Charged                | (b) Date of Charge             | (c) Date(s) Credit Card Issue               | r Paid   |  |  |  |  |
|   |   | \$19.31                           | 10/03/2024                     |   |  |  |  |  |  |
| 7   | PAYEE   | (a) Payee name                    |                                | (b) Payee address;                          | City, State, Zip Code  |  |  |  |  |
|   |   | La Madeleine DFW                  | / Airport                      | 3200 E Airfield Dr                          |  |  |  |  |  |
|   |   |                                   | , inport                       |   |  |  |  |  |  |
| 8   | PURPOSE OF  | (a) Category                      |                                | Dallas, TX 75261<br>(b) Description         |  |  |  |  |  |
| ľ   | EXPENDITURE   | (See Categories listed at the top | ,                              |   | yment Lawyers Association  |  |  |  |  |
|   | X Political   | Food/Beverage Expe                | nse                            | conference                                  |  |  |  |  |  |
|   | Non-Political   | (C) Check if travel outside       | of Texas. Complete Schedule T. | Check if Austin, TX,                        | officeholder living expense  |  |  |  |  |
| 9   | Complete ONLY if direct   | Candidate/Officeholder            | name Offic                     | ce sought                                   | Office held  |  |  |  |  |
| e   | xpenditure to benefit C/OH  |                                   |                                |   |  |  |  |  |  |
|   | PAYMENT   | (a) Amount Charged                | (b) Date of Charge             | (c) Date(s) Credit Card Issue               | r Paid   |  |  |  |  |
|   |   | \$33.00                           | 10/07/2024                     |   |  |  |  |  |  |
|   | PAYEE   | (a) Payee name                    |                                | (b) Payee address;                          | City, State, Zip Code  |  |  |  |  |
|   |   | American Airlines                 |                                | 4333 Amon Carter Boulevard                  |  |  |  |  |  |
|   |   |                                   |                                | Fort Worth TX 76155                         |  |  |  |  |  |
| ⊢   | PURPOSE OF  | (a) Category                      |                                | Fort Worth, TX 76155                        | (b) Description  |  |  |  |  |
|   | EXPENDITURE   | (See Categories listed at the top | ,                              | In-flight wi-fi                             |  |  |  |  |  |
|   | X Political   | Office Overhead/Ren               | tai Expense                    |   |  |  |  |  |  |
|   | Non-Political   | (C) Check if travel outside       | of Texas. Complete Schedule T. | Check if Austin, TX                         | officeholder living expense  |  |  |  |  |
|   | Complete ONLY if direct   | Candidate/Officeholder            | name Offic                     | ce sought                                   | Office held  |  |  |  |  |
| e   | xpenditure to benefit C/OH  |                                   |                                |   |  |  |  |  |  |
|   | PAYMENT   | (a) Amount Charged                | (b) Date of Charge             | (c) Date(s) Credit Card Issue               | r Paid   |  |  |  |  |
|   |   | \$846.61                          | 10/07/2024                     |   |  |  |  |  |  |
|   | PAYEE   | (a) Payee name                    | 1                              | (b) Payee address;                          | City, State, Zip Code  |  |  |  |  |
|   |   | Hotel Guadalajara                 |                                | 1526 Ave de las America                     | S  |  |  |  |  |
|   |   |                                   |                                |   | 0 Maria  |  |  |  |  |
| ⊢   | PURPOSE OF  | (a) Category                      |                                | Guadalajara Jalisco 4461<br>(b) Description | U MEXICO   |  |  |  |  |
|   | EXPENDITURE   | (See Categories listed at the top | of this schedule)              | ., .  | ployment Lawyers Association   |  |  |  |  |
| X Political         Travel Out of District         Conference |   |                                   |                                | , ,   |  |  |  |  |  |
|   | Non-Political   | (C) Check if travel outside       | of Texas. Complete Schedule T. | Check if Austin TX                          | officeholder living expense  |  |  |  |  |
| ⊢   | Complete <u>ONLY</u> if direct  | Candidate/Officeholder            | •                              | ce sought                                   | Office held  |  |  |  |  |
| e   | xpenditure to benefit C/OH  |                                   |                                |   |  |  |  |  |  |

**EXPENDITURES MADE BY CREDIT CARD** 

|   |                            | FXP  | ENDITURE CATEGOR             | RIES FOR BOX 10(a)  |  |  |
|---|----------------------------|--|------------------------------|---|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Political |                            | Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense |                              | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense | olicitation/Fundraising Expense<br>ransportation Equipment & Related Expense<br>ravel in District<br>ravel Out of District<br>THER (enter a category not listed above) |  |
|   |                            | The Inst   | ruction Guide explains       | how to complete this form.  |  |  |
| 1   | Total pages Schedule F4:   | 2 FILER NAME   |                              |   | 3 Filer ID (Ethics Commission Filers)  |  |
|   | Sch: 3/3 Rpt: 30/33        | Molberg, Kenneth F   | (The Honorable)              |   | 00062111   |  |
|   |                            |  |                              |   |  |  |
| 4   | CREDIT CARD<br>ISSUER      |  | ncial institution<br>revious | 5 TOTAL OF UNITEMIZED<br>EXPENDITURES<br>CHARGED TO A CREDI<br>CARD                                   | \$   |  |
| 6   | PAYMENT                    | (a) Amount Charged   | (b) Date of Charge           | (c) Date(s) Credit Card Issu  | er Paid  |  |
|   |                            | \$60.73  | 10/07/2024                   |   |  |  |
| 7   | PAYEE                      | (a) Payee name   | I                            | (b) Payee address;  | City, State, Zip Code  |  |
|   |                            |  |                              | Av. Plan de San Luis 18   | 99   |  |
|   |                            | Uber Mexico  |                              | Chapultepec Country   |  |  |
|   |                            |  |                              |   |  |  |
|   |                            |  |                              | Guadalajara Jalisco 446   |  |  |
| 8   | PURPOSE OF<br>EXPENDITURE  | (a) Category<br>(See Categories listed at the top              | of this schedule)            | (b) Description   |  |  |
|   |                            | Travel Out of District   | of this schedule)            | Association conference  | uring Texas Employment Lawyers   |  |
|   | X Political                |  |                              | Association conference  |  |  |
|   | Non-Political              | (C) Check if travel outside                                    | of Texas. Complete Schedule  | T. Check if Austin, T   | X, officeholder living expense   |  |
| 9   | Complete ONLY if direct    | Candidate/Officeholder   | name C                       | Diffice sought  | Office held  |  |
|   | xpenditure to benefit C/OH |  |                              | 5   |  |  |
| _   | PAYMENT                    | (a) Amount Charged   | (b) Date of Charge           | (c) Date(s) Credit Card Issu  | or Boid  |  |
|   |                            |  | (b) Date of Charge           |   |  |  |
|   |                            | \$22.46  | 10/04/2024                   |   |  |  |
|   | PAYEE                      | (a) Payee name   | l                            | (b) Payee address;  | City, State, Zip Code  |  |
|   |                            |  |                              | 1526 Ave de las America   | as   |  |
|   |                            | Hotel Guadalajara  |                              |   |  |  |
|   |                            |  |                              | Guadalajara Jalisco 446   | 10 Mexico  |  |
|   | PURPOSE OF                 | (a) Category   |                              | (b) Description   |  |  |
|   | EXPENDITURE                | (See Categories listed at the top                              | of this schedule)            | ., .  | oyment Lawyers Association   |  |
|   | Delivie el                 | Food/Beverage Expe   | nse                          | conference  | Synem Lawyers Association  |  |
|   | X Political                |  |                              |   |  |  |
|   | Non-Political              | (C) Check if travel outside                                    | of Texas. Complete Schedule  | e T. Check if Austin, T   | X, officeholder living expense   |  |
|   | Complete ONLY if direct    | Candidate/Officeholder   | name C                       | Office sought   | Office held  |  |
| е   | xpenditure to benefit C/OH |  |                              |   |  |  |
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**EXPENDITURES MADE BY CREDIT CARD** 

| POLITICAL EX  | POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made B<br>Candidate/Officeholder/Politic<br>Credit Card Payment | Fees Office O<br>Food/Beverage Expense Polling E<br>by - Gift/Awards/Memorials Expense Printing                              | apayment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above) |  |  |  |  |  |  |
| 1 Total pages Schedule G:<br>Sch: 1/1 Rpt: 31/33  | 2 FILER NAME<br>Molberg, Kenneth H. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00062111  |  |  |  |  |  |  |
| 4 Date<br>10/06/2024  | 5 Payee name<br>Restaurante La Prieta  |  |  |  |  |  |  |  |
| 6 Amount (\$)<br>\$22.15<br>X Reimbursement from<br>political contributions<br>intended   | <ul> <li>Payee address; City; State; Zip C<br/>1526 Ave de las Americas</li> <li>Guadalajara Jalisco 45055 Mexico</li> </ul> | Code   |  |  |  |  |  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                    | (b) Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Meal during Texas Employment Lawyers Association<br>conference   |  |  |  |  |  |  |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name  | Office sought Office held  |  |  |  |  |  |  |
| Date 10/06/2024   | Payee name<br>Restaurante La Prieta  |  |  |  |  |  |  |  |
| Amount (\$)<br>\$23.21<br>X Reimbursement from<br>political contributions<br>intended   | Payee address; City; State; Zip C<br>1526 Ave de las Americas<br>Guadalajara Jalisco 45055 Mexico                            | Code   |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Meal during Texas Employment Lawyers Association<br>conference   |  |  |  |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name  | Office sought Office held  |  |  |  |  |  |  |
| Date<br>10/18/2024  | Payee name<br>Verizon Wireless   |  |  |  |  |  |  |  |
| Amount (\$)<br>\$60.00  | Payee address; City; State; Zip C<br>PO Box 105378   | Code   |  |  |  |  |  |  |
| X Reimbursement from<br>political contributions<br>intended   | Atlanta, GA 30348  |  |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                               | Description Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Wireless phone   |  |  |  |  |  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit<br>C/OH  | Candidate/Officeholder name  | Office sought Office held  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |

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

SCHEDULE K

|   | The Instruc                         | cti | on Guide explains how to complete this form.  | 1     |          | pages Schedule K:<br>1/1 Rpt: 32/33 |   |
|---|-------------------------------------|-----|---|-------|----------|-------------------------------------|---|
| 2 | FILER NAME                          |     |   | 3     |          | D (Ethics Commission Filers)        |   |
|   | Molberg, Kenneth H. (The Honorable) |     |   |       |          | 2111                                |   |
| 4 | Date<br>10/26/2024                  | 5   | Name of person from whom amount is received   |       |          | 8 Amount (\$)<br>\$11.49            |   |
|   | 10/20/2024                          |     | Amegy Bank<br>Address of person from whom amount is received; City; State; Zip Code |       |          | φ11.43                              | , |
|   |                                     | ľ   | Address of person non-whom anothers received, Gity, State, Zip Code                 |       |          |                                     |   |
|   |                                     |     |   |       |          |                                     |   |
|   |                                     |     | Dallas, TX 75201  |       |          |                                     |   |
|   |                                     | 7   |   | oliti | cal cont | tribution returned to filer         |   |
|   |                                     |     | Interest on campaign account  |       |          |                                     | _ |
|   |                                     |     |   |       |          |                                     |   |
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|   |                                     |     |   |       |          |                                     |   |

#### Assets Purchased with Political Contributions and On Hand As of The Last Day of The Reporting Period

| The Instruction Guide explains how to complete this form.                        | 1 Total pages Schedule M:                    |
|--|--|
|  | Sch: 1/1 Rpt: 33/33                          |
| 2 FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers) |
| Molberg, Kenneth H. (The Honorable)  | 00062111                                     |
| Description of Asset   |  |
| ThinkPad X1 laptop originally valued at \$2568.13                                |  |
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| 4 Description of Asset   |  |
| Lenovo ThinkPad X1 Carbon laptop for campaign originally valued at \$2038.40     |  |
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| 4 Description of Asset   | d at \$1724.10                               |
| Lenovo T420s laptop and case for officeholder and campaign use originally valute | u at \$1754.19                               |
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