CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID	(Ethics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
00086032		14			Date Received	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
OFFICEHOLD NAME	ER The Honorable	Aaron G.			12/05/2024	
	NICKNAME	LAST		SUFFIX		
		Kinsey				
4 ORIGINAL	January 15	Runoff	Oth	er (specify)	Date Hand-delivered or	Date Postmarked
REPORT TYP		Exceeded modified			Receipt #	Amount
						Amount
	30th day before election	15th day after camp appointment (office			Date Processed	
	8th day before election	Final Report (Attach	n C/OH-FR)			
5 ORIGINAL PE	RIOD Month Day Ye	ar	Month Day	Year	Date Imaged	
COVERED	01/01/2024	THROUGH	06/30/202	24		
6 EXPLANATIO	N OF CORRECTION					
Oversight (omi	ssion) of filing TEC late filing fee	that was paid out of po	ket by Officehold	er.		
Oversignt (on	ssion of him the late him lee	that was paid out of por	sket by Onicentitie	51.		
7 AFFIDAVIT						
			ear, or affirm, unde correct.	er penalty of perjur	y, that this corrected	report is true
		Che	ck the box next to	any and all applica	able statements:	
		_				
		X	was made in goo	od faith and withou	r affirm that the origir t an intent to mislead	
			misrepresent the	information conta	ined in the report.	
		X	Other reports:	I swear, or affirm	n, that I am filing this o	corrected
			report not later th	nan the 14th busine	ess day after the date	e I learned
					naccurate or incompl mission in the report	
			filed was made in		mission in the report	as onymany
				~		
			Tł	ne Honorable Aa	ron G. Kinsey	
			Siai	nature of Candidat	e or Officeholder	
AFFIX NOTA	RY STAMP / SEAL ABOVE		2.9.			
Sworn to and	subscribed before me, by the sa	id		, this	the	day
	, 20, to cel					<i>`</i>
	,,,,,	,		-		
Signature	of officer administering oath	Printed name of of	ficer administering	oath	Title of officer admin	istering oath
Signature	e. e.n.ee. aanmiotonnig batti			,		July out
	Remember To At	tach Any Part Of	The Campaig	n Finance Rer	oort Form	
		eded To Report A				
			F	- -		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to co	nplete this form.	1 Filer ID (Ethics Commi 00086032		 Total pages fil 1 	ed: 4	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY	
OFFICEHOLDER	The Honorable	Aaron G.					
NAME					Date Received		
					ELECTRONICA	ALLY FILED	
	NICKNAME	LAST		SUFFIX	12/05/2024		
		Kinsey					
4 CANDIDATE /	ADDRESS / PO BOX; A	APT / SUITE #: CI	TY:	ZIP CODE	Date Hand-delivered o	r Date Postmarked	
OFFICEHOLDER	PO Box 605		,				
MAILING ADDRESS					Receipt #	Amount	
Change of Address	Midland, TX 79702				Date Processed	•	
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER NAME	Mr.	Caleb D.					
	NICKNAME	LAST		SUFFIX			
		Richardson					
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE):	AP ⁻	r / SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER	4173 Elma Dr	//		,		,	
ADDRESS							
(Residence or Business)	Midland TV 70707						
	Midland, TX 79707						
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION				
TREASURER	(806) 470-7876						
PHONE							
8 REPORT							
TYPE	January 15	30th day befor	e election	Runoff	15th day after car		
					appointment (offic		
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)	
9 PERIOD COVERED	Month Day Ye			Month Day	Year		
COVERED	01/01/2024	I	HROUGH	06/30/2024	1		
10 ELECTION	ELECTION DATE				—		
	Month Day Ye		Primary	Runoff	Other		
	11/05/2024		General	Special			
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)		
	State Board Of Educat	ion District 15		State Board Of E		15	
		_					
	GO TO PAGE 2						
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versio	on V4.1.0.5dd2ace2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 3 of 14

13 C / OH NAME	Kinsey, Aaron G. (Th	e Honorable)	14 Filer ID (00086032	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS	AN PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 15,250.00
EXPENDITURE TOTALS		IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 27,180.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 68,435.42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		l swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The Hor	orable Aaron G. Kinse	Эу
		Signature	of Candidate or Officehol	der
AFFIX NC	DTARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of off	icer administering	Printed name of officer administering	Title of officer	r administering oath
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

S	UBT	FOF OVER SHI	EET PG 3 4 of 14		
	ER NAM	ME aron G. (The Honorable)	19 Filer ID 00086032	(Ethics Comm	iission Filers)
	HEDUL ME OF	SUBTO	AL AMOUNT		
1.	Х	\$	15,250.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	26,680.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	500.00	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/14			
2	FILER NAME		3	Filer ID (Ethics Commission	on Filers)		
-		n G. (The Honorable)			ľ	00086032	
4	Date	5 Full name of contributor	7	Amount of Contribution (\$)			
	02/28/2024	Bennett, Monty				\$10,000.00	
		6 Contributor address; City; Sta		1			
		Dallas, TX 75254					
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instructions Ashford Inc	5)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/28/2024 Charter Schools Now PAC						\$5,000.00
		Contributor address; City; Sta					
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/19/2024	Roach, Jason					\$100.00
		Contributor address; City; Sta	te; Zip Code				
		Lubbock, TX 79424					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Technical Sa	ales		Oil Gas			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/21/2024	Roach, Jason					\$100.00
		Contributor address; City; Sta					
		Lubbeak TV 70404					
	Duin air al a sau	Lubbock, TX 79424					
	Technical Sa	pation / Job title (See Instructions)		Employer (See Instructions Oil Gas	5)		
	Technical Sa				_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	*-0 0 0
	01/19/2024	Whitley, Laura			\$50.00		
		Contributor address; City; Sta					
		Lubbock TX 79424					
	Drincipal accu	Lubbock, TX 79424		Employor (Soo Instructions	<u> </u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)			
	Neureu						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 1/8 Rpt: 6/14	Kinsey, Aaron G. (The Honorable)	00086032				
4	Date 05/13/2024	Payee name City Bank					
6	Amount (\$) \$30.00	Payee address; City; State; Zip Code 5219 City Bank Pkwy Lubbock, TX 79407					
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/24/2024	City Bank					
	Amount (\$) \$30.00	Payee address;City;State;Zip Code5219 City Bank Pkwy					
		Lubbock, TX 79407					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/24/2024	City Bank					
	Amount (\$) \$30.00	Payee address;City;State;Zip Code5219 City Bank Pkwy					
		Lubbock, TX 79407					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburg Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense	bense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 2/8 Rpt: 7/14	Kinsey, Aaron G. (The Honorable) 00086032							
4	Date	Payee name							
	05/23/2024	FedEx							
6	Amount (\$) \$98.88	7 Payee address; City; State; Zip Code \$98.88 3916 Kemp Blvd Wichita Falls, TX 76308							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flyers								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/02/2024	Google							
	Amount (\$) Payee address; City; State; Zip Code \$38.16 1600 Amphitheatre Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/02/2024	Google							
	Amount (\$) \$38.16	Payee address; City; State; Zip Code 1600 Amphitheatre							
	DUDDOOT	Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAME	B Filer ID (Ethics Commission Filers)		
	Sch: 3/8 Rpt: 8/14	Kinsey, Aaron G. (The Honorable)	00086032		
4	Date 03/04/2024	5 Payee name Google			
6	Amount (\$) \$41.57	 Payee address; City; State; Zip Code 1600 Amphitheatre Mountain View, CA 94043 			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Email service (b) Description Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense Email service Image: Check if Austin, TX, officeholder living expense Email service					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	04/02/2024	Google			
	Amount (\$) \$46.05	Payee address; City; State; Zip Code 1600 Amphitheatre Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	05/02/2024	Google			
	Amount (\$) \$46.05	Payee address; City; State; Zip Code 1600 Amphitheatre			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

			EXPEND	TURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FI	LER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/8 Rpt: 9/14	Ki	nsey, Aaron G. (The	Honorable)				00086032	
4	Date 06/03/2024		ayee name Dogle						
6	Amount (\$) \$46.05	16	ayee address; City; 600 Amphitheatre ountain View, CA 940		Zip Coo	le			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Email service (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nan	ne O	Office soug	ht		Office he	ld
	Date	Pa	ayee name						
	01/08/2024	М	ailchimp						
	Amount (\$) \$47.97	67 Si	iyee address; City; 75 Ponce de Leon Av uite 5000 Ianta, GA 30308		Zip Coo	le			
	PURPOSE OF EXPENDITURE		ategory (See Categories list nail service	ed at the top of this sche	edule)		ı, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nan	ne C	Office sou	ht		Office he	ld
	Date	Pa	ayee name						
	02/08/2024	М	ailchimp						
	Amount (\$) \$47.97	67 Si	ayee address; City; 75 Ponce de Leon Av uite 5000 Ianta, GA 30308		Zip Coo	le			
	PURPOSE OF EXPENDITURE		ategory _{(See Categories list} nail service	ed at the top of this sche	edule)		I, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder nan	ne O	Office sou	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politie Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ov Polling Ex Printing E Salaries/N	oayme erhea xpens Expens Wages	ent/Reimbursement Id/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/8 Rpt: 10/14		Kinsey, Aaron G. (The Honorable)					00086032	
4	Date	5	Payee name						
	03/11/2024		Mailchimp						
6	Amount (\$)	7	Payee address; City; Si	tate; Zip Co	ode				
	\$47.97		675 Ponce de Leon Ave NE						
			Suite 5000						
			Atlanta, GA 30308						
8	PURPOSE	(a)			(h)	Description			
Ũ	OF	(~)	Category (See Categories listed at the top of thi Email service	s schedule)	()		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	, тх,	officeholder living	expense
						Email service	•		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ught			Office he	ld
	Date		Payee name						
	04/09/2024		Mailchimp						
	Amount (\$)		Payee address; City; Si	tate; Zip Co	ode				
	\$47.97		675 Ponce de Leon Ave NE						
			Suite 5000						
			Atlanta, GA 30308						
	PURPOSE	(0)			(h)	Description			
	OF	(a)	Category (See Categories listed at the top of thi Email service	s schedule)	(0)	Description	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin	, тх,	officeholder living	expense
						Email service	•		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office he	ld
	Date		Payee name						
	05/09/2024		Mailchimp						
	Amount (\$)		Payee address; City; Si	tate; Zip Co	ode				
	\$47.97		675 Ponce de Leon Ave NE	,					
			Suite 5000						
			Atlanta, GA 30308						
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	s schedule)	(b)	Description	outoi	de of Texas. Com	alata Sabadula T
	EXPENDITURE		Email service					officeholder living	
						Email service			
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office he	ld
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimb rhead/Rental pense opense /ages/Contrac	bursement I Expense ct Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/8 Rpt: 11/14		Kinsey, Aaron G. (The Honorable)					00086032	
4	Date	5	Payee name						
	06/10/2024		Mailchimp						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$47.97		675 Ponce de Leon Ave NE						
			Suite 5000						
			Atlanta, GA 30308						
_		(-)			(1-) -				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Desc	•	uteir	de of Texas. Com	alete Schedule T
	EXPENDITURE		Email service					officeholder living	
						il service	,	5	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office he	ld
	Date		Payee name						
	05/28/2024		Marriott						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
\$980.79 101 Bowie St									
			San Antonio, TX 78205						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Desc	•			
	EXPENDITURE		Travel Out of District					de of Texas. Comp officeholder living	
									can Convention
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	aht			Office he	ld
	expenditure to benefit C/Oł				9				
-	Data								
	Date 06/24/2024		Payee name Perkins Promotions						
				7. 0					
	Amount (\$)			; Zip Co	de				
	\$5,794.03		PO Box 50201						
			Midland, TX 79705						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Desc	•			
	OF EXPENDITURE		Printing Expense					de of Texas. Comp	
								officeholder living	expense
					COU	vention m	ale	ilais	
	Complete ONI V if allocat	L	Condidate/Office hald an area -		abt			O#: !	Id
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ynt			Office he	10

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	e Transportation Equipment & Related Expense Travel in District Travel Out of District				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 7/8 Rpt: 12/14	Kinsey, Aaron G. (The Honorable)	00086032				
4	Date 06/24/2024	Payee name Perkins Promotions					
6	Amount (\$)	Payee address; City; State; Zip Code					
	Amount (\$) 7 Payee address; City; State; Zip Code \$3,360.35 PO Box 50201						
		Midland, TX 79705					
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Campaign coins (b) Description Image: Comparison of the schedule of the sc						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/03/2024	Perkins Promotions					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$814.78	PO Box 50201 Midland, TX 79705					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/18/2024	Republican Party of Texas					
-	Amount (\$)	Payee address; City; State; Zip Code					
	\$10,000.00	807 Brazos St					
		Suite 701					
		Austin, TX 78701					
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense hip for Texas GOP Convention				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services	Loan Repayment/Reimburser Office Overhead/Rental Expe e Polling Expense		ent/Reimbursement ad/Rental Expense se se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 8/8 Rpt: 13/14		Kinsey, Aaron G. (The Honorable)					00086032	· · · · · · · · · · · · · · · · · · ·
4	Date	5	Payee name						
	05/13/2024	The Political Firm							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$4,920.00	5555 Hilton Ave							
			Ste 203						
			Baton Rouge, LA 70808						
8	PURPOSE	(a)	-		(h)	Description			
ľ	OF	(a)	Category (See Categories listed at the top of this s Advertising Expense	chedule)	(0)		outsi	de of Texas. Com	blete Schedule T.
	EXPENDITURE		Advertising Expense					officeholder living	
						Video creatio	n		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	L ught			Office he	ld
	Date		Payee name						
	03/21/2024		WinRed						
_	Amount (\$)		Payee address; City; Stat	te; Zip Co	ode				
	\$9.85								
	φ3.05								
			Ste 530						
			Arlington, VA 22209						
PURPOSE (OF EXPENDITURE			Category (See Categories listed at the top of this s Accounting/Banking	chedule)	(b)		, тх,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	l ught			Office he	ld
	Date		Payee name						
	02/13/2024		Wordpress						
-	Amount (\$)	-	-	e Zin Cr	nde				
Amount (\$) Payee address; City; State; Zip Code \$68.42 60 29th St #343									
	ψ00.42		00 2911 31 #343						
			San Francisco, CA 94110		ĩ				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Website Expense	chedule)	(b)		, тх,	de of Texas. Com officeholder living e	
	Complete ONLY if direct	. (Candidate/Officeholder name	Office sou	ught			Office he	ld
	expenditure to benefit C/OF								
-									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G									
				SCHEDULE G					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule G: Sch: 1/1 Rpt: 14/14	2 FILER NAME Kinsey, Aaron G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086032					
4	Date 04/03/2024	5 Payee name Texas Ethics Commission							
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 12070							
	political contributions intended	Austin, TX 78711							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Late Filing Fee	(b) Description [[Late Filing Fee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held					