JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

| The JC/OH Instruction | Guide explains how to com | plete this form. | 1 Filer ID (Ethics Commis 00062560 | , | 2 Total pages fi | led: 35 |
|-------------------------------|----------------------------|---|--|-------------------|-----------------------|------------------------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | | |
| OFFICEHOLDER | The Honorable | O. Kyler | | | | |
| NAME | | C. Tylor | | | Date Received | |
| | | | | | ELECTRONIC | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | | |
| | Kyle | Carter | | | | |
| | - | | | | Dete Hand delivered a | - Data Daatu adu |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; AP | I/SUITE#; CII | Υ; | ZIP CODE | Date Hand-delivered o | or Date Postmarked |
| MAILING | 4900 Fournace Place | | | | | |
| ADDRESS | Suite 560 | | | | Receipt # | Amount |
| Change of Address | Bellaire , TX 77401 | | | | | |
| | | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | FIRST | | | | |
| 5 CAMPAIGN TREASURER | MS / MRS / MR | | | | MI | |
| NAME | Mrs. | Melanie S. | | | | |
| | | | | | | |
| | NICKNAME | LAST | | | SUFFIX | |
| | | Carter | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | D BOX PI FASE) | AP | / SUITE #; CITY; | ST | ATE; ZIP CODE |
| TREASURER | 4900 Fournace Place | , | | , | 0 | |
| ADDRESS | | | | | | |
| (Residence or Business) | Suite 560 | | | | | |
| | Bellaire, TX 77401 | | | | | |
| | | | | | | |
| | AREA CODE PHO | NE NUMBER | VTENCION | | | |
| 7 CAMPAIGN TREASURER | | NE NUMBER | EXTENSION | | | |
| PHONE | (713) 227-0042 | | | | | |
| | | | | | | |
| 8 REPORT TYPE | X January 15 | 30th day before | | Dupoff | 1Eth day offer on | magian traccurar |
| | X January 15 | Sour day belore | | Runoff | appointment (offi | mpaign treasurer ceholder only) |
| | July 15 | 8th day before | election | Exceeded modified | Final Report (Att | ach C/OH-FR) |
| | | | | reporting limit | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 07/01/2024 | TH | IROUGH | 12/31/202 | | |
| | 01101/2024 | | | 12,01,202 | -7 | |
| 10 ELECTION | ELECTION DATE | i | | ELECTION TYPE | | |
| | Month Day Year | | rimary | | Other | |
| | 11/05/2024 | | lilldry | Runon | Other | |
| | 11/03/2024 | XG | ieneral | Special | | |
| | | | | | | |
| 11 OFFICE | OFFICE HELD (if any) | 1 | | 12 OFFICE SOUGHT | (if known) | |
| | District Judge District 12 | 5 Harris | | District Judge Di | | |
| | | - | | | - | |
| | | | | | | |
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| | | | | | | |
| GO TO PAGE 2 | | | | | | |
| Forms provided by Te | exas Ethics Commission | www.et | hics.state.tx.u | 6 | Vers | ion V4.1.0.48da51f |

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 85

I

| 13 C / OH NAME | Carter, O. Kyler (The | Honorable) | | 14 Filer ID 00062560 | (Ethics Co | mmission Filers) |
|--|---------------------------------------|---|--|-------------------------|-----------------|------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | oolitical contributions accept These expenditures may ha d officeholders are required | we been made without | the candidate's or of | ficeholder's k | nowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPAIGN | TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN | TREASURER ADDRES | SS | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIB ES OF LOANS, OR CONTR | | | 5, \$ | 20.00 |
| | | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GL | | IS) | \$ | 102,140.00 |
| EXPENDITURE TOTALS | · · · · · · · · · · · · · · · · · · · | IZED POLITICAL EXPENDI | | - / | \$ | 2,988.99 |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | | \$ | 114,052.12 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAIN | ITAINED AS OF THE L | AST DAY OF THE | \$ | 119,170.31 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | PAL AMOUNT OF ALL OUT TING PERIOD | STANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | | | | |
| | | true and | or affirm, under penalt d correct and includes a itle 15, Election Code. | | | |
| | | | The Hon | orable O. Kyler Ca | rter | |
| | | | Signature of | f Candidate or Officel | nolder | |
| 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 han | d and seal of office. | | | |
| Signature of offic | cer administering oath | Printed name of office | r administering oath | Title of offi | cer administe | ring oath |
| Forms provided by Te | xas Ethics Commissior | www.ethics.s | state.tx.us | | Version | /4.1.0.48da51f |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3 3 of 85

| 18 FILER NA Carter, C | ME . Kyler (The Honorable) | 19 Filer ID 00062560 | (Ethics | Commission Filers) |
|--------------------------|---|-------------------------|---------|--------------------|
| | E SUBTOTALS SCHEDULE | | SL | JBTOTAL AMOUNT |
| 1. X | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 102,140.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | |
| 4. | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | IS | \$ | 64,132.94 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | |
| 8. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 49,919.18 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI | ONS | \$ | |
| 12. X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | 4,287.38 |
| | | | | |
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| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 1/35 Rpt: 4/85 | |
|-------------------------|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Ky | /ler (The Honorable) | | 00062560 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 12/31/2024 | Abrams, Barry | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| 0 Constributoria | Houston, TX 77079 | 0 Contributorio Job Title | |
| Attorney | Principal Occupation | 9 Contributor's Job Title Attorney | |
| 10 Contributor's e | pmolover/law firm | 11 Law firm of contributor's sp | nouse (if any) |
| Blank Rome | | II Law IIIII of contributors sp | |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/17/2024 | Agosto, Bernardino | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77002 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | employer/law firm | Law firm of contributor's sp | bouse (if any) |
| | atkins Nichols Agosto Aziz & Stogner | | |
| 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 (\$) |
| 09/12/2024 | Bentch, Jeffrey | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77056 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| Hall Maines | Lugrin, P.C. | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
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|----------------------|---|--|--|
| 2 FILER NAME | yler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 12/31/2024 | Birnberg, Gerald |) | \$500.00 |
| 12,01,2021 | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77024 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | bouse (if any) |
| | f Gerald M. Birnberg | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 08/28/2024 | Blackwell, James | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77027 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | • |
| Attorney | | Attorney | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| Blackwell La | w Firm | | |
| 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 (\$) |
| 11/04/2024 | Blackwell, James | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77027 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | employer/law firm | Law firm of contributor's sp | pouse (if any) |
| Blackwell La | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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|----------------------|---|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Ky | /ler (The Honorable) | | 00062560 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/13/2024 | Briones, Lesley | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77008 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | • |
| County Com | missioner | County Commissioner | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Harris Count | y Precinct 4 | | |
| 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 (\$) |
| 10/22/2024 | CWA - COPE PCC | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| O sustrilla standa 5 | Washington, DC 20001 | Operaturita esta alta ta ta Titula | |
| Contributors | Principal Occupation | Contributor's Job Title | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | pouse (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 (\$) |
| 09/10/2024 | Cannon, Paul | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77024 | | |
| | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | employer/law firm | Law firm of contributor's sp | bouse (if any) |
| | d Fletcher, P.C. | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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| The Instru | The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/35 Rpt: 7/85 |
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| 2 FILER NAME Carter, O. Ky | /ler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 4 Date 10/30/2024 | 5 Full name of contributor out-of-state PAC (ID#: Carrigan, Mark 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$1,000.00 |
| | Houston, TX 77027 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | • |
| Attorney | | Attorney | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | bouse (if any) |
| Carrigan Lav | | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 09/10/2024 | Chamberlain Hrdlicka White Williams & Aughtry | , PC | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77006 | | |
| 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 (\$) |
| 09/11/2024 | Chen, Kang | | \$1,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77072 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | bouse (if any) |
| Self | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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|-------------------------------|---|---------------------------------|--|
| 2 FILER NAME Carter, O. Ky | ler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 09/17/2024 | 5 Full name of contributor out-of-state PAC (ID#: Out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$75.00 |
| | Houston, TX 77018 | | |
| 8 Contributor's P | rincipal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Crim & Villalp | pando, 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 (\$) |
| 09/16/2024 | Cokinos Young PC | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77010 | | |
| Contributor's P | rrincipal Occupation | Contributor's Job Title | |
| Contributorio o | and a conflore firm | | |
| Contributors e | mployer/law firm | Law firm of contributor's sp | Jouse (il 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 (\$) |
| 11/06/2024 | Collins, Tammy |) | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77270 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | I |
| Nurse | | Nurse | |
| Contributor's e | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| Self Robert L. Collins & Asso | | ociates | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| | | | |
| | | | |
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| L | av Texas Ethics Commission www.ethic | s state ty us | Version V4 1 0 48da51f7 |

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| 2 FILER NAME Carter, O. Ky | rler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 12/30/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Collum, Joshua 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$500.00 |
| | Houston, TX 77256 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | oouse (if any) |
| Collum Law I | | | |
| 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 (\$) |
| 07/01/2024 | Copland, Michael | | \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77005 | | |
| Contributor's F | rincipal Occupation | Contributor's Job Title | |
| Retired | | Retired | |
| Contributor's e Retired | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| | a child, law firm of parent(s) (if any) | | |
| | | | |
| Date 09/17/2024 | Full name of contributor out-of-state PAC (ID#: Davis, Joshua Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$500.00 |
| | Houston, TX 77098 | | |
| 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) |
| Davis Law G | roup | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| | ov Texas Ethics Commission www.ethic | s state tx us | Version V4 1 0 48da51f7 |

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|------------------------------------|---|---------------------------------------|---|
| 2 FILER NAME Carter, O. Ky | ler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 09/10/2024 | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) \$500.00 |
| | Galena Park, TX 77547 | | |
| 8 Contributor's P Attorney | rincipal Occupation | 9 Contributor's Job Title Attorney | |
| 10 Contributor's e Defoyd & Ass | | 11 Law firm of contributor's sp | oouse (if any) |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| Date 08/31/2024 | Full name of contributor out-of-state PAC (ID#:) Dollinger, Scot Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$100.00 |
| Contributor's F | Houston, TX 77258 rincipal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | mployer/law firm s & Associates | Law firm of contributor's sp | oouse (if any) |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Date 10/01/2024 | Full name of contributor out-of-state PAC (ID#:_ Edwards, George Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$250.00 |
| | Houston, TX 77007 | | |
| Contributor's F Attorney | Contributor's Principal Occupation Contributor's Job Title | | |
| - | mployer/law firm | Attorney Law firm of contributor's sp | oouse (if any) |
| | arwalla Samani LLP | | |
| If contributor is | a child, law firm of parent(s) (if any) | 1 | |
| Forms provided | by Texas Ethics Commission www.ethic | s.state.tx.us | Version V4.1.0.48da51f7 |

| The Instruc | The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 8/35 Rpt: 11/85 |
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| 2 FILER NAME Carter, O. Ky | rler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 4 Date 09/13/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Feldman, Cris 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$500.00 |
| | Houston, TX 77098 | | |
| | rincipal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | oouse (if any) |
| Feldman & F | | | |
| 12 If contributor is | a child, law firm of parent(s) (if any) | | |
| Dete | Full name of contributor Out-of-state PAC (ID#: | | Amount of Contribution (*) |
| Date 09/10/2024 | Full name of contributor out-of-state PAC (ID#: Flores, Monica |) | Amount of Contribution (\$) \$100.00 |
| 00/10/2024 | Contributor address; City; State; Zip Code | | |
| | Contributor address, City, State, Zip Code | | |
| | | | |
| | Humble, TX 77396 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| unemployed | | unemployed | |
| Contributor's e | mployer/law firm | Law firm of contributor's sp | bouse (if any) |
| unemployed | | | |
| 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 (\$) |
| 12/31/2024 | Garcia, Christopher | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77019 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's e | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| Chris Garcia | Law Group, PC | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| | | | |
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| Forms provided | hy Texas Ethics Commission www.ethic | s state tx us | Version V4 1 0 48da51f7 |

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|-------------------------------|---|--|--|
| 2 FILER NAME Carter, O. Ky | ler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 09/17/2024 | 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of Contribution (\$) \$500.00 |
| | Houston, TX 77042 | | |
| 8 Contributor's P | rincipal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's er | | 11 Law firm of contributor's sp | oouse (if any) |
| Greenberg Tr | | | |
| 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 (\$) |
| 09/17/2024 | Gibson, Jason (Mr.) | | \$5,000.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77098 | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's er | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| The Gibson L | aw Firm | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Date 09/27/2024 | Full name of contributor out-of-state PAC (ID#:_ Goldberg, Danniel Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$180.00 |
| | Houston, TX 77004 | | |
| | rincipal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | mployer/law firm | Law firm of contributor's sp | oouse (if any) |
| Goldberg Lav | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
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| 2 FILER NAME Carter, O. Ky | ler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 09/13/2024 | Full name of contributor out-of-state PAC (ID#:_Goldstein, Allan Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$100.00 |
| | Houston, TX 77081 | | |
| | rincipal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's en | | 11 Law firm of contributor's sp | ouse (if any) |
| | is Hollrah & Snowden | | |
| 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 (\$) |
| 09/13/2024 | Gray Reed & McGraw LLP | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | Houston, TX 77056 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | ouse (if any) | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
| Date 09/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Gray, J. Cary | | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | Houston, TX 77056 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp Grav Reed | | oouse (if any) | |
| Gray Reed | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
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| 2 FILER NAME | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Ky | vler (The Honorable) | | 00062560 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/17/2024 | Guss, Stewart | | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77070 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Stewart J. G | uss & Associates | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/17/2024 | Hadi, Husein | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77036 | | |
| | Principal Occupation | Contributor's Job Title | |
| Attorney Attorney | | nouse (if any) | |
| Contributor's employer/law firm Law firm of contributor's sp The Hadi Law Firm | | | |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/06/2024 | Hagans, William Fred (Mr.) | / | \$250.00 |
| | Contributor address; City; State; Zip Code | | • |
| | | | |
| | | | |
| | Houston, TX 77006 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| Hagans | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Ky | /ler (The Honorable) | | 00062560 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/12/2024 | Halvorson, Jennifer | | \$50.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Pasadena, TX 77506 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Applications | - | Applications Manager | |
| 10 Contributor's e ENA | mpioyen/law inm | 11 Law firm of contributor's sp | Jouse (II any) |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/03/2024 | Hardin, Rusty (Mr.) |) | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77010 | | |
| Contributor's Principal Occupation Contributor's Job Title | | 1 | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| Rusty Hardin | & Associates | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 08/16/2024 | Hawash, Michael | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77006 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp Hawash Cicacle & Caston LLP | | bouse (if any) | |
| Hawash Cicack & Gaston LLP | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
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| 2 FILER NAME | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Ky | yler (The Honorable) | | 00062560 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/12/2024 | Hill, Marc (Mr.) | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77056 | | |
| 9 Contributor's | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | emplover/law firm | 11 Law firm of contributor's sp | pouse (if any) |
| Self | | | |
| 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 (\$) |
| 12/31/2024 | Hoffer, Stewart | | \$200.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77002 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | bouse (if any) | |
| Hicks Thoma | | | |
| 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 (\$) |
| 09/17/2024 | Hoover Slovacek LLP | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77056 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
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| Contributor's employer/law firm Law firm of contributor's s | | oouse (if any) | |
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| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | /ler (The Honorable) | | 00062560 |
| 4 Date 09/16/2024 | 5 Full name of contributor out-of-state PAC (ID#: Horowitz III, Daniel | | 7 Amount of Contribution (\$) \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | Houston, TX 77002 | | |
| 8 Contributor's F | l Principal Occupation | 9 Contributor's Job Title | I |
| Attorney | | Attorney | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Daniel D. Ho | rowitz III PC | | |
| 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 (\$) |
| 12/31/2024 | Horowitz III, Daniel | | \$500.00 |
| | Contributor address; City; State; Zip Code | | • |
| | | | |
| | | | |
| | Houston, TX 77002 | | |
| Contributor's F | s Principal Occupation Contributor's Job Title | | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | bouse (if any) | |
| The Law Offi | ice of Daniel D. Horowitz, III PC | | |
| If contributor is | s a child, law firm of parent(s) (if any) | 1 | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 10/24/2024 | Houssiere, Charles | | \$500.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Houston, TX 77056 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| Houssiere, Durant & Houssiere, LLP | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME Carter, O. K | ler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 4 Date 10/30/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Houston ILA Dock and Marine Council PAC Fun 6 Contributor address; City; State; Zip Code | nd | 7 Amount of Contribution (\$) \$1,000.00 |
| | Texas, TX 77598 | | |
| 8 Contributor's I | 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 | a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/17/2024 | Hunton Andrews Kurth Texas PAC | | \$2,500.00 |
| Contributor address; City; State; Zip Code Houston, TX 77002 | | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Contributor's employer/law firm 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#: |) | Amount of Contribution (\$) |
| 09/10/2024 | Johnson III, Bernard | | \$500.00 |
| Contributor address; City; State; Zip Code | | | |
| | Houston, TX 77074 | | |
| Contributor's Principal OccupationContributor's Job TitleAttorneyAttorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | pource (if any) | |
| Maida Law Firm | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Ky | yler (The Honorable) | | 00062560 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/10/2024 | Kherkher, Steven | | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77098 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e Kherkher Ga | | 11 Law firm of contributor's sp | oouse (if any) |
| | | | |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date 09/17/2024 | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/17/2024 | Kieschnick, Jonathan | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77058 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| Self | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 08/16/2024 | Kim, John (Mr.) | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77006 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| The Kim Law Firm | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 Filer NAME 3 Filer ID (Ethics Commission Filers) Carter, O. Kyler (The Honorable) 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 0x4 of state PAC (IDF, | 1 Total pages Schedule A(J)1: Sch: 17/35 Rpt: 20/85 |
|--|--|
| 4 Date 5 Full name of contributor out-of-state PAC (DF: | 3 Filer ID (Ethics Commission Filers) |
| 12/31/2024 Kim. John (Mr.) \$1.000.00 6 Contributor address; City; State; Zip Code \$1.000.00 Houston, TX 77006 9 Contributor's Job Title Attorney Attorney 11 10 Contributor's employer/law firm 11 The Kim Law Firm 11 Law firm of contributor's spouse (if any) Date Full name of contributor out-of-state PAC (DE:) Amount of Contributor (S) S5,000.00 Contributor's Principal Occupation Contributor's spouse (if any) Attorney Amount of Contribution (S) Contributor's Principal Occupation Contributor's spouse (if any) Attorney Attorney Date Full name of contributor Contributor's Principal Occupation Contributor's spouse (if any) Contributor's Principal Occupation Contributor's spouse (if any) Vick Daniel It contributor (S) Pate Full name of contributor 09/17/2024 Full name of contributor Leibowitz, Thomas (Mr.) Contributor's abo Title Attorney Attorney Contributor's Principal Occupation Contributor's abo | 00062560 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77006 Houston, TX 77006 8 Contributor's Principal Occupation 9 Attorney 11 Law firm of contributor's spouse (if any) 10 Contributor's a child, law firm of parent(s) (if any) Date Full name of contributor | |
| Houston, TX 77006 9 Contributor's Job Title Attorney Attorney 10 Contributor's employer/law firm 11 The Kim 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 (\$) 12 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 20 Contributor's Principal Occupation Contributor's Job Title Attorney Contributor is a child, law firm of parent(s) (If any) Law firm of contributor's spouse (If any) \$1,000.00 Victor is a child, law firm of parent(s) (If any) Law firm of contributor's spouse (If any) \$1,000.00 09/17/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$1,000.00 Contributor is a child, law firm of parent(s) (If any) It contributor's Job Title Amount of Contribution (\$) \$1,000.00 09/17/2024 Full name of contributor Ou | \$1,000.00 |
| 8 Contributor's Principal Occupation 9 Contributor's object 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 11 Law firm of contributor's spouse (if any) 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 (\$) \$5,000.00 10/02/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$5,000.00 10/02/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$5,000.00 10/02/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) \$5,000.00 10/02/2024 Full name of contributor contributor's Job Title Attorney Contributor's spouse (if any) Contributor's employer/law firm Law firm of contributor's spouse (if any) Amount of Contribution (\$) \$1,000.00 0s/17/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contributor (\$) \$1,000.00 0s/17/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contributor (\$) \$1,000.00 \$1,000.00 | |
| 8 Contributor's Principal Occupation 9 Contributor's object 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 11 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 (\$) 12 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor contributor's spouse (if any) \$5,000.00 Contributor's employer/law firm Law firm of contributor's spouse (if any) \$1,000.00 Os/17/2024 Full name of contributor out-of-state PAC (ID#: | |
| 8 Contributor's Principal Occupation 9 Contributor's object 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 11 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 (\$) 12 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor contributor's spouse (if any) \$5,000.00 Contributor's employer/law firm Law firm of contributor's spouse (if any) \$1,000.00 Os/17/2024 Full name of contributor out-of-state PAC (ID#: | |
| Attorney Attorney 10 Contributor's employer/law firm The Kim Law Firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) 11 Law firm of contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor address; City: State; Zip Code | |
| 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 (\$) Date Full name of contributor address; City; State; Zip Code Amount of Contributor (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 20/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 20/02/2024 Full name of contributor Contributor's tate; Zip Code Amount of Contributor's spouse (if any) Contributor's Principal Occupation Contributor's spouse (if any) Law firm of contributor's spouse (if any) Kwok Daniel If contributor is a child, law firm of parent(s) (if any) Law firm of contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full nam | |
| The Kim Law Firm 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 (\$) 10/02/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Full name of contributor Contributor's Job Title Attorney Contributor's Principal Occupation Contributor's spouse (if any) Law firm of contributor's spouse (if any) Kwok Daniel If contributor is a child, law firm of parent(s) (if any) Amount of Contributor (\$) Date Og/17/2024 Full name of contributor Out-of-state PAC (ID#:) 09/17/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contributor (\$) 09/17/2024 Full name of contri | spouse (if any) |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Kwok, Robert \$\$5,000.00 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code Image: Contributor's Principal Occupation Contributor's Job Title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Image: Contributor's address; City; State; Zip Code Image: Contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 09/17/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,000.00 Contributor's Principal Occupation Contributor's Job Title Attorney \$1,000.00 Contributor's Principal Occupation Contributor's Job Title Attorney \$1,000.00 Contributor's Principal Occupation Contributor's Job Title Attorney Contributor's pouse (if any) Contributor's employer/law firm Law firm of contributor's spouse (if any) Law firm of contributor's spouse (if any) Image: Contr | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 10/02/2024 Kwok, Robert \$\$5,000.00 Contributor address; City; State; Zip Code Industor, TX 77042 Industor, TX 77042 Contributor's Principal Occupation Contributor's Job Title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Industor, TX 77042 Contributor's a child, law firm of parent(s) (if any) Law firm of contributor's spouse (if any) Industor, TX 77042 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Full name of contributor Contributor's Job Title Attorney Contributor's Principal Occupation Contributor's Job Title Attorney < | |
| 10/02/2024 Kwok, Robert \$\$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77042 Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Kwok Daniel 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#: | |
| 10/02/2024 Kwok, Robert \$\$5,000.00 Contributor address; City; State; Zip Code Houston, TX 77042 Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Kwok Daniel 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#: | Amount of Contribution (\$) |
| Contributor address; City; State; Zip Code Houston, TX 77042 Contributor's Principal Occupation Attorney Contributor's employer/law firm Kwok Daniel If contributor is a child, law firm of parent(s) (if any) Leibowitz, Thomas (Mr.) Contributor's Principal Occupation Amount of Contribution (\$) 09/17/2024 Full name of contributor Leibowitz, Thomas (Mr.) Contributor's Principal Occupation Amount of Contribution (\$) 09/17/2024 Houston, TX 77063 Contributor's Principal Occupation Attorney Contributor's principal Occupation Attorney Contributor's principal Occupation Attorney Contributor's amployer/law firm Thomas J. Leibowitz, Attorney at Law | |
| Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Kwok Daniel Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Amount of Contributor (\$) Date Full name of contributor out-of-state PAC (ID#:) 09/17/2024 Leibowitz, Thomas (Mr.) \$1,000.00 Contributor's Principal Occupation Contributor's Job Title \$1,000.00 Houston, TX 77063 Contributor's Job Title Attorney Contributor's employer/law firm Contributor's spouse (if any) Law firm of contributor's spouse (if any) Thomas J. Leibowitz, Attorney at Law Law firm of contributor's spouse (if any) Attorney | |
| Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Kwok Daniel Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Amount of Contributor (\$) Date Full name of contributor out-of-state PAC (ID#:) 09/17/2024 Leibowitz, Thomas (Mr.) \$1,000.00 Contributor's Principal Occupation Contributor's Job Title \$1,000.00 Houston, TX 77063 Contributor's Job Title Attorney Contributor's employer/law firm Contributor's spouse (if any) Law firm of contributor's spouse (if any) Thomas J. Leibowitz, Attorney at Law Law firm of contributor's spouse (if any) Attorney | |
| Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Kwok Daniel 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#:) 09/17/2024 Leibowitz, Thomas (Mr.) Amount of Contribution (\$) Contributor's Principal Occupation Contributor's Job Title Attorney Houston, TX 77063 Contributor's Job Title Contributor's employer/law firm Contributor's spouse (if any) Law firm of contributor's spouse (if any) Thomas J. Leibowitz, Attorney at Law Law firm of contributor's spouse (if any) Attorney | |
| Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Kwok Daniel 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 | |
| Contributor's employer/law firm Law firm of contributor's spouse (if any) Kwok Daniel If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) 09/17/2024 Leibowitz, Thomas (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Houston, TX 77063 Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) | |
| Kwok Daniel 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 (\$) 09/17/2024 Leibowitz, Thomas (Mr.) \$1,000.00 Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code \$1,000.00 Houston, TX 77063 Contributor's Dob Title Attorney Contributor's Principal Occupation Contributor's Job Title Attorney Law firm of contributor'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 (\$) 09/17/2024 Leibowitz, Thomas (Mr.) \$1,000.00 Contributor address; City; State; Zip Code Full name of contributor address; City; State; Zip Code \$1,000.00 Houston, TX 77063 Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Law firm of contributor's spouse (if any) Contributor's employer/law firm Law firm of contributor's spouse (if any) | spouse (if any) |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 09/17/2024 Leibowitz, Thomas (Mr.) \$1,000.00 Contributor address; City; State; Zip Code Vertice \$1,000.00 Houston, TX 77063 Contributor's Principal Occupation Contributor's Job Title Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) | |
| 09/17/2024 Leibowitz, Thomas (Mr.) \$1,000.00 Contributor address; City; State; Zip Code *1,000.00 Houston, TX 77063 Contributor's Job Title Attorney Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Thomas J. Leibowitz, Attorney at Law Law firm of contributor's spouse (if any) | |
| 09/17/2024 Leibowitz, Thomas (Mr.) \$1,000.00 Contributor address; City; State; Zip Code *1,000.00 Houston, TX 77063 Contributor's Job Title Attorney Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Thomas J. Leibowitz, Attorney at Law Law firm of contributor's spouse (if any) | |
| Contributor address; City; State; Zip Code Houston, TX 77063 Contributor's Principal Occupation Attorney Contributor's employer/law firm Contributor's employer/law firm Thomas J. Leibowitz, Attorney at Law | |
| Houston, TX 77063Contributor's Principal OccupationContributor's Job TitleAttorneyAttorneyContributor's employer/law firmLaw firm of contributor's spouse (if any)Thomas J. Leibowitz, Attorney at LawImage: Contributor's spouse (if any) | \$1,000.00 |
| Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Thomas J. Leibowitz, Attorney at Law Image: 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) Thomas J. Leibowitz, Attorney at Law Image: 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) Thomas J. Leibowitz, Attorney at Law Image: Contributor's spouse (if any) | |
| AttorneyAttorneyContributor's employer/law firmLaw firm of contributor's spouse (if any)Thomas J. Leibowitz, Attorney at Law | |
| Contributor's employer/law firmLaw firm of contributor's spouse (if any)Thomas J. Leibowitz, Attorney at Law | |
| Thomas J. Leibowitz, Attorney at Law | spouse (if any) |
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| If contributor is a child, law firm of parent(s) (if any) | |
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| 2 FILER NAME | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Ky | yler (The Honorable) | | 00062560 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 12/31/2024 | Link, Scott | | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Houston, TX 77027 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | bouse (if any) |
| Scott Link 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 (\$) |
| 11/01/2024 | Livingston, Phillip | | \$50.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77237 | | |
| Contributor's | | Contributor's Job Title | |
| Contributor's Principal OccupationContributor's Job TitleAttorneyAttorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | pouse (if any) | |
| Phillip R Livingston, 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 (\$) |
| 09/12/2024 | Lowenberg, Michael (Mr.) | / | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | • |
| | | | |
| | | | |
| | Houston, TX 77056 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | • |
| Attorney | Attorney Attorney | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| Lowenberg Law Firm | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME Carter, O. Ky | yler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 4 Date 09/10/2024 | 5 Full name of contributorout-of-state PAC (ID#: Maida, Sam 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$500.00 |
| | Houston, TX 77074 | | |
| 8 Contributor's F | I Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Maida Law F | Firm | | |
| 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 (\$) |
| 10/25/2024 | Manji, Abel | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Sugar Land, TX 77479 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Attorney | | Attorney | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| Hird Chu & L | awji PLLC | | |
| 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 (\$) |
| 11/02/2024 | McIlvain, C Patrick |) | \$15.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77007 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Retired | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| Retired | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | • | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Ky | ler (The Honorable) | | 00062560 |
| | 5 Full name of contributor out-of-state PAC (ID#: | :) | 7 Amount of Contribution (\$) |
| 09/17/2024 | McKamie Sr., Reginald E (Mr.) | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77055 | - | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp | bouse (if any) |
| Self | | | |
| 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 (\$) |
| 11/01/2024 | McKenna, Timothy | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77042 | | |
| | | | |
| Contributor's Principal OccupationContributor's Job TitleAttorneyRetired | | | |
| | mplover/law firm | Law firm of contributor's sp | |
| Contributor's employer/law firm Law firm of contributor's sp Retired | | | |
| 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 (\$) |
| 10/24/2024 | McKenzie, Mark (Mr.) | , | \$150.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Lubbock, TX 79414 | | |
| Contributor's Principal Occupation Contributor's Job Title | | | |
| Professor Professor | | | |
| Contributor's employer/law firm Law firm of contributor's s | | bouse (if any) | |
| Texas Tech University | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME Carter, O. Ky | yler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 | |
| 4 Date 10/13/2024 | 5 Full name of contributor out-of-state PAC (ID#: McMillan, Chance 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$1,000.00 | |
| | Houston, TX 77002 | | | |
| 8 Contributor's I | Principal Occupation | 9 Contributor's Job Title | • | |
| Attorney | | Attorney | | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | oouse (if any) | |
| McMillan Lav | | | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 09/17/2024 | Merman, Derek | | \$2,500.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Bleiblerville, TX 78931 | | | |
| Contributor's Principal Occupation Contributor's Job Title | | | | |
| Attorney Attorney | | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | | |
| Heard Merm | | | | |
| 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 (\$) | |
| 09/17/2024 | Moriarty Law Firm | | \$500.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77007 | | | |
| Contributor's I | Principal Occupation | Contributor's Job Title | | |
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| Contributor's employer/law firm Law firm | | Law firm of contributor's sp | oouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
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| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Carter, O. Kyler (The Honorable) | | 00062560 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/21/2024 | Murphy, John | | \$50.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | Coving TV 77270 | | |
| 9 Contributorio (| Spring, TX 77379 | 9 Contributor's Job Title | |
| Attorney | Principal Occupation | Attorney | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | nouse (if any) |
| Miller Scama | | | |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/12/2024 | Musslewhite, Jeffrey | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77027 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | • |
| Attorney | | Attorney | |
| | employer/law firm | Law firm of contributor's sp | bouse (if any) |
| | sslewhite, LLP | | |
| 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 (\$) |
| 11/15/2024 | Narsete, Michael | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77056 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| Self | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| | Carter, O. Kyler (The Honorable) | | 00062560 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID | #:) | 7 Amount of Contribution (\$) | |
| 09/03/2024 | Nava, Richard | | \$2,500.00 | |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Bellaire, TX 77401 | | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | | |
| Attorney | | Attorney | | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) | |
| Nava Law G | roup | | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | | |
| | | | | |
| Data | | | | |
| Date | Full name of contributor Out-of-state PAC (ID | #:) | Amount of Contribution (\$) | |
| 10/22/2024 | Nielsen, Eric | | \$250.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77092 | | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | • | |
| Attorney | | Attorney | | |
| Contributor's e | employer/law firm | Law firm of contributor's sp | pouse (if any) | |
| The Nielsen | Law Firm, P.C. | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | | |
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| Date | Full name of contributor out-of-state PAC (ID | #:) | Amount of Contribution (\$) | |
| 09/12/2024 | Osborn, W. Shane | | \$500.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77024 | | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | · | |
| Attorney | Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | | |
| MDJW | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
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| 2 FILER NAME Carter, O. Ky | 2 FILER NAME Carter, O. Kyler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 |
| 4 Date 10/24/2024 | 5 Full name of contributor out-of-state PAC (ID#:) Padilla, John 0 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$1,000.00 |
| | Houston, TX 77057 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | ouse (if any) |
| Padilla & Ro | | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 07/18/2024 | Peckham, Charles | | \$1,500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77063 | | |
| | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | employer/law firm | Law firm of contributor's sp | ouse (if any) |
| Peckham Ma | | | |
| If contributor is | s a child, law firm of parent(s) (if any) | | |
| Date 09/30/2024 | | | Amount of Contribution (\$) \$2,500.00 |
| | Houston, TX 77041 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | |
| Attorney | Attorney Attorney | | |
| Contributor's employer/law firm Law firm of contributor's sp Self | | ouse (if any) | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME Carter, O. Kyler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 | |
| 4 Date 09/13/2024 | 5 Full name of contributor out-of-state PAC (ID#: Pipe Fitters Local Union 211 C.O.P.E. Account 6 Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) \$500.00 |
| | Deer Park, TX 77536 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | |
| 10 Contributor's e | employer/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 09/17/2024 | Full name of contributor out-of-state PAC (ID#:) Plumbers Local Union No. 68 PAC Fund Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$500.00 |
| Contributor's F | Houston, TX 77249 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) | | |
| Date 09/26/2024 | Full name of contributor out-of-state PAC (ID#:_ Reed Smith LLP Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$500.00 |
| Contributor's F | Houston, TX 77010 Principal Occupation | Contributor's Job Title | |
| Contributor's employer/law firm Law firm | | Law firm of contributor's sp | oouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | | |
| | by Toyos Ethios Commission | o ototo tv uc | Vorcion V/4 1 0 49doE1f7 |

| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 26/35 Rpt: 29/85 | |
|--|--|--|-------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Carter, O. Kyler (The Honorable) | | 00062560 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 08/31/2024 | Remels, Keith | | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77056 | | |
| 8 Contributor's I | Principal Occupation | 9 Contributor's Job Title | · |
| Attorney | | Attorney | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Dow Golub F | Remels Gilbreath | | |
| 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 (\$) |
| 11/01/2024 | Rendon, Josefina | | \$500.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Houston, TX 77007 | | |
| Contributor's I | Principal Occupation | Contributor's Job Title | |
| Attorney/Me | diator | Attorney/Mediator | |
| | employer/law firm | Law firm of contributor's sp | oouse (if any) |
| Self | | | |
| 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 | Robert L. Collins & Associates | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77270 | | |
| Contributor's R | Principal Occupation | Contributor's Job Title | |
| | | Attorney | |
| Contributor's employer/law firm Law firm of contributor's sp | | bouse (if any) | |
| | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 27/35 Rpt: 30/85 | | |
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| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| Carter, O. Kyler (The Honorable) | | 00062560 | | |
| | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 12/31/2024 | Romoser, Jeremy | | \$250.00 | |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Huntsville, TX 77320 | | | |
| 8 Contributor's P | rincipal Occupation | 9 Contributor's Job Title | | |
| Attorney | | Attorney | | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp | oouse (if any) | |
| Haney Pasch | al & Romoser, P.C. | | | |
| 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 (\$) | |
| 09/17/2024 | Schwartz, Robert | | \$100.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77098 | | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | | |
| Attorney | | Attorney | | |
| | mployer/law firm | Law firm of contributor's sp | bouse (if any) | |
| Brent Coon & | | | | |
| 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 (\$) | |
| 09/13/2024 | Seerden, Andrew | | \$500.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77009 | | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | | |
| Attorney | | Attorney | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | | |
| Seerden Law Firm | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 28/35 Rpt: 31/85 | |
|--|---|--|-------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Carter, O. Ky | Carter, O. Kyler (The Honorable) | | 00062560 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/17/2024 | Shaw, Carl | | \$250.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77096 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| Self | | | |
| 12 If contributor is | s a child, law firm of parent(s) (if any) | | |
| _ | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/12/2024 | Skrabanek, Paul | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77046 | | |
| Contributor's | Principal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| | employer/law firm | Law firm of contributor's sp | pouse (if any) |
| Pierce Skrab | | | |
| 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 (\$) |
| 09/12/2024 | Skrabanek, Paul | | \$2,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77046 | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | • |
| Attorney | Attorney Attorney | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | |
| Pierce Skrabanek PLLC | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| Carter, O. Kyler (The Honorable) | | 00062560 | | |
| 4 Date 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 09/17/2024 Smith, Cory | | | \$100.00 | |
| 6 Contributor address; City; S | tate; Zip Code | | | |
| | | | | |
| Distanced TV 77400 | | | | |
| Richmond, TX 77406 | | tuile standa Bala Titla | | |
| 8 Contributor's Principal Occupation President | | tributor's Job Title sident | | |
| 10 Contributor's employer/law firm | | firm of contributor's sp | ouro (if any) | |
| Smith Development | | | ouse (ir any) | |
| 12 If contributor is a child, law firm of parent(s) (if a | אייין איי | | | |
| | | | | |
| Date Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 09/17/2024 Sorrels, Randall | | | \$1,000.00 | |
| Contributor address; City; S | tate; Zip Code | | | |
| | | | | |
| | | | | |
| Houston, TX 77007 | | | | |
| Contributor's Principal Occupation | Con | tributor's Job Title | | |
| Attorney | Atto | orney | | |
| Contributor's employer/law firm | Law | firm of contributor's sp | ouse (if any) | |
| Sorrels Law | | | | |
| If contributor is a child, law firm of parent(s) (if a | any) | | | |
| | | | | |
| Date Full name of contributor | out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | | | \$500.00 | |
| Contributor address; City; S | tate; Zip Code | | | |
| | | | | |
| Houston TX 77009 | | | | |
| Houston, TX 77098 Contributor's Principal Occupation | Con | tributor's Job Title | | |
| Attorney | | orney | | |
| Contributor's employer/law firm Law firm of contributor's sp | | ouse (if any) | | |
| Sovany Law Firm | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
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| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| Carter, O. Kyler (The Honorable) | | 00062560 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 09/16/2024 | Spagnoletti, Francis | | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77002 | | |
| | Principal Occupation | 9 Contributor's Job Title | |
| Attorney | | Attorney | |
| 10 Contributor's e | | 11 Law firm of contributor's sp | oouse (if any) |
| Spagnoletti & | | | |
| 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 (\$) |
| 10/08/2024 | Stogner, Brant | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| O sustrila starda 5 | Houston, TX 77042 | Osatella de Jole Tida | |
| Attorney | Principal Occupation | Contributor's Job Title Attorney | |
| | employer/law firm | Law firm of contributor's sp | nouse (if any) |
| Abraham Wa | | | |
| | s a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/15/2024 | Stone, Kathleen |) | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77098 | | |
| Contributor's F | I Principal Occupation | Contributor's Job Title | |
| Mediator/Vis | iting Judge | Mediator/Visiting Judge | |
| Contributor's employer/law firm Law firm of contributor's sp | | bouse (if any) | |
| Self and State of Texas | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 31/35 Rpt: 34/85 | | |
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| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| Carter, O. Ky | ler (The Honorable) | | 00062560 | |
| | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 09/12/2024 | Street, Hanson | | \$500.00 | |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77007 | | | |
| 8 Contributor's F | rincipal Occupation | 9 Contributor's Job Title | | |
| Settlement C | onsultant | Settlement Consultant | | |
| 10 Contributor's e | mployer/law firm | 11 Law firm of contributor's sp | bouse (if any) | |
| Street Settler | nents | | | |
| 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 (\$) | |
| 09/16/2024 | Sullivan, Roger (Mr.) | | \$1,000.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Loueton TX 77007 | | | |
| Caratzilautaria | Houston, TX 77007 | Contributorio Job Title | | |
| Attorney | rrincipal Occupation | Contributor's Job Title Attorney | | |
| _ | mployer/law firm | Law firm of contributor's sp | nouse (if any) | |
| | In Trial Lawyers | | | |
| | s a child, law firm of parent(s) (if any) | | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 12/31/2024 | Sullivan, Roger (Mr.) | ······································ | \$500.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Houston, TX 77007 | | | |
| Contributor's P | rincipal Occupation | Contributor's Job Title | | |
| Attorney | Attorney Attorney | | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | | |
| Brann Sullivan Trial Lawyers, PLLC | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 32/35 Rpt: 35/85 | | |
|--|---|--|---|--|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| Carter, O. Ky | Carter, O. Kyler (The Honorable) | | 00062560 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# |) | 7 Amount of Contribution (\$) | |
| 09/13/2024 | Teltschik Grubbs, PLLC | | \$500.00 | |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Sugar Land, TX 77478 | 1 | | |
| 8 Contributor's F | Principal Occupation | 9 Contributor's Job Title | | |
| 10 Contributorio a | malovor/low firm | 11 Low firm of contributor's on | | |
| 10 Contributor's e | mpioyennaw nim | 11 Law firm of contributor's sp | Jouse (ii 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 (\$) | |
| 09/12/2024 | The West Law Firm | , | \$5,000.00 | |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Sugar Land, TX 77479 | | | |
| Contributor's F | rincipal Occupation | Contributor's Job Title | · | |
| | | Attorney | | |
| Contributor's e | mployer/law firm | Law firm of contributor's sp | bouse (if any) | |
| lf a sustaile stars is | a shile loss from a far anna (a) (fara) | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | | |
| Data | | | | |
| Date 09/16/2024 | Full name of contributor out-of-state PAC (ID#: Tracey, Sean |) | Amount of Contribution (\$) \$2,500.00 | |
| 03/10/2024 | Contributor address; City; State; Zip Code | | φ2,300.00 | |
| | Contributor address, City, State, Zip Code | | | |
| | | | | |
| | Houston, TX 77002 | | | |
| Contributor's F | Principal Occupation | Contributor's Job Title | I | |
| Attorney | | Attorney | | |
| Contributor's employer/law firm Law firm of contributor's sp | | oouse (if any) | | |
| Tracey Fox & Walters | | | | |
| If contributor is 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 | |

| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 33/35 Rpt: 36/85 | | |
|--|--|--|--|--|
| 2 FILER NAME Carter, O. Kyler (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00062560 | | |
| 09/13/2024 Tran, Richard | Tran, Richard | | | |
| Houston, TX 77008 | | | | |
| 8 Contributor's Principal Occupation | 9 Contributor's Job Title | | | |
| Attorney | Attorney | | | |
| 10 Contributor's employer/law firm | 11 Law firm of contributor's sp | bouse (if any) | | |
| AMD Global | | | | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | | |
| Date Full name of contributor Out-of-state PAC (ID# | i.) | Amount of Contribution (\$) | | |
| 09/12/2024 Webster, Jason (Mr.) | ·/ | \$5,000.00 | | |
| Contributor address; City; State; Zip Code | | | | |
| | | | | |
| | | | | |
| Houston, TX 77036 | | | | |
| Contributor's Principal Occupation | Contributor's Job Title | | | |
| Attorney | Attorney | | | |
| Contributor's employer/law firm | Law firm of contributor's sp | oouse (if any) | | |
| Self | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
| | | | | |
| Date Full name of contributor out-of-state PAC (ID# | :) | Amount of Contribution (\$) | | |
| 08/29/2024 Wiley, Joyce | | \$100.00 | | |
| Contributor address; City; State; Zip Code | | | | |
| | | | | |
| | | | | |
| Houston, TX 77018 | | | | |
| Contributor's Principal Occupation Contributor's Job Title Retired Retired | | | | |
| | | | | |
| Contributor's employer/law firm Law firm of contributor's sp Retired | | | | |
| If contributor is a child, law firm of parent(s) (if any) | | | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| The Instruct | tion Guide explains how to complete this f | 1 Total pages Schedule A(J)1: Sch: 34/35 Rpt: 37/85 | |
|---------------------|---|--|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Carter, O. Kyl | er (The Honorable) | | 00062560 |
| | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 09/17/2024 | Wischnewsky, Darryl | | \$1,000.00 |
| e | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77034 | | |
| 8 Contributor's Pr | | 9 Contributor's Job Title | |
| Owner/Preside | | Owner/President | |
| 10 Contributor's en | | 11 Law firm of contributor's sp | pouse (if any) |
| Bayway Auto | | | |
| | a child, law firm of parent(s) (if any) | | |
| | | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 09/16/2024 | Yarborough, Patrick | | \$500.00 |
| " | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Houston, TX 77002 | | |
| Contributor's Pr | incipal Occupation | Contributor's Job Title | • |
| Attorney | | Attorney | |
| Contributor's en | | Law firm of contributor's sp | bouse (if any) |
| Foster Yarbor | | | |
| 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 (\$) |
| 09/12/2024 | Zehl, Ryan (Mr.) | | \$1,500.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Houston, TX 77056 | | |
| Contributor's Pr | incipal Occupation | Contributor's Job Title | |
| Attorney | | Attorney | |
| Contributor's en | nplover/law firm | Law firm of contributor's sp | pouse (if any) |
| Zehl & Associ | | | |
| If contributor is | a child, law firm of parent(s) (if any) | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | The Instru | ction Guide explains how to com | plete this form. | 1 Total pages Schedule A(J)1: Sch: 35/35 Rpt: 38/85 |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Carter, O. K | yler (The Honorable) | | 00062560 |
| 4 | Date | 5 Full name of contributor out-of-s | state PAC (ID#:) | 7 Amount of Contribution (\$) |
| | 09/28/2024 | Zwernemann, Allen (Mr.) | | \$250.00 |
| | | 6 Contributor address; City; State; Zip Co | | |
| | | | | |
| | | | | |
| | | Houston, TX 77009 | | |
| 8 | Contributor's I | Principal Occupation | 9 Contributor's Job Title | • |
| | Attorney | | Attorney | |
| 10 | Contributor's | employer/law firm | 11 Law firm of contributor's sp | oouse (if any) |
| | The Zwerne | mann Law Firm | | |
| 12 | If contributor i | s a child, law firm of parent(s) (if any) | • | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| | Sch: 1/12 Rpt: 39/85 | Carter, O. Kyler (The Honorable) | 00062560 | | | | | | | | |
| 4 | Date 07/31/2024 | 5 Payee name American Express | | | | | | | | | |
| 6 | Amount (\$) \$985.93 | 7 Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265-0448 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense edit card payment | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 08/19/2024 | American Express | | | | | | | | | |
| | Amount (\$) \$2,798.24 | Payee address; City; State; Zip Code PO Box 650448 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense edit card payment | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 09/26/2024 | American Express | | | | | | | | | |
| | Amount (\$) \$2,229.68 | Payee address; City; State; Zip Code PO Box 650448 | | | | | | | | | |
| | | Dallas, TX 75265-0448 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense edit card payment | | | | | | | | |
| | Complete ONLY 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 | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense / - Gift/Awards/Memorials Expense Printing Expense | | | | | | Travel in District Travel Out of Distri | upment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 2/12 Rpt: 40/85 | | Carter, O. Kyler (The Honorable) | | | | | 00062560 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 10/30/2024 | | American Express | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | ode | | | | | | |
| | \$169.45 | | PO Box 650448 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Dallas, TX 75265-0448 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | | de of Texas. Comple | | | |
| | | | | | | | | officeholder living e | | | |
| | | | | | | Campaign ch | eun | t card paymer | n. | | |
| 9 | Complete ONLY if direct | | andidate/Officeholder name | Office sou | laht | | | Office held | 4 | | |
| Ū | expenditure to benefit C/OF | | | | igni | | | | - | | |
| | Date | | Payee name | | | | | | | | |
| | 11/18/2024 | | American Express | | | | | | | | |
| _ | Amount (\$) | - | Payee address; City; State | ; Zip Co | ode | | | | | | |
| | \$901.68 | | PO Box 650448 | , <u></u> p ee | | | | | | | |
| | \$001.00 | | | | | | | | | | |
| | | | Dallas, TX 75265-0448 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | | de of Texas. Comple | | | |
| | | | | | | | | officeholder living e | | | |
| | | | | | | Campaign ch | ean | t card paymer | ι | | |
| | Complete ONLY if direct | | andidate/Officeholder name | Office sou | laht | | | Office held | 4 | | |
| | expenditure to benefit C/OI | | | onice sou | igin | | | Office field | L | | |
| | Date | | Payee name | | | | | | | | |
| | 12/23/2024 | | American Express | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | | | | | |
| | \$487.11 | | PO Box 650448 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Dallas, TX 75265-0448 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | | de of Texas. Comple | | | |
| | | | | | | | | officeholder living e | | | |
| | | | | | | Campaign cr | eait | card paymer | ii. | | |
| | Complete ONIL V if direct | Ľ | andidata/Officabaldar nama | Office com | | | | Office held | 4 | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | igilt | | | Unice nel | u | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---------------|--|---|-----------------------------------|------------------------|-------|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - Il Com | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain | Office Ov Polling Ex Printing E Salaries/V | erhea kpense xpens Vages | 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: 3/12 Rpt: 41/85 | | Carter, O. Kyler (The Honorable) | | | | | 00062560 | | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 12/04/2024 | | Brennan's of Houston | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Sta | te; Zip Co | ode | | | | | | |
| | \$300.00 | | 3300 Smith St | | | | | | | | |
| | | | | | | | | | | | |
| | | | Houston, TX 77006 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this | schedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Food/Beverage Expense | , | | | outsi | ide of Texas. Com | plete Schedule T. | | |
| | EXPENDITORE | | | | | | | , officeholder living | | | |
| | | | | | | Officeholder | exp | ense - annu | al judges holiday dinner | | |
| _ | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ught | | | Office he | ald | | |
| | Date | | Payee name | | | | | | | | |
| | 07/18/2024 | | Chase Cardmember Service | | | | | | | | |
| | Amount (\$) | | Payee address; City; Sta | te; Zip Co | ode | | | | | | |
| | \$2,910.00 | | PO Box 94014 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Palatine, IL 60094 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this | schedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | | ide of Texas. Com | | | |
| | | | | | | Campaign cr | | , officeholder living t card navme | | | |
| | | | | | | Campaign ch | cun | t card paying | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | Office sou | l Jaht | | | Office he | bld | | |
| | expenditure to benefit C/OI | | | 0 | .g | | | 0 | | | |
| - | Date | | Payee name | | | | | | | | |
| | 07/18/2024 | | Chase Cardmember Service | | | | | | | | |
| | Amount (\$) | | Payee address; City; Sta | te; Zip Co | ode | | | | | | |
| | \$4,246.50 | | PO Box 94014 | , <u></u> p et | 000 | | | | | | |
| | ÷ , | | | | | | | | | | |
| | | | Palatine, IL 60094 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this | schedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | | ide of Texas. Com | | | |
| | | | | | | | | , officeholder living | | | |
| | | | | | | Campaign cr | euil | i caru payine | 5111 | | |
| _ | Complete ONILV if direct | Ľ | andidate/Officeholder name | Office sou | | | | Office he | ald | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | Unice SUL | agiit | | | Unice fie | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|-----|---|---|----------------------------------|------------------------|------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing Ex Salaries/W | erhea pense xpens Vages | 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: 4/12 Rpt: 42/85 | | Carter, O. Kyler (The Honorable) | | | | | 00062560 | | | |
| 4 | Date | 5 | 5 Payee name | | | | | | | | |
| | 09/03/2024 | | Chase Cardmember Service | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | ode | | | | | | |
| | \$11,822.05 | | PO Box 94014 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Palatine, IL 60094 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | | ide of Texas. Complete Schedule T. | | | |
| | - | | | | | | | , officeholder living expense t card payment | | | |
| | | | | | | Campaign ch | eun | t card payment | | | |
| 9 | Complete ONLY if direct | | candidate/Officeholder name | Office sou | l Iaht | | | Office held | | | |
| Ĵ | expenditure to benefit C/OF | | | | igin | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 09/26/2024 | | Chase Cardmember Service | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | | | | | |
| | \$8,726.42 | | PO Box 94014 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Palatine, IL 60094 | | _ | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | EXPENDITURE | | Credit Card Payment | | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | |
| | | | | | | | | t card payment | | | |
| | | | | | | oumpaignen | oun | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | Office sou | l ight | | | Office held | | | |
| | expenditure to benefit C/OI | H | | | 0 | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 10/22/2024 | | Chase Cardmember Service | | | | | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | | | | | |
| | \$44.37 | | PO Box 94014 | | | | | | | | |
| | | | | | | | | | | | |
| | | | Palatine, IL 60094 | | _ | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) | Description | | | | | |
| | OF EXPENDITURE | | Credit Card Payment | | | | | ide of Texas. Complete Schedule T. | | | |
| | | | | | | | | , officeholder living expense t card payment | | | |
| | | | | | | Campaign Ch | cuit | | | | |
| - | Complete ONLY if direct | | andidate/Officeholder name | Office sou | l Iaht | | | Office held | | | |
| | expenditure to benefit C/Oł | | | 50 50u | .g | | | | | | |
| ⊢ | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-------|--|---|-----------------|--------|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explains | 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 F | · | | • | 3 | Filer ID (Ethics Commission Filers) | | | |
| - | Sch: 5/12 Rpt: 43/85 | | Carter, O. Kyler (The Honorable) | | | | 00062560 | | | |
| 4 | Date 10/30/2024 | | Payee name Chase Cardmember Service | | | | | | | |
| 6 | Amount (\$) \$5,271.87 | F | Payee address; City; State; PO Box 94014 Palatine, IL 60094 | Zip Co | le | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sch Credit Card Payment | edule) | Check if Austin | ı, ТХ, | de of Texas. Complete Schedule T. officeholder living expense t card payment | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name C | Office sou | ht | | Office held | | | |
| | Date | F | Payee name | | | | | | | |
| | 11/18/2024 | (| Chase Cardmember Service | | | | | | | |
| | Amount (\$) \$1,160.20 | | Payee address; City; State; PO Box 94014 | Zip Co | le | | | | | |
| | PURPOSE OF EXPENDITURE | (a) (| Palatine, IL 60094 Category (See Categories listed at the top of this sch Credit Card Payment | edule) | Check if Austin | ı, ТХ, | de of Texas. Complete Schedule T. officeholder living expense t card payment | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name C | Office sou | ht | | Office held | | | |
| | Date | F | Payee name | | | | | | | |
| | 12/04/2024 | 0 | Chase Cardmember Service | | | | | | | |
| | Amount (\$) \$3,953.02 | | Payee address; City; State; PO Box 94014 | Zip Co | le | | | | | |
| | | F | Palatine, IL 60094 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sch Credit Card Payment | edule) | Check if Austin | ı, ТХ, | de of Texas. Complete Schedule T. officeholder living expense t card payment | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name C | Dffice sou | ht | | Office held | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhea Food/Beverage Expense Polling Expens Git/Awards/Memorials Expense Printing Expens | se 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: 6/12 Rpt: 44/85 | Carter, O. Kyler (The Honorable) | 00062560 | | | | | | | | |
| 4 | Date | Payee name | | | | | | | | | |
| | 12/23/2024 | Chase Cardmember Service | | | | | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$4,212.66 | PO Box 94014 | | | | | | | | | |
| | | Palatine, IL 60094 | | | | | | | | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule) (b) | Description | | | | | | | | |
| | OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | | | Check if Austin, TX, officeholder living expense Campaign credit card payment | | | | | | | | |
| | | | oumpaign creat card payment | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | andidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 12/12/2024 | Cordova, Elizabeth | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$250.00 | 201 Caroline | | | | | | | | | |
| | | 10th Floor | | | | | | | | | |
| | | Houston, TX 77002 | | | | | | | | | |
| | PURPOSE | | Description | | | | | | | | |
| | OF | Gift/Awards/Memorials Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | | | | | | |
| | | | Officeholder expense - holiday supplement | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | andidate/Officeholder name Office sought | Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 12/04/2024 | DirecTV | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$234.94 | P.O. Box 6550 | | | | | | | | | |
| | | | | | | | | | | | |
| | | Greenwood Village, CO 80155 | | | | | | | | | |
| | PURPOSE OF | | Description | | | | | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| | | | Officeholder expense - cable service for office | | | | | | | | |
| | | | | | | | | | | | |
| - | Complete ONLY if direct | andidate/Officeholder name Office sought | Office held | | | | | | | | |
| | expenditure to benefit C/OI | and a concentration of the sought | Onice neid | | | | | | | | |
| | | | | | | | | | | | |
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| | 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 Git/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: 7/12 Rpt: 45/85 | Carter, O. Kyler (The Honorable) | 00062560 | | | | | | | |
| 4 | Date 08/10/2024 | Payee name Hartfield, Derrick | | | | | | | | |
| | | | | | | | | | | |
| 0 | Amount (\$) \$300.00 | Payee address; City; State; Zip Code 7222 Avocet Ln. | | | | | | | | |
| | | Houston, TX 77040 | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Check if Austin | outside of Texas. Complete Schedule T. , TX, officeholder living expense services for back to school campaign | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 11/19/2024 | Houston Health Foundation | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$1,000.00 | P.O Box 20272 | | | | | | | | |
| | | Houston, TX 77225 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | Candidate/Officeholder/Political Committee Donation to s | outside of Texas. Complete Schedule T. , TX, officeholder living expense support the Community Re-entry p1(c)(3) organization | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 09/30/2024 | J&N Enterprises, Inc. | | | | | | | | |
| | Amount (\$) \$2,435.63 | Payee address;City;State;ZipCode2519 Fairway Park Drive | | | | | | | | |
| | | Houston, TX 77092 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense tts | | | | | | | |
| | 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 Fees Food/Beverage Expense Gift/Awards/Memorials E nmittee Legal Services The Instruction Guid | | Office Over Polling Exp Printing Ex Salaries/W | rhead pense pense ages/ | e /Contract Labor | | Transportation E Travel in District Travel Out of Dis | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | |
| | Sch: 8/12 Rpt: 46/85 | | Carter, O. Kyler (The Honora | ble) | | | | | 00062560 | | |
| 4 | Date 08/10/2024 | 5 | Payee name McCree, Rynette | | | | | | | | |
| 6 | | 7 | _ | Stata | ; Zip Co | do | | | | | |
| 6 | Amount (\$) \$500.00 | ľ | Payee address; City; 4911 W Airport | Sidle | , Ζιρ Ου | ue | | | | | |
| | | | 3103 | | | | | | | | |
| | | | Houston, TX 77085 | | | | | | | | |
| _ | | | | | | | | | | | |
| 8 | PURPOSE OF | (a) | Category (See Categories listed at the | | nedule) | (b) | Description | outoi | de of Toylog, Com | nplete Schedule T. | |
| | EXPENDITURE | | Salaries/Wages/Contract Lab | oor | | | | | officeholder living | | |
| | | | | | | | | | | chool campaign event | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | (| Office sou | ght | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | |
| | 08/10/2024 | | Moreno, Monica (Ms.) | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | | | |
| | \$2,500.00 | | 4900 Fournace Pl | | | | | | | | |
| | | | Suite 560 | | | | | | | | |
| | | | Bellaire, TX 77401 | | | | | | | | |
| | PURPOSE | (a) | | | | (h) | Description | | | | |
| | OF | (4) | Category (See Categories listed at the Salaries/Wages/Contract Lab | | nedule) | (5) | · | outsi | de of Texas. Com | nplete Schedule T. | |
| | EXPENDITURE | | Salaries, Wages, Contract Ear | 001 | | | Check if Austin | , TX, | officeholder living | g expense | |
| | | | | | | | | | | chool event, campaign ign assistance | |
| | | | | | | | | u o | uner campa | Ight assistance | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office sou | ght | | | Office h | eld | |
| | Date | | Payee name | | | | | | | | |
| | 12/24/2024 | | Moreno, Monica (Ms.) | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | | | |
| | \$1,000.00 | | 4900 Fournace Pl | | · • | | | | | | |
| | | | Suite 560 | | | | | | | | |
| | | | Bellaire, TX 77401 | | | | | | | | |
| | DUDDOCE | | - | | | (1-) | <u> </u> | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the | | nedule) | (u) | Description | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | Salaries/Wages/Contract Lab | 001 | | | | | officeholder living | | |
| | | | | | | | Contract labo | or fo | or campaign | fundraiser and other | |
| | | | | | | | campaign as | sist | ance | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | (| Office sou | ght | | | Office h | eld | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|---|--------------|-----------------------------|-------------------|------------|-----|---------------------------|-------|---------------|-------|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | uipment & Related Expense | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | FILER NAME | | | | | 3 | Filer ID | | (Ethics Commission Filers) |
| | Sch: 9/12 Rpt: 47/85 | | | – Kyler (The Honor | able) | | | | | 0006256 | 60 | · · · · |
| 4 | Date | 5 | Payee name | 9 | | | | | | | | |
| | 12/12/2024 | | Rodriguez, | Jimmy (Mr.) | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State | ; Zip Co | de | | | | | |
| | \$500.00 | | 201 Carolii | ne Street | | | | | | | | |
| | | | 10th Floor | | | | | | | | | |
| | | | Houston, T | X 77002 | | | | | | | | |
| _ | 51155005 | | | | | | (1) | | | | | |
| 8 | PURPOSE OF | (a) | | See Categories listed at th | e top of this sch | nedule) | (b) | Description | outoi | do of Toyoo (| Compl | lete Schedule T. |
| | EXPENDITURE | | Event Expe | ense | | | | Check if Austin | | | • | |
| | | | | | | | | | | | | ay supplement and DJ |
| | | | | | | | | services for h | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Of | ficeholder name | (| Office sou | ght | | | Office | e hel | d |
| | Date | | Payee name | 9 | | | | | | | | |
| | 09/30/2024 | | Sharpstow | n Civic Associatio | on | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State | ; Zip Co | de | | | | | |
| | \$500.00 | | 6815 Redd | ling Rd | | | | | | | | |
| | | | | U | | | | | | | | |
| | | | Houston, T | X 77036 | | | | | | | | |
| | PURPOSE | (a) | Category (s | See Categories listed at th | e top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Advertising | l Expense | | | | | | | | lete Schedule T. |
| | | | | | | | | Check if Austin | | | | |
| | | | | | | | | community vo | | | in u | he Sharpstown |
| | | | | | | 2.4% | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Of | ficeholder name | (| Office sou | ght | | | Office | e nel | d |
| | • | - | | | | | | | | | | |
| | Date | | Payee name |) | | | | | | | | |
| | 07/31/2024 | | Stripe | | | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State | ; Zip Co | de | | | | | |
| | \$43.80 | | 510 Towns | end St | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Franci | sco, CA 94103 | | | | | | | | |
| | PURPOSE | (a) | Category (s | See Categories listed at th | e top of this sch | nedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Accounting | | · | ŗ | | | | | | lete Schedule T. |
| | EXPENDITORE | | | | | | | Check if Austin | | | | |
| | | | | | | | | Campaign co | ontri | ibution tra | ansa | action fees - July |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Of | ficeholder name | (| Office sou | ght | | | Office | e hel | d |
| | experiatione to benefit C/Of | • • | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|----------|--|---|---|--------|------------------|--------|---|--------------------|---------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E nmittee Legal Services The Instruction Gui | rhead/Rer bense pense ages/Con | se Travel Out of District s/Contract Labor OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 | | · · · | | | | 3 | Filer ID | (Ethics Commission | Eilore) |
| | Sch: 10/12 Rpt: 48/85 | 2 | Carter, O. Kyler (The Honora | ble) | | | | | 00062560 | (Ethics Commission | File(S) |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 08/31/2024 | | Stripe | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State | ; Zip Co | de | | | | | |
| | \$130.85 | | 510 Townsend St | | | | | | | | |
| | | | | | | | | | | | |
| | | | San Francisco, CA 94103 | | | | | | | | |
| 8 | PURPOSE | (2) | | | | (b) Da | | | | | |
| ° | OF | (a) | Category (See Categories listed at the | top of this sch | edule) | _ | Scription | nutsid | le of Texas. Comp | lete Schedule T | |
| | EXPENDITURE | | Accounting/Banking | | | H | | | officeholder living | | |
| | | | | | | Са | | | | action fees - Aug | ust |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | C | Office sou | ght | | | Office he | ld | |
| F | Date | | Payee name | | | | | | | | |
| | 09/30/2024 | | Stripe | | | | | | | | |
| | | | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State | ; Zip Co | de | | | | | |
| | \$1,864.50 | | 510 Townsend St | | | | | | | | |
| | | | San Francisco, CA 94103 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the Accounting/Banking | top of this sch | edule) | | Check if Austin, | TX, | le of Texas. Comp officeholder living bution transa | | tember |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | (| Office sou | ght | | | Office he | ld | |
| | Date | | Payee name | | | | | | | | |
| | 10/31/2024 | | Stripe | | | | | | | | |
| | | | - | State | Zip Co | do | | | | | |
| | Amount (\$) | | Payee address; City; | State, | , zip co | ue | | | | | |
| | \$307.20 | | 510 Townsend St | | | | | | | | |
| | | | San Francisco, CA 94103 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the Accounting/Banking | top of this sch | edule) | | Check if Austin, | TX, | de of Texas. Comp officeholder living bution transa | | ober |
| - | Complete ONLY if direct | <u>ر</u> | Candidate/Officeholder name | C | Office sou | nht | | | Office he | ld | |
| | expenditure to benefit C/OI | | | (| 5mcc 500 | | | | Unice ne | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|---|------------------------|------------------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin | Overhea Expens g Expen s/Wage | 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: 11/12 Rpt: 49/85 | | Carter, O. Kyler (The Honorable) | | | | 00062560 | |
| 4 | Date 11/30/2024 | 5 | Payee name Stripe | | | | | |
| 6 | Amount (\$) \$112.44 | 7 | Payee address; City; State; Zip 510 Townsend St San Francisco, CA 94103 | Code | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) | Check if Austin, | TX, | de of Texas. Complete Schedule T. officeholder living expense bution transaction fees - November | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office s | ought | | | Office held | |
| | Date | | Payee name | | | | | |
| | 12/31/2024 | | Stripe | | | | | |
| | Amount (\$) \$139.30 | | Payee address; City; State; Zip 510 Townsend St | Code | | | | |
| | | | San Francisco, CA 94103 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) | Check if Austin, | TX, | de of Texas. Complete Schedule T. officeholder living expense bution transaction fees - December | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office s | ought | | | Office held | |
| | Date | | Payee name | | | | | |
| | 12/12/2024 | | Taylor, Shanelle | | | | | |
| | Amount (\$) \$250.00 | | Payee address; City; State; Zip 201 Caroline 10th Floor Houston, TX 77002 | Code | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) | Check if Austin, | TX, | de of Texas. Complete Schedule T. officeholder living expense ense - holiday supplement | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name Office s | ought | | | Office held | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|---|---|------------------|---|----------------|---|----------------------------|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | g/Banking Fees Office Overhead/Rental Expense g Expense Food/Beverage Expense Polling Expense ions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense date/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor | | | ead/Rental Expense nse ense ges/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: 12/12 Rpt: 50/85 | | Carter, O. Kyler (The Honorable | e) | | | | 00062560 | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 12/12/2024 | | Thomas, Dee (Ms.) | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Z | ip Cod | е | | | |
| | \$500.00 | | 201 Caroline Street | | • | | | | |
| | | | 10th Floor | | | | | | |
| | | | Houston, TX 77002 | | | | | | |
| 8 | PURPOSE | (2) | | | | | | | |
| 0 | OF | (a) | Category (See Categories listed at the top Gift/Awards/Memorials Expense | | e) | b) Description | outsi | ide of Texas. Com | olete Schedule T. |
| | EXPENDITURE | | | | | | | , officeholder living | |
| | | | | | | Officeholder | exp | oense - holida | ay supplement |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Offic | ce soug | nt | | Office he | eld |
| | Date | | Payee name | | | | | | |
| | 12/12/2024 | | Torres, Melissa (Ms.) | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Z | ip Cod | е | | | |
| | \$750.00 | | 201 Caroline Street | | | | | | |
| | | | 10th Floor | | | | | | |
| | | | Houston, TX 77002 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this cohodul | -> (| b) Description | | | |
| | OF | | Gift/Awards/Memorials Expense | | (| | outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | | | , officeholder living | • |
| | | | | | | Officeholder | exp | pense - holida | ay supplement |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Officeholder name | Offic | ce soug | nt | | Office he | ld |
| | | | | | | | | | |
| | Date | | Payee name | | | | | | |
| | 12/12/2024 | | Wright, Gil | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Z | ip Cod | е | | | |
| | \$250.00 | | 201 Caroline Street | | | | | | |
| | | | 10th Floor | | | | | | |
| | | | Houston, TX 77002 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top | of this schedule | e) (| b) Description | | | |
| | OF EXPENDITURE | | Gift/Awards/Memorials Expense | | , | | | ide of Texas. Com | |
| | EXPENDITORE | | | | | | | , officeholder living | |
| | | | | | | Officeholder | exp | bense - holida | ay supplement |
| | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Offic | ce soug | nt | | Office he | ld |
| | | • | | | | | | | |
| | | | | | | | | | |

| | | | D | SCHEDULE | F4 | | | |
|--|--|-----------------------------|--|---|---|--|--|--|
| | | | | | | | | |
| | EXPE | NDITURE CATEGOR | IES FOR BOX 10(a) | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Offic Food/Beverage Expense Polli Food/Beverage Expense Polli Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala | | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Travel in District Travel Out of District | ransportation Equipment & Related Expense ravel in District | | | |
| | | ruction Guide explains h | low to complete this form. | | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission | on Filers) | | | |
| Sch: 1/33 Rpt: 51/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | | | |
| 4 CREDIT CARD | Name of finar | ncial institution | 5 TOTAL OF UNITEMIZ | | | | | |
| ISSUER | Ch | ase | EXPENDITURES CHARGED TO A CRE CARD | CHARGED TO A CREDIT | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid | | | | |
| | \$250.00 | 09/13/2024 | 09/26/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, | Zip Code | | | |
| | | | PO Box 310061 | | | | | |
| | Meyerland Area De | mocrats Club | | | | | | |
| | | | Houston, TX 77231 | Houston, TX 77231 | | | | |
| 8 PURPOSE OF (a) Category | | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | , | Contribution to organi | zation for GOTV efforts | | | | |
| X Political Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | | | | | |
| Non-Political (C) Check if travel outside of Texas. Complete Schedule T. | | | | n, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct | Office held | | | | | | | |
| expenditure to benefit C/OH | Candidate/Officeholder | iname o | ffice sought | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid | | | | |
| | \$500.00 | 08/21/2024 | 09/26/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, | Zip Code | | | |
| | | | 5300 Griggs Road | 5300 Griggs Road | | | | |
| | Houston Black Ame | erican | | | | | | |
| | | | Houston, TX 77021 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top Contributions/Donatio | | Contribution to organi | Contribution to organization for GOTV efforts | | | | |
| X Political | Candidate/Officeholde | | e | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austi | n, TX, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid | | | | |
| | \$5,000.00 | 09/06/2024 | 09/26/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, | Zip Code | | | |
| | | | 4619 Lyons Ave | | | | | |
| | Harris County Dem | ocratic Party | | | | | | |
| | | | Houston, TX 77020 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Sponsorship of annua | l JJR dinner | | | | |
| X Political | Advertising Expense | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austi | n, TX, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | • | ffice sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |

| | | | | SCHEDULE F4 | | | | |
|---|---|-------------------------------------|-------------------------------|--|--|--|--|--|
| | | | | | | | | |
| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | |
| Advertising Expense Accounting/Banking | Event Expe Fees | ense | | Solicitation/Fundraising Expense Fransportation Equipment & Related Expense | | | | |
| Consulting Expense Contributions/ Donations Made By | | rage Expense s/Memorials Expense | Polling Expense | Travel in District | | | | |
| Candidate/Officeholder/Politica | | | | OTHER (enter a category not listed above) | | | | |
| | The Instr | ruction Guide explains h | now to complete this form. | | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 2/33 Rpt: 52/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | | | |
| 4 CREDIT CARD | Name of finar | ncial institution | 5 TOTAL OF UNITEMIZED | , | | | | |
| ISSUER | see previous | | EXPENDITURES | \$ 2,643.89 | | | | |
| | 500 pi | 01005 | CHARGED TO A CREDI | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | _ | | | | |
| | ., | ., | 10/30/2024 | | | | | |
| | \$159.90 | 10/01/2024 | | | | | | |
| | | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | NGP Van Inc | | 655 15th St. NW, Suite 6 | 50 | | | | |
| | NGF Van, me | NGP Van, Inc | | | | | | |
| | | | Washington, DC 20005 | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top Fees | of this schedule) | VAN fees | | | | | |
| X Political | | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T | | | T. Check if Austin, T | K, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name O | office sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | | | |
| | \$500.00 | 10/01/2024 | 10/30/2024 | | | | | |
| | \$300.00 | 10/01/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 1 Greenway Plaza | | | | | |
| | Lillie Schechter Consulting | | Ste 740 | | | | | |
| | | | Houston, TX 77046 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Campaign consulting | | | | | |
| X Political | Consulting Expense | | | | | | | |
| | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | K, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | |
| | \$64.91 | 09/03/2024 | 09/26/2024 | | | | | |
| | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 11501 Domain Drive | | | | | |
| | Adobe | | | | | | | |
| | | | Austin, TX 78758 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | | Campaign software | | | | | |
| X Political | Office Overhead/Rent | ai Expense | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule | | K, officeholder living expense | | | | |
| | Candidate/Officeholder | • | ffice sought | Office held | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Onicendider | nume U | moe sought | | | | | |
| experiorate to beliefit C/OH | | | | | | | | |

| | SCHEDULE F4 | | | | | | | |
|--|---|-------------------------------|---|--|--|--|--|--|
| | | | | | | | | |
| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | |
| Advertising Expense | Event Expe | ense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense | | | | |
| Accounting/Banking Consulting Expense | Fees Food/Beve | rage Expense | Office Overhead/Rental Expense Polling Expense | Transportation Equipment & Related Expense Travel in District | | | | |
| Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Awards | /Memorials Expense | Printing Expense Salaries/Wages/Contract Labor | Travel Out of District | | | | |
| Candidate/Onicenoide//Politica | ů. | | | OTHER (enter a category not listed above) | | | | |
| 1 Total pages Schedule F4: | | ruction Guide explains r | how to complete this form. | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 3/33 Rpt: 53/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | | | |
| 4 CREDIT CARD | | Name of financial institution | | | | | | |
| ISSUER | | | 5 TOTAL OF UNITEMIZ EXPENDITURES | \$ 2,643.89 | | | | |
| | see previous | | CHARGED TO A CRE | DIT | | | | |
| | | | CARD | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid | | | | |
| | \$81.15 | 09/17/2024 | 10/30/2024 | | | | | |
| | Ψ01.1 5 | 03/1//2024 | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 11501 Domain Drive | - 3,,,,, | | | | |
| | Adobe | | | | | | | |
| | | | Austin, TX 78758 | | | | | |
| | (a) Catagony | | (b) Description | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | 、 <i>/</i> | | | | | |
| | Office Overhead/Rent | , | Campaign software | | | | | |
| X Political | | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | T. Check if Austir | n, TX, officeholder living expense | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name C | Office sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | ssuer Paid | | | | |
| | \$2,698.06 | 09/17/2024 | 10/30/2024 | | | | | |
| | \$2,000.00 | 00/11/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 3422 Allen Pkwy | | | | | |
| | Flora Mexican Kitch | ien | , , , , , , , , , , , , , , , , , , , | | | | | |
| | | | Houston, TX 77019 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Food and beverage fo | r campaign fundraiser | | | | |
| X Political | Food/Beverage Exper | nse | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | n, TX, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | Office sought | Office held | | | | |
| expenditure to benefit C/OH | | | i | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid | | | | |
| | \$84.05 | 09/20/2024 | 10/30/2024 | | | | | |
| | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 3773 Southwest Freev | way | | | | |
| | AT&T | | | - | | | | |
| | | | Houston, TX 77027 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | | Campaign Wi-fi hotspo | ot | | | | |
| X Political | Office Overhead/Rent | ai Expense | | | | | | |
| Non-Political | (c) Chack if travel outside | of Texas. Complete Schedule | | n, TX, officeholder living expense | | | | |
| | (c) Check if travel outside Candidate/Officeholder | | Diffice sought | Office held | | | | |
| Complete ONLY if direct | Canuluale/Onicenoluel | | Ance Sought | Onice neiu | | | | |
| expenditure to benefit C/OH | | | | | | | | |

| | SCHEDULE F4 | | | | |
|--|---|-------------------------------------|--|---|--|
| | | | | | |
| | | ENDITURE CATEGOR | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Award | rage Expense s/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| | 5 | | ow to complete this form. | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | - | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 4/33 Rpt: 54/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | |
| 4 CREDIT CARD | | ncial institution | 5 TOTAL OF UNITEMIZE | | |
| ISSUER | | revious | EXPENDITURES CHARGED TO A CRED CARD | \$ 2,643.89 | |
| 6 PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 09/30/2024 | (c) Date(s) Credit Card Iss 10/30/2024 | uer Paid | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | |
| | | | PO Box 925631 | | |
| | Women In November PAC | | | | |
| | | | Houston, TX 77292 | | |
| 8 PURPOSE OF (a) Category (b) | | | (b) Description | | |
| EXPENDITURE (See Categories listed at the top of this schedule) | | | Contribution to organiza | ation for GOTV efforts | |
| X Political Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | | |
| Non-Political | (C) Check if travel outside | | TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name O | ffice sought | Office held | |
| expenditure to benefit C/OH | | | | | |
| PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 09/27/2024 | (c) Date(s) Credit Card Iss 10/30/2024 | uer Paid | |
| PAYEE | (a) Payee name | 1 | (b) Payee address; | City, State, Zip Code | |
| | | - 4 - | PO Box 2053 | | |
| | Southwest Democra | als | Houston TV 77402 | | |
| PURPOSE OF | (a) Category | | Houston, TX 77402 (b) Description | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Membership fee | | |
| X Political | Fees | | | | |
| Non-Political | | of Texas. Complete Schedule | - D a irrit | | |
| Complete <u>ONLY</u> if direct | (c) Check if travel outside Candidate/Officeholder | • | ffice sought | TX, officeholder living expense Office held | |
| expenditure to benefit C/OH | Canadato, Chiconoladi | indine of | nice cought | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Iss | uer Paid | |
| | \$617.14 | 10/01/2024 | 10/30/2024 | | |
| | Φ U 17.14 | 10/01/2024 | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | |
| | | | 1900 University Ave | | |
| | AT&T Hotel | | , | | |
| | | | Austin, TX 78705 | | |
| PURPOSE OF | (a) Category | | (b) Description | | |
| EXPENDITURE | (See Categories listed at the top Travel Out of District | of this schedule) | Lodging for professiona | l certification exam | |
| X Political | | | | | |
| 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 | name O | ffice sought | Office held | |
| expenditure to benefit C/OH | | | | | |

| | | | U | SCHEDULE F4 | | | | | |
|--|---|-------------------------------------|--|---|--|--|--|--|--|
| | | | | | | | | | |
| | EXPE | NDITURE CATEGOR | IES FOR BOX 10(a) | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - Gift/Award | rage Expense s/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| | 5 | | now to complete this form. | | | | | | |
| 1 Total pages Schedule F4: | · · · · · · · · · · · · · · · · · · · | • | • | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Sch: 5/33 Rpt: 55/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | | | | |
| | | | 5 TOTAL OF UNITEMIZ | | | | | | |
| 4 CREDIT CARD ISSUER | | revious | EXPENDITURES CHARGED TO A CRE CARD | \$ 2,643.89 | | | | | |
| 6 PAYMENT | (a) Amount Charged \$205.66 | (b) Date of Charge 10/15/2024 | (c) Date(s) Credit Card Is 11/18/2024 | suer Paid | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | |
| | | | 3836 Richmond Ave | | | | | | |
| | Costco | | | | | | | | |
| | | | Houston, TX 77027 | Houston, TX 77027 | | | | | |
| 8 PURPOSE OF (a) Category | | | (b) Description | | | | | | |
| EXPENDITURE | (See Categories listed at the top | | Officeholder expense - snacks for jurors | | | | | | |
| X Political | Food/Beverage Expe | 150 | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T | | | T. Check if Austi | n, TX, officeholder living expense | | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name O | ffice sought | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$205.66 | (b) Date of Charge 10/11/2024 | (c) Date(s) Credit Card Is 10/30/2024 | suer Paid | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | |
| | | | 801 Congress | | | | | | |
| | Barnaby's Cafe | | | | | | | | |
| | | | Houston, TX 77002 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Description | | | | | | |
| | Food/Beverage Expe | | Officeholder expense | - lunch with staff | | | | | |
| X Political | | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | n, TX, officeholder living expense | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is 11/18/2024 | suer Paid | | | | | |
| | \$10.00 | 10/27/2024 | 11/10/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | |
| | | | PO Box 2053 | | | | | | |
| | Southwest Democra | ats | | | | | | | |
| | | | Houston, TX 77402 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Membership fee | | | | | | |
| X Political | Fees | | | | | | | | |
| | | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | n, TX, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name O | ffice sought | Office held | | | | | |

| | | | | | SCHE | EDULE | F4 |
|---|--|-------------------------------------|---|--------------------------|--|-----------------------------|------------|
| | | | | | | | |
| | EXPE | ENDITURE CATEGOR | RIES FOR BOX 10(a) | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Contributions/ Donations Made By | r - Gift/Award | rage Expense s/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense | Trans Trave Trave | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District | | |
| Candidate/Officeholder/Politica | 5 | | Salaries/Wages/Contract Labor | OTHE | ER (enter a category no | it listed abov | ve) |
| | · · · · · · · · · · · · · · · · · · · | ruction Guide explains r | now to complete this form. | | | | |
| 1 Total pages Schedule F4: | | | | | Filer ID (Ethics C | Commissio | on Filers) |
| Sch: 6/33 Rpt: 56/85 | Carter, O. Kyler (Th | Carter, O. Kyler (The Honorable) | | | 0062560 | | |
| 4 CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEM EXPENDITURES | | | | |
| ISSUER | see pi | see previous | | REDIT | , 2 | 2,643.89 | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card | d Issuer P | aid | | |
| | \$84.05 | 10/15/2024 | 11/18/2024 | | | | |
| | φ04.00 | 10/10/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | | City, S | State, | Zip Code |
| | | | 3773 Southwest Fre | eewav | | | • |
| | AT&T | | | STTS Southwest Freeway | | | |
| | | Houston, TX 77027 | Houston, TX 77027 | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | Campaign Wi-fi hotspot | | | | | |
| X Political | Office Overhead/Rent | tal Expense | | • | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | T Check if Au | ustin TX offi | iceholder living expense | <u>م</u> | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | • | Iffice sought | | Office held | 6 | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card | d Issuer P | aid | | |
| | \$500.00 10/27/2024 | | 11/18/2024 | | | | |
| | \$300.00 | 10/21/2024 | | | | | |
| PAYEE | (a) Payee name | (b) Payee address; | | City, S | State, | Zip Code | |
| | | | 3800 Spencer | | | | |
| | Area 5 Democrats | Suite L | | | | | |
| | | | Pasadena, TX 7750 |)4 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Contributions/Donatio | Contribution to orga | Contribution to organization for GOTV efforts | | | | |
| X Political | Candidate/Officeholde | | e | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Au | Check if Austin, TX, off | | officeholder living expense | |
| Complete ONLY if direct | Candidate/Officeholder | name C | office sought | (| Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card | d Issuer P | aid | | |
| | \$599.92 | 12/12/2024 | 12/23/2024 | | | | |
| | | | | | | | |
| PAYEE | (a) Payee name | I | (b) Payee address; | | City, S | State, | Zip Code |
| | | | 500 Dallas St | | | | |
| | Guard and Grace | | | | | | |
| | | | Houston, TX 77002 | | | | |
| PURPOSE OF | (a) Category | of this color -1-1-1 | (b) Description | | | | |
| | (See Categories listed at the top Food/Beverage Expe | | Officeholder expens | se - holid | lay lunch with si | taff | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Au | ustin, TX, offi | iceholder living expense | е | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name C | ffice sought | (| Office held | | |
| expenditure to benefit C/OH | | | | | | | |

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By | Event Exp Fees Food/Beve | erage Expense Po | S FOR BOX 10(a) Dan Repayment/Reimbursement ffice Overhead/Rental Expense Diling Expense Diling Expense Travel Out of District Travel Out of District | | | | Expense |
|---|---|---|----------------------------------|---|---|--------------------------|-----------------|-------------|
| | Candidate/Officeholder/Politica | l Committee Legal Serv | vices Sa | alaries/Wages/Co | ntract Labor O | THER (enter a category | / not listed at | oove) |
| | | | ruction Guide explains hov | v to complete | this form. | I | | |
| 1 | Total pages Schedule F4: | | | | | 3 Filer ID (Ethic | s Commiss | ion Filers) |
| | Sch: 7/33 Rpt: 57/85 | Carter, O. Kyler (Th | ne Honorable) | | | 00062560 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | EXPEN | OF UNITEMIZED DITURES GED TO A CREDIT | \$ | 2,643.8 | 9 |
| 6 | PAYMENT | (a) Amount Charged \$420.90 | (b) Date of Charge 12/01/2024 | (c) Date(s) 12/23/20 | Credit Card Issue 24 | r Paid | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Oreo.com | | 61 Clark | Rd | | | |
| | | | | Battle Cr | eek, MI 49037 | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Descrip | otion | | | |
| | EXPENDITURE | (See Categories listed at the top Gift/Awards/Memorial | , | Gifts for o | campaign suppor | ters | | |
| | | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | |
| 6 | xpenditure to benefit C/OH PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Data(c) | Credit Card Issue | Paid | | |
| | PATMENI | (a) Amount Charged \$159.90 | 11/01/2024 | 11/18/20 | | Falu | | |
| | PAYEE | (a) Payee name NGP Van, Inc | | | address; St. NW, Suite 65 ton, DC 20005 | City, 50 | State, | Zip Code |
| | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top Fees | of this schedule) | VAN fees | 5 | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | • | Check if Austin, TX, | officeholder living expe | ense | |
| е | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Offic | e sought | | Office held | | |
| ⊢ | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$500.00 | 11/05/2024 | 12/04/20 | | | | |
| | PAYEE | (a) Payee name Lillie Schechter Col | nsulting | Ste 740 Houston, | vay Plaza TX 77046 | City, | State, | Zip Code |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Consulting Expense | of this schedule) | (b) Descriț Campaig | otion n consulting | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | r name Offic | ce sought | | Office held | | |

| | | | | SCHEDULE F4 | | | |
|--|---|-----------------------------|---|---|--|--|--|
| | | | | | | | |
| | EXPE | ENDITURE CATEGOR | • • | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Offin Food/Beverage Expense Poll y - Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala | | Office Overhead/Rental Expense Polling Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| | The Inst | ruction Guide explains h | now to complete this form. | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 8/33 Rpt: 58/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | | |
| 4 CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEMIZED |) | | | |
| ISSUER | see pi | revious | EXPENDITURES CHARGED TO A CREDI CARD | T 2,643.89 | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | | |
| | \$500.00 | 11/18/2024 | 12/23/2024 | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| | | | P O Box 22678 | | | | |
| | ROADWomen | | | | | | |
| | | | Houston, TX 77277 | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | | Contribution to organizat | Contribution to organization for GOTV efforts | | | |
| X Political Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | | | | |
| | | | | X, officeholder living expense | | | |
| 9 Complete <u>ONLY</u> if direct | (c) Check if travel outside Candidate/Officeholder | | ffice sought | Office held | | | |
| expenditure to benefit C/OH | Candidate/Oniceriolaer | iname o | mee sought | | | | |
| | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | | |
| | \$84.05 | 11/20/2024 | 12/23/2024 | | | | |
| PAYEE | (a) Payee name | 1 | (b) Payee address; | City, State, Zip Code | | | |
| | | | 3773 Southwest Freewa | у | | | |
| | AT&T | | | - | | | |
| | | | Houston, TX 77027 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | , | Campaign Wi-fi hotspot | | | | |
| X Political | Office Overhead/Rent | tal Expense | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | | X, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | • | iffice sought | Office held | | | |
| expenditure to benefit C/OH | | | into cought | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | | |
| | () | | 12/23/2024 | | | | |
| | \$418.60 | 12/08/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| = | (a) r ayee name | | 2600 Fernbrook Ln. N | | | | |
| | Merchology | | Ste. 130 | | | | |
| | - | | Minneapolis, MN 55447 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (a) Categories (See Categories listed at the top | of this schedule) | Campaign jackets and s | weatshirts | | | |
| _ | Advertising Expense | | Campaign jackets and S | | | | |
| X Political | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | X, officeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |

| | SCHEDULE F4 | | | | | | | |
|--|--|-------------------------------------|--|--|---|--|--|--|
| | | | | | | | | |
| | EXPE | NDITURE CATEGOR | IES FOR BOX 10(a) | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Award | rage Expense s/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Trar Trav Trav | citation/Fundraising Expense isportation Equipment & Related Expense rel in District rel Out of District ER (enter a category not listed above) | | | |
| | 5 | | low to complete this form. | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 1 Total pages Schedule F4: | | | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 9/33 Rpt: 59/85 | Carter, O. Kyler (Th | e Honorable) | | | 00062560 | | | |
| 4 CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEN | MIZED | • 0.640.00 | | | |
| ISSUER | see previous | | EXPENDITURES CHARGED TO A C CARD | CHARGED TO A CREDIT | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card | d Issuer I | Paid | | | |
| | \$410.22 | 12/11/2024 | 12/23/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | | City, State, Zip Code | | | |
| | | | 3836 Richmond Ave | е | | | | |
| | Costco | | | | | | | |
| | | | Houston, TX 77027 | | | | | |
| 8 PURPOSE OF (a) Category | | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | | | Officeholder expense - courthouse holiday luncheon drinks, | | | | |
| Food/Beverage Expense | | | snacks and supplies | S | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | | ustin TX of | fficeholder living expense | | | |
| | | | ffice sought | | Office held | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | oundiduce, onicentituer | iname o | nee sought | | | | | |
| | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Carc | discuari | Paid | | | |
| | | ., . | 12/04/2024 | 1350611 | r alu | | | |
| | \$2,587.75 | 10/29/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | | City, State, Zip Code | | | |
| | | 4619 Lyons Ave | | | | | | |
| | Harris County Democratic Party | | | | | | | |
| | | | Houston, TX 77020 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | | Contribution to HCDP for GOTV efforts | | | | |
| X Political | Contributions/Donatio | | | | | | | |
| | Candidate/Officeholde | | · | | | | | |
| Non-Political | | of Texas. Complete Schedule | | ustin, TX, o | fficeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Carc | d Issuer I | Paid | | | |
| | \$776.50 | 11/05/2024 | 12/04/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | | City, State, Zip Code | | | |
| | | | 4619 Lyons Ave | | | | | |
| | Harris County Dem | ocialic Party | | | | | | |
| | | | Houston, TX 77020 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top Contributions/Donatio | | Contribution to HCE | OP for G | GOTV efforts | | | |
| X Political | Candidate/Officeholde | | e | | | | | |
| Non-Political | | of Texas. Complete Schedule | | ustin, TX. o | fficeholder living expense | | | |
| Complete ONLY if direct | Candidate/Officeholder | • | ffice sought | | Office held | | | |
| expenditure to benefit C/OH | | C | | | | | | |

| | | | D | SCHEDULE F4 | | |
|--|--|----------------------------------|--|---|--|--|
| | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expense Loar Fees Offic Food/Beverage Expense Polin - Gift/Awards/Memorials Expense Print | | Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| | i | | | | | |
| 1 Total pages Schedule F4: | | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 10/33 Rpt: 60/85 | Carter, O. Kyler (Th | 2 | | 00062560 | | |
| 4 CREDIT CARD ISSUER | | ncial institution evious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD | \$ 2,643.89 | | |
| 6 PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 11/27/2024 | (c) Date(s) Credit Card Issu 12/23/2024 | ier Paid | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | | | PO Box 2053 | | | |
| | Southwest Democra | ats | | | | |
| | | | Houston, TX 77402 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Fees | of this schedule) | Membership fee | | | |
| X Political | | | | | | |
| Non-Political | (C) Check if travel outside of | T. Check if Austin, T | X, officeholder living expense | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged \$159.90 | (b) Date of Charge 12/01/2024 | (c) Date(s) Credit Card Issu 12/23/2024 | ier Paid | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | NGP Van, Inc | | 655 15th St. NW, Suite 6 | 655 15th St. NW, Suite 650 | | |
| | | | Washington, DC 20005 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Fees | of this schedule) | VAN fees | | | |
| X Political | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule | T. Check if Austin, T | X, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | ier Paid | | |
| | \$1,040.20 | 12/05/2024 | 12/23/2024 | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | | S 111 | 510 Shepherd Dr | | | |
| | Federal American G | Fill | | | | |
| | | | Houston, TX 77007 | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top | of this schodule) | (b) Description | | | |
| | Food/Beverage Exper | | | Holiday dinner with 2008 retiring | | |
| X Political | | | judges | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule | T. Check if Austin, T | X, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name O | ffice sought | Office held | | |
| | 1 | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | |
|---|---|---|---------------------------------------|--|--------------------------|--|-----------------|--------------|
| | Advertising Expense Accounting/Banking | Event Expe Fees | | oan Repayment/Reii office Overhead/Rent | | blicitation/Fundraising E ansportation Equipmer | | Exnense |
| | Consulting Expense Contributions/ Donations Made By | Food/Beve | erage Expense P | olling Expense rinting Expense | Tra | avel in District avel Out of District | it a riolatou i | Experies |
| | Candidate/Officeholder/Politica | al Committee Legal Serv | | alaries/Wages/Conti | | THER (enter a category | / not listed al | oove) |
| | | The Instruction Guide explains how to complete this form. | | | | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| | Sch: 11/33 Rpt: 61/85 | Carter, O. Kyler (Th | ne Honorable) | | | 00062560 | | |
| 4 | CREDIT CARD | Name of fina | ncial institution | | F UNITEMIZED | | | |
| | ISSUER | see p | revious | EXPEND CHARGE CARD | ITURES ED TO A CREDIT | \$ | 2,643.8 | 39 |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | I r Paid | | |
| ľ | | | 12/11/2024 | 12/23/202 | | | | |
| | | \$248.95 | 12/11/2024 | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee a | ddress. | City, | State, | Zip Code |
| | | (u) r uyee name | | 3834 Rich | | Only, | Olule, | |
| | | WB Liquors | | 5054 11101 | | | | |
| | | Houston, 7 | TX 77027 | | | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Descripti | | | | |
| Ĩ | EXPENDITURE | (See Categories listed at the top | , | . , | er expense - bir | thday gift for of | fice staff | member |
| | X Political | Gift/Awards/Memorial | ls Expense | | · | , , | | |
| | Non-Political | | of Taura Consulta Cabadula T | | | - ff h - h l'a da | | |
| 9 | | | | | officeholder living exp | ense | | |
| | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | |
| Ĕ | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | r Paid | | |
| | | 09/26/202 | | i i ulu | | | | |
| | | \$500.00 | 08/18/2024 | | | | | |
| _ | PAYEE | (a) Payee name | | (b) Payee a | ddress. | City, | State, | Zip Code |
| | | (u) r uyee name | | PO Box 20 | | Only, | Olule, | |
| | | Southwest Democr | ats | | | | | |
| | | | | Houston, 1 | TX 77402 | | | |
| ⊢ | PURPOSE OF | (a) Category | | (b) Descripti | | | | |
| | EXPENDITURE | (See Categories listed at the top | , | Contributio | on to organizatio | on for 20th Ann | iversary | GOTV |
| | X Political | Contributions/Donatio | ons Made By er/Political Committee | fundraiser | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX. | officeholder living exp | ense | |
| | Complete <u>ONLY</u> if direct | Candidate/Officeholder | | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | Ū | | | | |
| F | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issuer | r Paid | | |
| | | \$2,910.00 | 07/02/2024 | 07/18/202 | 4 | | | |
| | | \$2,010.00 | 01102/2024 | | | | | |
| ⊢ | PAYEE | (a) Payee name | | (b) Payee a | ddress; | City, | State, | Zip Code |
| | | | | P.O. Box 2 | | | | |
| | | Houston Livestock | Show | | | | | |
| | | | | Houston, 1 | TX 77225-0070 | | | |
| | PURPOSE OF | (a) Category | | (b) Descript | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | Rodeo/cor | ncert tickets for | campaign supp | orters ar | nd |
| | X Political | Event Expense | | volunteers | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | Г | Check if Austin, TX. | officeholder living exp | ense | |
| ⊢ | Complete <u>ONLY</u> if direct | Candidate/Officeholder | | ce sought | | Office held | | |
| е | expenditure to benefit C/OH | | | - | | | | |
| | | l | | | | | | |

| | | | | SCHEDULE F4 | | | | |
|--|---|-----------------------------------|--|--|--|--|--|--|
| | | | | | | | | |
| A dura dia ina Transmon | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | |
| Advertising Expense Accounting/Banking | Fees Offi | | Loan Repayment/Reimbursement Office Overhead/Rental Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense | | | | |
| Consulting Expense Contributions/ Donations Made By | / - Gift/Awards | age Expense /Memorials Expense | Polling Expense Printing Expense | Travel in District Travel Out of District | | | | |
| Candidate/Officeholder/Politica | 5 | | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) | | | | |
| | · | uction Guide explains r | now to complete this form. | | | | | |
| 1 5 | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 12/33 Rpt: 62/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | | | |
| 4 CREDIT CARD | Name of finan | icial institution | 5 TOTAL OF UNITEMIZI EXPENDITURES | ED \$ 2,643.89 | | | | |
| ISSUER | see pr | evious | CHARGED TO A CRE | + , | | | | |
| | | | CARD | | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid | | | | |
| | \$74.02 | 07/14/2024 | 07/18/2024 | | | | | |
| | | | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 3773 Southwest Freev | vay | | | | |
| | AT&T | | | | | | | |
| | | | Houston, TX 77027 | | | | | |
| 8 PURPOSE OF (a) Category | | | (b) Description | | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Campaign Wi-fi hotspo | ot | | | | | |
| X Political | | arexpense | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | T. Check if Austin | , TX, officeholder living expense | | | | |
| | | | ffice sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid | | | | |
| | \$350.00 | 07/14/2024 | 07/18/2024 | | | | | |
| | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | P.O. Box 20070 | | | | | |
| | Houston Livestock S | Show and | | | | | | |
| | | | Houston, TX 77225-00 | 070 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top of Fees | of this schedule) | Membership fees | | | | | |
| X Political | | | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule | T. Check if Austin | , TX, officeholder living expense | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid | | | | |
| | \$139.00 | 07/01/2024 | 07/18/2024 | | | | | |
| | | | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 5200 Gulfton Drive | | | | | |
| | Public Storage | | | | | | | |
| | | | Houston, TX 77081 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top of Office Overhead/Rent | | Campaign storage ren | tal | | | | |
| X Political | | | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule | T. Check if Austin | , TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name O | ffice sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | | |
|--|---|--------------------------------------|--|------------------------------|---|--------------|--------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | - Gift/Awards | erage Expense s/Memorials Expense | Loan Repayment/Rein Office Overhead/Renta Polling Expense Printing Expense Salaries/Wages/Contra | al Expense Tra Tra Tra | blicitation/Fundraising B ansportation Equipmer avel in District avel Out of District THER (enter a categor | nt & Related | · | |
| | The Inst | ruction Guide explains I | how to complete th | is form. | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) | |
| Sch: 13/33 Rpt: 63/85 | Carter, O. Kyler (Th | ne Honorable) | | | 00062560 | | | |
| 4 CREDIT CARD | Name of finar | ncial institution | | FUNITEMIZED | | | | |
| ISSUER | see pi | revious | EXPEND CHARGE CARD | ITURES D TO A CREDIT | \$ | 2,643.8 | 39 | |
| 6 PAYMENT | (a) Amount Charged \$500.00 | (b) Date of Charge 07/01/2024 | (c) Date(s) C 07/18/2024 | Credit Card Issuer 4 | r Paid | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee ad | ddress; | City, | State, | Zip Code | |
| | Lillia Cabaabtar Ca | | 1 Greenwa | iy Plaza | | | | |
| | Lillie Schechter Consulting | | Ste 740 | | | | | |
| | | | Houston, T | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (b) Description (See Categories listed at the top of this schedule) | | | | | | | |
| | Consulting Expense Categories listed at the top of this schedule) Campaign consulting | | | | | | | |
| X Political | | | | _ | | | | |
| Non-Political | | | | Check if Austin, TX, | officeholder living exp | ense | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) (| Credit Card Issue | r Paid | | | |
| | \$10.00 | 07/14/2024 | 07/18/2024 | | | | | |
| | \$10.00 | 01114/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ad | dress; | City, | State, | Zip Code | |
| | | | PO Box 20 | 53 | | | | |
| | Southwest Democra | ats | | | | | | |
| | | | Houston, T | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | | | | | |
| | Fees | | Membersh | Membership fee | | | | |
| X Political | | | | _ | | | | |
| Non-Political | (c) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule | e ⊤. Dffice sought | Check if Austin, TX, | officeholder living exp Office held | ense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Onicendider | name C | Since Sought | | Onice neiu | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) C | Credit Card Issue | r Paid | | | |
| | \$64.91 | 07/03/2024 | 07/18/2024 | | | | | |
| | Ψ04.31 | 01103/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee ad | ldress; | City, | State, | Zip Code | |
| | | | 11501 Don | nain Drive | | | | |
| | Adobe | | | | | | | |
| | | | Austin, TX | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descripti | | | | | |
| | Office Overhead/Rent | | Campaign | software | | | | |
| X Political | | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name C | Office sought | | Office held | | | |

| | | | ENDITURE CATEGOR | ., | | | | |
|---|---|---|---------------------------------------|---|--|--|------------------|--------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By | /- Gift/Awar | erage Expense ds/Memorials Expense | Loan Repayment/Reimburser Office Overhead/Rental Expe Polling Expense Printing Expense | nse Tra Tra Tra | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District | | |
| | Candidate/Officeholder/Politica | C C | | Salaries/Wages/Contract Lab | | HER (enter a catego | ry not listed al | bove) |
| 1 | Total pages Schedule F4: | i | | • | | 3 Filer ID (Ethi | ics Commiss | sion Filers) |
| | Sch: 14/33 Rpt: 64/85 | Carter, O. Kyler (T | he Honorable) | | | 00062560 | | |
| 4 | CREDIT CARD | Name of fina | ancial institution | 5 TOTAL OF UN | | | 0.040.0 | 20 |
| | ISSUER | see p | previous | EXPENDITURI CHARGED TO CARD | | \$ | 2,643.8 | 39 |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit | Card Issuer | Paid | | |
| | | \$319.80 | 07/02/2024 | 07/18/2024 | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee address | s; | City, | State, | Zip Code |
| | | NGP Van, Inc | | 655 15th St. NV | V, Suite 65 | 0 | | |
| | | | | Washington, DO | 20005 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | o of this schedule) | (b) Description VAN fees | (b) Description | | | |
| | X Political | Fees | | VANTEES | | | | |
| | Non-Political | | | | officeholder living exp | pense | | |
| | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | |
| e | xpenditure to benefit C/OH | | | | 0 | D : 1 | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit 09/03/2024 | Card Issuer | Paid | | |
| | | \$1,500.00 | 07/17/2024 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee address | 5; | City, | State, | Zip Code |
| | | Houston Mariachi | Festival | 8427 Bonner Di | | | | |
| | | nousion manaoni | | Lioueten TV 77 | 017 | | | |
| - | PURPOSE OF | (a) Category | | Houston, TX 77 (b) Description | 017 | | | |
| | EXPENDITURE | (See Categories listed at the top | o of this schedule) | () | Campaign sponsorship of annual mariachi festival | | | |
| | X Political | Advertising Expense | | | | | | |
| | Non-Political | (C) Check if travel outside | e of Texas. Complete Schedule | T. Chec | k if Austin, TX, | officeholder living exp | oense | |
| | Complete ONLY if direct | Candidate/Officeholde | r name C | Office sought | | Office held | | |
| e | xpenditure to benefit C/OH | | (h) Data of Charge | (a) Data(a) Cradit | Candlaguar | Daid | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit 09/03/2024 | Card Issuer | Paid | | |
| | | \$717.97 | 07/30/2024 | | | | | |
| | PAYEE | (a) Payee name | 1 | (b) Payee address | s; | City, | State, | Zip Code |
| | | Southwest Airlines | | 2702 Love Field | l Drive | | | |
| | | Southwest Annues | | | | | | |
| | PURPOSE OF | (a) Category | | (b) Description | 53 | | | |
| | EXPENDITURE | (a) Category (See Categories listed at the top | o of this schedule) | Officeholder exp | oense - Air | fare for annua | l iudaes a | conference |
| | X Political | Travel Out of District | | | | | | |
| | Non-Political | (C) Check if travel outside | e of Texas. Complete Schedule | T. Cher | k if Austin. TX | officeholder living exp | oense | |
| ⊢ | Complete <u>ONLY</u> if direct | Candidate/Officeholde | | Office sought | | Office held | | |
| е | xpenditure to benefit C/OH | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | |
|---|---|--|--------------------------------------|---|---------------------------|---|--------------|--------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - Gift/Awards | erage Expense s/Memorials Expense | Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co | ental Expense T T T | olicitation/Fundraising I ransportation Equipmer ravel in District ravel Out of District DTHER (enter a categor | nt & Related | |
| | | The Inst | ruction Guide explains l | how to complete | this form. | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| | Sch: 15/33 Rpt: 65/85 | Carter, O. Kyler (Th | ne Honorable) | | | 00062560 | | |
| 4 | CREDIT CARD | Name of final | ncial institution | | OF UNITEMIZED | \$ | 2,643.8 | 20 |
| | ISSUER | see pi | revious | | GED TO A CREDIT | 1 ' | 2,043.0 | 55 |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | ., . |) Credit Card Issue | er Paid | | |
| | | \$500.00 | 09/05/2024 | 09/26/20 |)24 | | | |
| 7 | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code |
| | | Lillie Schechter Consulting | | 1 Green | 1 Greenway Plaza | | | |
| | | Line Schechter Consulting | | Ste 740 | | | | |
| | | | | | , TX 77046 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (b) Description (See Categories listed at the top of this schedule) Campaign consulting | | | | | | |
| | _ | Consulting Expense | | Campai | gri consulting | | | |
| | X Political | | | | | | | |
| _ | | | of Texas. Complete Schedule | e T. Office sought | Check if Austin, TX | , officeholder living exp Office held | ense | |
| | 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | |
| _ | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s |) Credit Card Issue | er Paid | | |
| | | \$500.00 | 08/01/2024 | 09/03/20 | · | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | Lillia Cabaabtar Ca | noulting | 1 Green | way Plaza | | | |
| | | Lillie Schechter Cor | nsulung | Ste 740 | | | | |
| | | | | | , TX 77046 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descri | ption gn consulting | | | |
| | X Political | Consulting Expense | | Campai | gri consulting | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | e T. | Check if Austin, TX | , officeholder living exp | ense | |
| ρ | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | r name C | Office sought | | Office held | | |
| Ĕ | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s |) Credit Card Issue | er Paid | | |
| | | \$64.91 | 08/06/2024 | 09/03/20 | | | | |
| | | ψ04.91 | 00/00/2024 | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | | | 11501 D | omain Drive | | | |
| | | Adobe | | | | | | |
| | | | | | TX 78758 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descri | • | | | |
| | | Office Overhead/Rent | | Campaig | gn software | | | |
| | X Political | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule | | Check if Austin, TX | , officeholder living exp | ense | |
| е | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | rname C | Office sought | | Office held | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B | Event Exp Fees Food/Beve | erage Expense Is/Memorials Expense | Loan Repayment/Reimbursement S Office Overhead/Rental Expense Polling Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District | |
|--|--|---------------------------------------|---|--|--|
| Candidate/Officeholder/Politic | 5 | vices ruction Guide explains ho | - | OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F4: | | • | | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 16/33 Rpt: 66/85 | Carter, O. Kyler (Tl | ne Honorable) | | 00062560 | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD | \$ 2,643.89 | |
| 6 PAYMENT | (a) Amount Charged \$312.47 | (b) Date of Charge 08/12/2024 | (c) Date(s) Credit Card Issu 09/03/2024 | er Paid | |
| 7 PAYEE | (a) Payee name Costco | | (b) Payee address; 3836 Richmond Ave Houston, TX 77027 | City, State, Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Food/Beverage Expe | , | (b) Description Officeholder expense - s | nacks for jurors | |
| Non-Political | | | | X, officeholder living expense | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | Office held | |
| expenditure to benefit C/OH PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | or Paid | |
| PATMENT | \$550.00 | 08/06/2024 | 09/03/2024 | el Fau | |
| ΡΑΥΕΕ | (a) Payee name Vaskey Media Gro | nb | (b) Payee address; 7322 Southwest Freewa | City, State, Zip Code y, Suite 800 | |
| | | | Houston, TX 77074 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description Email blast for annual ba | ack to school event | |
| Non-Political | | of Texas. Complete Schedule T | | X, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholde | r name Off | ice sought | Office held | |
| PAYMENT | (a) Amount Charged \$1,100.00 | (b) Date of Charge 07/17/2024 | (c) Date(s) Credit Card Issu 09/03/2024 | er Paid | |
| PAYEE | (a) Payee name Texas Democratic | Women Harris | (b) Payee address; 1445 North Loop West Suite 110 Houston, TX 77008 | City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Advertising Expense | of this schedule) | (b) Description Sponsorship of annual W ceremony and program a | Vomen Making History award advertisement | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T | | X, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholde | r name Off | ïce sought | Office held | |

| | | | U | SCHEDULE F4 | | |
|--|--------------------------------------|-----------------------------------|------------------------------|--|--|--|
| | | | | | | |
| | | NDITURE CATEGOR | | | | |
| Advertising Expense Accounting/Banking | Event Expense Loa Fees Offic | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense | | |
| Consulting Expense Contributions/ Donations Made By | | age Expense /Memorials Expense | | Travel in District Travel Out of District | | |
| Candidate/Officeholder/Politica | | | | OTHER (enter a category not listed above) | | |
| | The Instr | uction Guide explains h | now to complete this form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 17/33 Rpt: 67/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | |
| 4 CREDIT CARD | Name of finar | icial institution | 5 TOTAL OF UNITEMIZED |) | | |
| ISSUER | see nr | evious | EXPENDITURES | \$ 2,643.89 | | |
| | | omodo | CHARGED TO A CREDI CARD | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | _ er Paid | | |
| | () | () | 09/26/2024 | | | |
| | \$319.80 | 08/22/2024 | | | | |
| | | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| NCR Van Inc | | 655 15th St. NW, Suite 6 | 550 | | | |
| NGP Van, Inc | | | | | | |
| | | | Washington, DC 20005 | | | |
| 8 PURPOSE OF (a) Category | | (b) Description | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) Fees | | VAN fees | | | | |
| X Political | 1003 | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | T. Check if Austin, T | X, officeholder living expense | | |
| | | | ffice sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | |
| | \$355.00 | 08/24/2024 | 09/26/2024 | | | |
| | \$555.00 | 00/24/2024 | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | | | 505 E Huntland Drive | | | |
| | Texas Board of Leg | al | #400 | | | |
| | | | Austin, TX 78752 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top of | of this schedule) | Membership fees | | | |
| X Political | Fees | | | | | |
| | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | X, officeholder living expense | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | |
| | \$2,773.77 | 07/09/2024 | 07/18/2024 | | | |
| | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | |
| | | | 300 S Doheny Dr | | | |
| | Four Seasons Hote | | | | | |
| | | | Los Angeles, CA 90048 | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | | odging for annual judges | | |
| X Political | Travel Out of District | | conference | | | |
| Non-Political | (C) Check if travel outside o | of Texas. Complete Schedule | | X, officeholder living expense | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | | ffice sought | Office held | | |
| expenditure to benefit C/OH | Sundiduc/Oniccholder | 0 | nice sought | | | |
| | | | | | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expe Fees Food/Beve - Gift/Award | rage Expense F s/Memorials Expense F | oan Repayment/Reimbursement Si Office Overhead/Rental Expense Tri Polling Expense Tri Printing Expense Tri | olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above) | | |
|--|---|---|--|--|--|--|
| | The Inst | ruction Guide explains ho | w to complete this form. | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 18/33 Rpt: 68/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | |
| 4 CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 2,643.89 | | |
| 6 PAYMENT | (a) Amount Charged \$5,619.38 | (b) Date of Charge 07/17/2024 | (c) Date(s) Credit Card Issue 09/03/2024 | r Paid | | |
| 7 PAYEE | (a) Payee name Amazon | | (b) Payee address; 410 Terry Ave N Seattle, WA 98109 | City, State, Zip Code | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | |
| EXPENDITURE | (See Categories listed at the top Event Expense | of this schedule) | () | for annual community Back to | | |
| 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 Office sought | | | ice sought | Office held | | |
| expenditure to benefit C/OH | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | r Paid | | |
| | \$250.00 | 07/16/2024 | 09/03/2024 | | | |
| PAYEE | (a) Payee name Bay Area New Dem | nocrats | (b) Payee address; P. O. Box 890381 | City, State, Zip Code | | |
| | | | Houston, TX 77062 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde | ns Made By | Contribution to organization | (b) Description Contribution to organization for GOTV efforts | | |
| 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 expenditure to benefit C/OH | Candidate/Officeholder | name Off | ice sought | Office held | | |
| PAYMENT | (a) Amount Charged \$74.02 | (b) Date of Charge 07/20/2024 | (c) Date(s) Credit Card Issue 09/03/2024 | r Paid | | |
| PAYEE | (a) Payee name AT&T | | (b) Payee address; 3773 Southwest Freeway Houston, TX 77027 | City, State, Zip Code | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Office Overhead/Rent | al Expense | (b) Description Campaign Wi-fi hotspot | | | |
| Non-Political | | of Texas. Complete Schedule T | | , officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name Off | ice sought | Office held | | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Exp Fees Food/Bev / - Gift/Awar I Committee Legal Ser | erage Expense ds/Memorials Expense | Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co | ban Repayment/Reimbursement ffice Overhead/Rental Expense Diling Expense inting Expense alaries/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 Cabadula E4: | i | | | | 2 Filer ID (Ethic | Commiss | ion Filore) | |
| 1 Total pages Schedule F4: | | | | | | 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 19/33 Rpt: 69/85 | Carter, O. Kyler (T | he Honorable) | | | 00062560 | | | |
| 4 CREDIT CARD | Name of fina | ancial institution | | OF UNITEMIZED | \$ | 2,643.8 | 20 | |
| ISSUER | see previous CHARGED TO A CREDIT CARD | | | 2,040.0 | 55 | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | |) Credit Card Issue | r Paid | | | |
| | \$973.00 | 08/02/2024 | 09/03/20 | 24 | | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code | |
| | | | 5200 Gu | lfton Drive | | | | |
| | Public Storage | | | | | | | |
| | | Houston, | TX 77081 | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Descri | otion | | | | |
| EXPENDITURE | (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Campaig | n storage rental | | | | |
| X Political | Onice Overneau/Rei | ilai Experise | | | | | | |
| Non-Political | (c) Check if travel outside | (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, c | | | officeholder living exp | ense | | |
| 9 Complete <u>ONLY</u> if direct | Complete ONLY if direct Candidate/Officeholder name Office sought | | | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card Issue | r Paid | | | |
| | \$1,000.00 | 08/16/2024 | 09/26/20 | 24 | | | | |
| PAYEE | (a) Payee name | 1 | (b) Payee | address; | City, | State, | Zip Code | |
| | | | 3422 Alle | en Pkwy | | | | |
| | Flora Mexican Kitc | hen | | | | | | |
| | | | Houston, | Houston, TX 77019 | | | | |
| PURPOSE OF | (a) Category | | (b) Descri | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Food/Beverage Expe | | Food and | Food and beverage for campaign fundraiser | | | | |
| X Political | 1 oou/Develuge Expe | | | | | | | |
| Non-Political | (C) Check if travel outside | e of Texas. Complete Schedule | e T. | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct | Candidate/Officeholde | r name C | Office sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | | |
| | \$10.00 | 07/27/2024 | 09/03/20 | 24 | | | | |
| | | | | | | | | |
| PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code | |
| | | | PO Box 2 | 2053 | | | | |
| | Southwest Democ | rais | | | | | | |
| | | | | TX 77402 | | | | |
| PURPOSE OF | (a) Category | a of this cohodula) | (b) Descri | | | | | |
| | (See Categories listed at the top Fees | o uns schedule) | Members | ship fee | | | | |
| X Political | | | | | | | | |
| Non-Political | (C) Check if travel outside | e of Texas. Complete Schedule | - е Т. | Check if Austin, TX, | officeholder living exp | ense | | |
| Complete ONLY if direct | Candidate/Officeholde | r name C | Office sought | | Office held | | | |
| expenditure to benefit C/OH | | | | | | | | |

| | SCHEDULE F4 | | | | | | |
|--|---|---|---|--|--|--|--|
| | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Exp Fees Food/Beve / - Gift/Award al Committee Legal Serv | erage Expense s/Memorials Expense rices | Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T | Solicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above) | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 20/33 Rpt: 70/85 | | | | 00062560 | | | |
| 4 CREDIT CARD | Name of financial institution 5 TOTAL OF UNITEMIZEI | | | | | | |
| ISSUER | see previous CHARGED TO A CREDIT CARD | | \$ 2,643.89 | | | | |
| 6 PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 08/27/2024 | (c) Date(s) Credit Card Issue 09/26/2024 | er Paid | | | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, State, Zip Code | | | |
| | | | PO Box 2053 | | | | |
| Southwest Democrats | | | | | | | |
| | | | Houston, TX 77402 | | | | |
| 8 PURPOSE OF | B PURPOSE OF (a) Category | | | | | | |
| EXPENDITURE | (See Categories listed at the top Fees | of this schedule) | Membership fee | | | | |
| X Political | | | | | | | |
| Non-Political | (c) Check if travel outside of Texas. Complete Schedule T. | | | K, officeholder living expense | | | |
| 9 Complete ONLY if direct Candidate/Officeholder name Office | | | Office sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged \$74.01 | (b) Date of Charge 08/20/2024 | (c) Date(s) Credit Card Issue 09/26/2024 | er Paid | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| | AT&T | | 3773 Southwest Freeway | 3773 Southwest Freeway | | | |
| | | | | | | | |
| | | | Houston, TX 77027 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | Campaign Wi-fi hotspot | | | |
| | Office Overhead/Ren | | Campaign wi-innoispoi | | | | |
| X Political | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | c, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | name C | Office sought | Office held | | | |
| | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | or Poid | | | |
| | (a) Amount Charged | (b) Date of Charge | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | |
| PURPOSE OF | (a) Category | of this cohodule) | (b) Description | | | | |
| | (See Categories listed at the top | or and schedule) | | | | | |
| Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | эт. | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name C | Office sought | Office held | | | |
| expenditure to benefit C/OH | | | | | | | |

| EXPENDITOR | | | | SCHEDULE F4 | | | | | |
|--|--|--|---|---|--|--|--|--|--|
| | | | | | | | | | |
| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - Gift/Awards al Committee Legal Servi | rage Expense s/Memorials Expense ces | Office Overhead/Rental Expense Polling Expense Printing Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 Total pages Cabadula E4. | | | · · · · · · | 2 Filer ID (Ethics Commission Filers) | | | | | |
| 1 Total pages Schedule F4: Sch: 21/33 Rpt: 71/85 | Carter, O. Kyler (Th | o Honorablo) | | 3 Filer ID (Ethics Commission Filers) 00062560 | | | | | |
| · · · · · · · · · · · · · · · · · · · | | - | | | | | | | |
| 4 CREDIT CARD ISSUER | | ncial institution n Express | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD | \$ 2,643.89 | | | | | |
| 6 PAYMENT | (a) Amount Charged \$257.55 | (b) Date of Charge 07/14/2024 | (c) Date(s) Credit Card Issu 07/31/2024 | er Paid | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | |
| | Mathews, Nico | | 2718 Cliffdale St | | | | | | |
| | | | Houston, TX 77091 | | | | | | |
| 8 PURPOSE OF (a) Category | | | (b) Description | | | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) | | | Sponsorship for children | 's vacation bible school | | | | | |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | | | | | | | |
| Non-Political (c) Check if travel outside of Texas. Complete Schedule T. | | | | X, officeholder living expense | | | | | |
| | | |)ffice sought | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged \$187.55 | (b) Date of Charge 07/14/2024 | (c) Date(s) Credit Card Issu 07/31/2024 | er Paid | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | |
| | | | 901 McKinney Strett | | | | | | |
| | Jason's Deli | | | | | | | | |
| | | | Houston, TX 77002 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Food/Beverage Exper | | ., . | (b) Description Officeholder expense - lunch for jury | | | | | |
| X Political | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule | T. Check if Austin, T | X, officeholder living expense | | | | | |
| Complete ONLY if direct | Candidate/Officeholder | name O | Office sought | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issu | er Paid | | | | | |
| | \$25.48 | 07/09/2024 | 07/31/2024 | | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | | |
| | | | 701 1st Ave. | | | | | | |
| | Yahoo | | | | | | | | |
| | | | Sunnyvale, CA 94089 | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top (| of this schedulo) | (b) Description | | | | | | |
| | Advertising Expense | | Campaign website fees | | | | | | |
| X Political | | | | | | | | | |
| Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule | T. Check if Austin, T | X, officeholder living expense | | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name O | Office sought | Office held | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |

| | SCHEDULE F4 | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| | | | | | | | | |
| | EXPENDITURE CATEGORIES FOR BOX 10(a) | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | r - Gift/Award: I Committee Legal Serv | rage Expense s/Memorials Expense ices | Office Overhead/Rental Expense T Polling Expense T Printing Expense T Salaries/Wages/Contract Labor C | Solicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above) | | | | |
| | The Instruction Guide explains how to complete this form. | | | | | | | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | |
| Sch: 22/33 Rpt: 72/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | | | |
| 4 CREDIT CARD | Name of final | ncial institution | 5 TOTAL OF UNITEMIZED | | | | | |
| ISSUER | see pi | revious | EXPENDITURES CHARGED TO A CREDIT CARD | т \$ 2,643.89 | | | | |
| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue | er Paid | | | | |
| | \$223.76 | 08/12/2024 | 08/19/2024 | | | | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 55 Almaden Boulevard | | | | | |
| | Zoom | | | | | | | |
| | | | San Jose, CA 95113 | | | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE (See Categories listed at the top of this schedule) | | Campaign Zoom fees | | | | | | |
| X Political | Event Expense | | | | | | | |
| Non-Political | | | | | | | | |
| | | | c, officeholder living expense | | | | | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name C | Office sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged \$514.80 | (b) Date of Charge 08/21/2024 | (c) Date(s) Credit Card Issue 09/26/2024 | er Paid | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 612 Park Trail | | | | | |
| | Davis, Joy | | | | | | | |
| | | | Houston, TX 77019 | | | | | |
| PURPOSE OF | (a) Category | | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Campaign contract labor | | | | | |
| X Political | Salaries/Wages/Conti | ract Labor | | | | | | |
| Non-Political | | | | | | | | |
| | | of Texas. Complete Schedule | | c, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name C | Office sought | Office held | | | | |
| expenditure to benefit C/OH | | | | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issue 09/26/2024 | er Paid | | | | |
| | \$48.36 | 09/03/2024 | 09/20/2024 | | | | | |
| PAYEE | (a) Payee name | - | (b) Payee address; | City, State, Zip Code | | | | |
| | | | 1 Town Center Rd. | | | | | |
| | ADT Security | | | | | | | |
| | | | Boca Raton, FL 33486 | | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Home security | | | | | |
| X Political | Home security | | | | | | | |
| Non-Political | | of Toylog, Complete Cabilly | | , office helder living even ng - | | | | |
| | | of Texas. Complete Schedule | | C, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder | | office sought | Office held | | | | |

| | | | | SCHEDULE F4 |
|--|---|---|--|---|
| | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expe Fees Food/Beve - Gift/Awards I Committee Legal Servi | rage Expense s/Memorials Expense ices | RIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form. | 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 F4: | 2 FILER NAME | • | • | 3 Filer ID (Ethics Commission Filers) |
| Sch: 23/33 Rpt: 73/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 |
| 4 CREDIT CARD | | ncial institution | 5 TOTAL OF UNITEMIZI | |
| ISSUER | | evious | EXPENDITURES CHARGED TO A CRE CARD | \$ 2,643.89 |
| 6 PAYMENT | (a) Amount Charged \$166.98 | (b) Date of Charge 10/31/2024 | (c) Date(s) Credit Card Is: 11/18/2024 | suer Paid |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code |
| | | | 901 McKinney Strett | |
| | Jason's Deli | | | |
| | | | Houston, TX 77002 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top | of this cohodulo) | (b) Description | |
| | Food/Beverage Exper | | Officeholder expense - | lunch with staff |
| X Political | | | | |
| 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 C | Office sought | Office held |
| expenditure to benefit C/OH | | | | |
| PAYMENT | (a) Amount Charged \$10.00 | (b) Date of Charge 11/01/2024 | (c) Date(s) Credit Card Is: 11/18/2024 | suer Paid |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code |
| | Harris County Dem | ocratic Party | 4619 Lyons Ave | |
| PURPOSE OF | (a) Category | | (b) Description | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Sustaining membershi | n fee |
| X Political | Fees | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | | TX, officeholder living expense |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | • | Office sought | Office held |
| expenditure to benefit C/OH | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | suer Paid |
| | \$53.30 | 11/12/2024 | 11/18/2024 | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, State, Zip Code |
| | _ | | 55 Almaden Boulevard | I |
| | Zoom | | | |
| | | | San Jose, CA 95113 | |
| PURPOSE OF | (a) Category | of this cohe -t-t- | (b) Description | |
| | (See Categories listed at the top Event Expense | ui uiis schedule) | Campaign Zoom fees | |
| X Political | | | | |
| 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 expenditure to benefit C/OH | Candidate/Officeholder | name C | Office sought | Office held |

| | | EX | PENDITURE CATEGOR | RIES FOR BOX | 10(a) | | | |
|---|--|---|---|---|---|--|----------------|--------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - Gift/Awa | verage Expense rds/Memorials Expense | Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co | ental Expense Tra Tra Tra | blicitation/Fundraising l ansportation Equipme avel in District avel Out of District THER (enter a categor | nt & Related I | |
| | | The In | struction Guide explains | how to complete | this form. | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| | Sch: 24/33 Rpt: 74/85 | Carter, O. Kyler (| The Honorable) | | | 00062560 | | |
| 4 | CREDIT CARD | Name of fir | ancial institution | | OF UNITEMIZED | | | |
| | ISSUER | see | previous | | IDITURES GED TO A CREDIT | \$ | 2,643.8 | 39 |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | • • • • |) Credit Card Issue | r Paid | | |
| | | \$77.87 | 11/24/2024 | 12/23/20 |)24 | | | |
| 7 | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code |
| | |) (alta a | | 701 1st / | Ave. | | | |
| | | Yahoo | | | | | | |
| | | | | - | ale, CA 94089 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to | on of this schedule) | (b) Descri | • | | | |
| | | Advertising Expense | , , | Campai | gn website fees | | | |
| | X Political | | | | | | | |
| | Non-Political | | le of Texas. Complete Schedule | | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete <u>ONLY</u> if direct | Candidate/Officehold | er name C | Office sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | <u> </u> | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s 12/23/20 | Credit Card Issue 24 | r Paid | | |
| | | \$48.36 | 12/03/2024 | 12/20/20 | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | | City, | State, | Zip Code |
| | | ADT Security | | 1 Town | Center Rd. | | | |
| | | ADT Security | | | | | | |
| | | | | | ton, FL 33486 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the to | op of this schedule) | (b) Descri | • | | | |
| | X Political | Home security | | Home se | ecunty | | | |
| | Non-Political | | | | _ | | | |
| ⊢ | | (c) Check if travel outsid | le of Texas. Complete Schedule | e T. Office sought | Check if Austin, TX, | officeholder living exp Office held | ense | |
| | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Onicentitu | | Shice Sought | | Office field | | |
| Ĕ | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s |) Credit Card Issue | r Paid | | |
| | | \$225.50 | 12/09/2024 | 12/23/20 | | | | |
| | | \$225.50 | 12/09/2024 | | | | | |
| - | PAYEE | (a) Payee name | | (b) Payee | address: | City, | State, | Zip Code |
| | | | | 701 1st | | | , | |
| | | Yahoo | | | | | | |
| | | | | Sunnyva | ale, CA 94089 | | | |
| | PURPOSE OF | (a) Category | | (b) Descri | ption | | | |
| | EXPENDITURE | (See Categories listed at the to Advertising Expense | | Campai | yn website fees | | | |
| | X Political | | | | | | | |
| | Non-Political | (C) Check if travel outsid | le of Texas. Complete Schedule | е Т. | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officehold | er name C | Office sought | | Office held | | |
| е | xpenditure to benefit C/OH | | | | | | | |

| Γ | Advertising Expense | EXPI Event Exp | | S FOR BOX | ., | olicitation/Fundraising E | Expense | |
|---|---|---|--------------------------------|--------------------------------------|---------------------|----------------------------|-----------------|--------------|
| | Accounting/Banking Consulting Expense | Fees | C | office Overhead/Re olling Expense | ental Expense T | ransportation Equipmer | | Expense |
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | /- Gift/Award | ls/Memorials Expense P | rinting Expense alaries/Wages/Co | Т | ravel Out of District | v not listed al | nve) |
| | | ů. | ruction Guide explains ho | - | | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | · · | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| | Sch: 25/33 Rpt: 75/85 | Carter, O. Kyler (Tl | ne Honorable) | | | 00062560 | | , |
| 4 | | | ncial institution | 5 TOTAL | OF UNITEMIZED | | | |
| | ISSUER | see n | revious | EXPEN | DITURES | \$ | 2,643.8 | 39 |
| | | | | CHARC | GED TO A CREDIT | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | |) Credit Card Issue | er Paid | | |
| | | \$53.30 | 07/12/2024 | 07/31/20 | 24 | | | |
| | | | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | 7 | | 55 Almad | den Boulevard | | | |
| | | Zoom | | | | | | |
| | | | | _ | e, CA 95113 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | | Event Expense | | Campaig | n Zoom fees | | | |
| | X Political | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living expe | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 08/19/20 |) Credit Card Issue | er Paid | | |
| | | \$834.66 | 07/26/2024 | 00/13/20 | 24 | | | |
| | PAYEE | | | (1) David | | O'ta | 01-1-1- | Zia Osala |
| | FAILE | (a) Payee name | | (b) Payee | | City, | State, | Zip Code |
| | | Constant Contact | | 1001 118 | pelo Road | | | |
| | | | | Waltham | , MA 02451 | | | |
| - | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | | n email and mar | keting services | | |
| | X Political | Advertising Expense | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | |) Credit Card Issue | er Paid | | |
| | | \$10.00 | 10/01/2024 | 10/30/20 | 24 | | | |
| | | | | | | | | |
| | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code |
| | | Llarria County Dom | acretic Derty | 4619 Lyc | ons Ave | | | |
| | | Harris County Dem | locratic Party | | | | | |
| L | | | | _ | TX 77020 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | _ | Fees | | Sustainir | ng membership f | ee | | |
| | X Political | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX | , officeholder living expe | ense | |
| | Complete <u>ONLY</u> if direct | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |

| | | | | | SCH | EDULE | ₌ F4 |
|--|--|---|--|----------------------------|--|-------------|-------------|
| | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expe Fees Food/Beve /- Gift/Award I Committee Legal Serv | rage Expense s/Memorials Expense ices | RIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Transp Travel Travel | ation/Fundraising Ex vortation Equipment in District Out of District R (enter a category i | & Related E | |
| 1 Total pages Schedule F4: | 2 FILER NAME | • | • | 2 | Filer ID (Ethics | Commiss | ion Eilers) |
| Sch: 26/33 Rpt: 76/85 | Carter, O. Kyler (Th | e Honorable) | | - |) 062560 | 001111100 | |
| 4 CREDIT CARD | | | 5 TOTAL OF UNITEM | | 002300 | | |
| ISSUER | | revious | EXPENDITURES CHARGED TO A CF CARD | \$ | | 2,643.8 | 9 |
| 6 PAYMENT | (a) Amount Charged \$392.45 | (b) Date of Charge 11/01/2024 | (c) Date(s) Credit Card 11/18/2024 | Issuer Pa | aid | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | (| City, | State, | Zip Code |
| | | | 2910 Navigation Blv | d | | | |
| | El Tiempo Cantina | | | | | | |
| | | | Houston, TX 77003 | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top | of this schodula) | (b) Description | | | | |
| | Food/Beverage Expe | | Officeholder expense | e - lunch | with staff | | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Aus | stin, TX, offic | eholder living expen | se | |
| 9 Complete ONLY if direct | Candidate/Officeholder | name C | Office sought | C | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged \$27.67 | (b) Date of Charge 11/09/2024 | (c) Date(s) Credit Card 11/18/2024 | Issuer Pa | aid | | |
| PAYEE | (a) Payee name | | (b) Payee address; | (| City, | State, | Zip Code |
| | Vahaa | | 701 1st Ave. | | | | |
| | Yahoo | | | | | | |
| | | | Sunnyvale, CA 9408 | 39 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | | | | |
| | Advertising Expense | | Campaign website fe | ees | | | |
| X Political | | | | | | | |
| Non-Political | | of Texas. Complete Schedule | | | eholder living expen | se | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name C | office sought | C | Office held | | |
| expenditure to benefit C/OH PAYMENT | (a) Amount Charged | (b) Date of Charge | (a) Data(a) Cradit Card | loouor Da | sid. | | |
| PATMENT | | () | (c) Date(s) Credit Card 07/31/2024 | Issuel Pa | alu | | |
| | \$10.00 | 07/01/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | | City, | State, | Zip Code |
| | (d) Fayee name | | 4619 Lyons Ave | · · · | City, | State, | |
| | Harris County Dem | ocratic Party | | | | | |
| | | | Houston, TX 77020 | | | | |
| PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Sustaining members | ship fee | | | |
| X Political | Fees | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Aus | stin, TX, offic | eholder living expen | se | |
| Complete ONLY if direct | Candidate/Officeholder | • | Office sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

| | | | D | | SCI | HEDULI | E F4 |
|--|---|---|---|----------------------|---|-------------|-------------|
| | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Exp Fees Food/Beve /- Gift/Award I Committee Legal Serv | erage Expense s/Memorials Expense rices | IES FOR BOX 10(a) Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ow to complete this form. | Trar Trav Trav | citation/Fundraising E nsportation Equipmen vel in District vel Out of District HER (enter a category | & Related E | |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | ion Filers) |
| Sch: 27/33 Rpt: 77/85 | Carter, O. Kyler (Th | e Honorable) | | | 00062560 | | , |
| • | | ncial institution | 5 TOTAL OF UNITE | | 00002300 | | |
| 4 CREDIT CARD ISSUER | | revious | EXPENDITURES CHARGED TO A CARD | | \$ | 2,643.8 | 9 |
| 6 PAYMENT | (a) Amount Charged \$48.36 | (b) Date of Charge 07/03/2024 | (c) Date(s) Credit Ca 07/31/2024 | rd Issuer | Paid | | |
| 7 PAYEE | (a) Payee name | | (b) Payee address; | | City, | State, | Zip Code |
| | | | 1 Town Center Rd | I. | | | |
| | ADT Security | | | | | | |
| | | | Boca Raton, FL 33 | 3486 | | | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | | | |
| EXPENDITURE | (See Categories listed at the top Home security | of this schedule) | Home security | | | | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if | Austin, TX, o | fficeholder living expe | ense | |
| 9 Complete <u>ONLY</u> if direct | Candidate/Officeholder | name Of | fice sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |
| PAYMENT | (a) Amount Charged \$1,203.25 | (b) Date of Charge 07/31/2024 | (c) Date(s) Credit Ca 08/19/2024 | rd Issuer | Paid | | |
| PAYEE | (a) Payee name | | (b) Payee address; | | City, | State, | Zip Code |
| | Jonos Cidnov | | 3315 Ashton Park | Dr | | | |
| | Jones, Cidney | | | | | | |
| | | | Houston, TX 7708 | 2 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description Contract labor for | onnual a | ommunity bool | (nool(ov | ont |
| | Salaries/Wages/Cont | | | annuar c | ommunity bac | νμασκ εν | ent |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule | T. Check if | Austin, TX, o | fficeholder living expe | ense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Onicenoider | name O | nce sought | | Office field | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Ca | rd Issuer | Paid | | |
| | \$10.00 | 08/01/2024 | 08/19/2024 | | | | |
| | \$10.00 | 08/01/2024 | | | | | |
| PAYEE | (a) Payee name | | (b) Payee address; | | City, | State, | Zip Code |
| | | | 4619 Lyons Ave | | | | |
| | Harris County Dem | ocratic Party | | | | | |
| | | | Houston, TX 7702 | 0 | | | |
| PURPOSE OF | (a) Category | -646 | (b) Description | | | | |
| | (See Categories listed at the top Fees | or this schedule) | Sustaining membe | ership fee | e | | |
| X Political | | | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if | Austin, TX, o | fficeholder living expe | inse | |
| Complete ONLY if direct | Candidate/Officeholder | name Of | fice sought | | Office held | | |
| expenditure to benefit C/OH | | | | | | | |

| | | | ENDITURE CATEGORIE | | () | | | |
|---|--|---|--|------------------------|----------------------|---|-----------------|---------------|
| | Advertising Expense Accounting/Banking | Event Expe | 0 | an Repayment/R | ental Expense Tr | blicitation/Fundraising I ansportation Equipme | | Expense |
| | Consulting Expense Contributions/ Donations Made By | /- Gift/Award | s/Memorials Expense Pr | olling Expense | Tr | avel in District avel Out of District | | |
| | Candidate/Officeholder/Politica | 0 | ruces Sa ruction Guide explains hov | alaries/Wages/Co | | THER (enter a categor | y not listed al | bove) |
| | Total pages Cabadula E4: | | ruction Guide explains nov | | | 3 Filer ID (Ethio | oc Commics | cion Filoro) |
| Ľ | Total pages Schedule F4: | | No Honorable) | | | 00062560 | | SIGIT FILETS) |
| Ŀ | Sch: 28/33 Rpt: 78/85 | Carter, O. Kyler (Th | - | | | 00002500 | | |
| 4 | CREDIT CARD | | ncial institution | | OF UNITEMIZED | \$ | 2,643.8 | 39 |
| | | see p | revious | CHARG CARD | GED TO A CREDIT | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | |
| | | \$48.36 | 08/03/2024 | 08/19/20 | 24 | | | |
| | | | | | | | | |
| 7 | PAYEE | (a) Payee name | • | (b) Payee | address; | City, | State, | Zip Code |
| | | | | 1 Town C | Center Rd. | | | |
| | | ADT Security | | | | | | |
| | | | | _ | ton, FL 33486 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Descrip | | | | |
| | | Home security | or this schedule) | Home se | curity | | | |
| | X Political | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| | 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) 08/19/20 | Credit Card Issue | r Paid | | |
| | | \$224.24 | 08/07/2024 | 08/19/20 | 24 | | | |
| | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | | City, | State, | Zip Code |
| | | Uber | | - | Market St | | | |
| | | | | #400 | | | | |
| | | | | | icisco, CA 94103 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | der expense - Ut | or transportati | on foos d | luring |
| | _ | Travel Out of District | | | nnual conference | | un iees u | lunny |
| | | | | , , | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Onic | ce sought | | Office held | | |
| - | | (a) Amount Charged | (b) Date of Charge | (c) Date(s) |) Credit Card Issue | r Daid | | |
| | FAIMENI | | | 08/19/20 | | raiu | | |
| | | \$25.48 | 08/09/2024 | | | | | |
| | PAYEE | | | (b) Davias | addroce | City | Stata | Zip Code |
| | | (a) Payee name | | (b) Payee 701 1st A | | City, | State, | |
| | | Yahoo | | 101 15(/ | we. | | | |
| | | | | Sunnva | le, CA 94089 | | | |
| ⊢ | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | . , | n website fees | | | |
| | X Political | Advertising Expense | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | 1 | | officeholder living exp | ense | |
| ⊢ | Complete <u>ONLY</u> if direct | Candidate/Officeholder | • | ce sought | | Office held | 0.100 | |
| e | xpenditure to benefit C/OH | | | | | | | |
| Ľ | | | | | | | | |

| | Advertising Evennes | | | | () | lisitation/Eugeneinian E | | |
|---|---|---|--------------------------------|---|----------------------------|--|-----------------|--------------|
| | Advertising Expense Accounting/Banking Consulting Expense | Event Exp Fees Food/Beve | 0 | oan Repayment/R office Overhead/Re olling Expense | ental Expense Tr | blicitation/Fundraising E ansportation Equipmen avel in District | | Expense |
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | /- Gift/Award | ls/Memorials Expense P | rinting Expense alaries/Wages/Co | Tr | avel Out of District THER (enter a category | v not listed at | oove) |
| | | Ū. | ruction Guide explains how | - | | (* ** ********************************* | | , |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethic | s Commiss | sion Filers) |
| | Sch: 29/33 Rpt: 79/85 | Carter, O. Kyler (Th | ne Honorable) | | | 00062560 | | |
| 4 | CREDIT CARD | Name of fina | ncial institution | | OF UNITEMIZED | * | 2 6 4 2 6 | 0 |
| | ISSUER | see p | revious | | DITURES GED TO A CREDIT | \$ | 2,643.8 | 39 |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | |
| | | \$576.80 | 08/15/2024 | 09/26/20 | 24 | | | |
| L | | | | | | | | |
| ľ | PAYEE | (a) Payee name | | (b) Payee | | City, | State, | Zip Code |
| | | Jones, Cidney | | 3315 Asr | nton Park Dr | | | |
| | | | | Houston | TX 77082 | | | |
| 8 | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | , | Contract | labor for annual | community bac | kpack ev | vent |
| | X Political | Salaries/Wages/Cont | TACI LADOI | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | 1 | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 09/26/20 | Credit Card Issue | r Paid | | |
| | | \$446.01 | 08/19/2024 | 03/20/20 | 27 | | | |
| ⊢ | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | | | 2910 Na | vigation Blvd | | | |
| | | El Tiempo Cantina | | | | | | |
| | | () - | | | TX 77003 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | ach with staff | | |
| | X Political | Food/Beverage Expe | , | Onicenti | der expense - lur | ich with Stan | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | • | Check if Austin, TX, | officeholder living expe | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 09/26/20 | Credit Card Issue | r Paid | | |
| | | \$164.41 | 08/22/2024 | 00/20/20 | 27 | | | |
| ⊢ | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | | | 801 Con | | - | | |
| | | Barnaby's Cafe | | | | | | |
| | | | | | TX 77002 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | _ | Food/Beverage Expe | , | Officehol | der expense - lur | ich with staff | | |
| | X Political | | | | | | | |
| L | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living expe | ense | |
| е | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name Offi | ce sought | | Office held | | |

| | | EXP | ENDITURE CATEGORI | ES FOR BOX 1 | L0(a) | | | |
|----|--|---|-------------------------------|---|-------------------------------------|--|----------------|--------------|
| | Advertising Expense Accounting/Banking | Event Exp Fees | ense I | Loan Repayment/Re Office Overhead/Re | eimbursement So ntal Expense Tra | licitation/Fundraising I ansportation Equipme | | Expense |
| | Consulting Expense Contributions/ Donations Made By | Food/Beve | erage Expense | Polling Expense Printing Expense | Tra | avel in District avel Out of District | | |
| | Candidate/Officeholder/Politica | | | Salaries/Wages/Con | | THER (enter a categor | y not listed a | oove) |
| | | The Inst | ruction Guide explains ho | ow to complete t | his form. | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| | Sch: 30/33 Rpt: 80/85 | Carter, O. Kyler (Th | ne Honorable) | | | 00062560 | | |
| 4 | CREDIT CARD | Name of fina | ncial institution | | OF UNITEMIZED | | 0.040 | 20 |
| | ISSUER | see p | revious | | DITURES ED TO A CREDIT | \$ | 2,643.8 | 39 |
| | | | - | CARD | | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issuer | r Paid | | |
| | | \$10.00 | 09/01/2024 | 09/26/202 | 24 | | | |
| | | | | | | | | |
| 7 | PAYEE | (a) Payee name | • | (b) Payee a | address; | City, | State, | Zip Code |
| | | | Dent. | 4619 Lyo | ns Ave | | | |
| | | Harris County Dem | locratic Party | | | | | |
| | | | | | TX 77020 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top | of this schodulo) | (b) Descrip | | | | |
| | | Fees | or this schedule) | Sustainin | g membership fe | e | | |
| | X Political | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T | . [| Check if Austin, TX, | officeholder living exp | ense | |
| 9 | Complete ONLY if direct | Candidate/Officeholder | r name Off | ice sought | | Office held | | |
| e | xpenditure to benefit C/OH | | - | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | |
| | | \$28.97 | 09/06/2024 | 09/26/202 | 24 | | | |
| | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | address; | City, | State, | Zip Code |
| | | Yahoo | | 701 1st A | ve. | | | |
| | | Tanoo | | | | | | |
| | | | | | e, CA 94089 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | | Advertising Expense | · · · · · · · · · · · · , | Campaigi | n website fees | | | |
| | X Political | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T | | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete <u>ONLY</u> if direct | Candidate/Officeholde | r name Off | ice sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | <u> </u> | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 09/26/202 | Credit Card Issue | r Paid | | |
| | | \$53.30 | 09/12/2024 | 037207202 | | | | |
| | DAVEE | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee a | | City, | State, | Zip Code |
| | | Zoom | | 55 Almad | en Boulevard | | | |
| | | | | Con los- | CA 05112 | | | |
| - | PURPOSE OF | (a) Category | | (b) Descrip | , CA 95113 | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | | n Zoom fees | | | |
| l | X Political | Event Expense | | Campaign | | | | |
| | Non-Political | | (- - - - - - - - - - | | | <i>m</i> | | |
| ⊢ | | (C) Check if travel outside Candidate/Officeholder | of Texas. Complete Schedule T | ice sought | Check if Austin, TX, | officeholder living exp Office held | ense | |
| | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | | UII UII | ice sought | | | | |
| Le | Apenditure to benefit C/OH | 1 | | | | | | |

| | ES MADE BY C | | | | SCHEDULE F4 |
|--|---|---|---|--|----------------------------|
| | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expr Fees Food/Beve / - Gift/Award I Committee Legal Serv | rage Expense s/Memorials Expense ices | RES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Frinting Expense Salaries/Wages/Contract Labor | Travel in District Travel Out of Dist | uipment & Related Expense |
| 1 Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 31/33 Rpt: 81/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | |
| 4 CREDIT CARD | | ncial institution | 5 TOTAL OF UNITEMIZ | | , |
| ISSUER | | revious | EXPENDITURES CHARGED TO A CRE CARD | \$ | 2,643.89 |
| 6 PAYMENT | (a) Amount Charged \$48.36 | (b) Date of Charge 10/03/2024 | (c) Date(s) Credit Card Is 10/30/2024 | ssuer Paid | |
| 7 PAYEE | (a) Payee name | • | (b) Payee address; | City, | State, Zip Code |
| | | | 1 Town Center Rd. | | |
| | ADT Security | | | | |
| | | | Boca Raton, FL 3348 | 6 | |
| 8 PURPOSE OF | (a) Category | | (b) Description | | |
| EXPENDITURE | (See Categories listed at the top Home security | of this schedule) | Home security | | |
| X Political | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austi | n, TX, officeholder livi | ng expense |
| 9 Complete ONLY if direct | Candidate/Officeholder | name O | ffice sought | Office he | d |
| expenditure to benefit C/OH | | | | | |
| PAYMENT | (a) Amount Charged \$24.79 | (b) Date of Charge 10/09/2024 | (c) Date(s) Credit Card Is 10/30/2024 | ssuer Paid | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, Zip Code |
| | Vahaa | | 701 1st Ave. | | |
| | Yahoo | | | 1 | |
| PURPOSE OF | (a) Category | | (b) Description | | |
| EXPENDITURE | (See Categories listed at the top | of this schedule) | Campaign website fee | 25 | |
| X Political | Advertising Expense | | | | |
| Non-Political | | of Texas. Complete Schedule | | n, TX, officeholder livi | |
| Complete <u>ONLY</u> if direct | (C) Check if travel outside Candidate/Officeholder | • | ffice sought | Office he | · · |
| expenditure to benefit C/OH | | | | | |
| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Is | ssuer Paid | |
| | \$26.52 | 10/12/2024 | 10/30/2024 | | |
| PAYEE | (a) Payee name | | (b) Payee address; | City, | State, Zip Code |
| | | | HQ1455 Market St | | |
| | Uber | | #400 | | |
| | | | San Francisco, CA 94 | 103 | |
| PURPOSE OF | (a) Category | | (b) Description | | |
| EXPENDITURE | (See Categories listed at the top Travel In District | of this schedule) | Uber transportation fe | es to campaig | n event |
| X Political | | | | | |
| Non-Political | (C) Check if travel outside | of Texas. Complete Schedule | T. Check if Austi | n, TX, officeholder livi | ng expense |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder | name O | ffice sought | Office he | d |
| expenditure to benefit C/OH | | | | | |

| | Advertising Expense | EXPE Event Expe | | S FOR BOX | () | blicitation/Fundraising I | Expense | |
|---|---|---|--------------------------------|-------------------------------------|----------------------|---|-----------------|--------------|
| | Accounting/Banking Consulting Expense | Fees | 0 | ffice Overhead/Re olling Expense | ental Expense Tr | ansportation Equipmen avel in District | | Expense |
| | Contributions/ Donations Made By Candidate/Officeholder/Politica | | s/Memorials Expense P | rinting Expense alaries/Wages/Co | | avel Out of District THER (enter a categor | v not listed al | oove) |
| | | 0 | ruction Guide explains how | | | ···_··(•····· •· •••••g•· | , | , |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | | 3 Filer ID (Ethio | cs Commiss | sion Filers) |
| | Sch: 32/33 Rpt: 82/85 | Carter, O. Kyler (Th | ne Honorable) | | | 00062560 | | |
| 4 | CREDIT CARD | Name of fina | ncial institution | 5 TOTAL | OF UNITEMIZED | | | |
| | ISSUER | see p | revious | | | \$ | 2,643.8 | 39 |
| | | | | CHARG | SED TO A CREDIT | | | |
| 6 | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) | Credit Card Issue | r Paid | | |
| | | \$53.30 | 10/12/2024 | 10/30/20 | 24 | | | |
| | | | | | | | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | _ | | 55 Almad | len Boulevard | | | |
| | | Zoom | | | | | | |
| | | | | San Jose | e, CA 95113 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schodulo) | (b) Descrip | | | | |
| | | Event Expense | of this schedule) | Campaig | n Zoom fees | | | |
| | X Political | | | | | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | 1 | - | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) 11/18/20 | Credit Card Issue | r Paid | | |
| | | \$48.36 | 11/03/2024 | 11/10/20 | 24 | | | |
| | | | | (1) - | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | | City, | State, | Zip Code |
| | | ADT Security | | TIOWUC | Center Rd. | | | |
| | | | | Boca Rat | ton, FL 33486 | | | |
| ⊢ | PURPOSE OF | (a) Category | | (b) Descrip | | | | |
| | EXPENDITURE | (See Categories listed at the top | of this schedule) | Home se | | | | |
| | X Political | Home security | | | - | | | |
| | Non-Political | (C) Check if travel outside | of Texas. Complete Schedule T. | | Check if Austin, TX. | officeholder living exp | ense | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder | • | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |
| | PAYMENT | (a) Amount Charged | (b) Date of Charge | | Credit Card Issue | r Paid | | |
| | | \$10.00 | 12/01/2024 | 12/23/20 | 24 | | | |
| | | | | | | | | |
| | PAYEE | (a) Payee name | | (b) Payee | address; | City, | State, | Zip Code |
| | | | e eventie De ut v | 4619 Lyc | ons Ave | | | |
| | | Harris County Dem | ocratic Party | | | | | |
| L | | | | | TX 77020 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Descrip | | | | |
| | _ | Fees | | Sustainin | ig membership fe | e | | |
| | X Political | | | | | | | |
| | Non-Political | | of Texas. Complete Schedule T. | | Check if Austin, TX, | officeholder living exp | ense | |
| | Complete ONLY if direct | Candidate/Officeholder | r name Offi | ce sought | | Office held | | |
| e | xpenditure to benefit C/OH | | | | | | | |

| | | EXPE | NDITURE CATEGOR | RIES FOR BOX 10(a) | | | |
|---|--|--|---|---|--|-------------------|--------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Event Expe Fees Food/Bever Gift/Awards | ense rage Expense s/Memorials Expense | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense | Solicitation/Fundrais Transportation Equip Travel in District Travel Out of District OTHER (enter a cate | pment & Related I | |
| | | The Instr | ruction Guide explains I | how to complete this form. | | | |
| 1 | Total pages Schedule F4: | 2 FILER NAME | | | 3 Filer ID (F | Ethics Commiss | sion Filers) |
| | Sch: 33/33 Rpt: 83/85 | Carter, O. Kyler (Th | e Honorable) | | 00062560 | | |
| 4 | CREDIT CARD ISSUER | | ncial institution revious | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD | \$ | 2,643.8 | 39 |
| 6 | PAYMENT | (a) Amount Charged \$53.30 | (b) Date of Charge 12/12/2024 | (c) Date(s) Credit Card Issu 12/23/2024 | er Paid | | |
| 7 | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | | Zoom | | 55 Almaden Boulevard | | | |
| | | | | San Jose, CA 95113 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top Event Expense | of this schedule) | (b) Description Campaign Zoom fees | | | |
| | Non-Political | (C) Check if travel outside of | of Texas. Complete Schedule | T. Check if Austin. T | X, officeholder living | expense | |
| | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name C | Office sought | Office held | | |
| | PAYMENT | (a) Amount Charged \$44.36 | (b) Date of Charge 11/27/2024 | (c) Date(s) Credit Card Issu 12/23/2024 | er Paid | | |
| | PAYEE | (a) Payee name | | (b) Payee address; | City, | State, | Zip Code |
| | | Adobe | | 11501 Domain Drive | | | |
| | | | | Austin, TX 78758 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top | of this schedule) | (b) Description | <i>.</i> | | |
| | X Political | Office Overhead/Rent | | Campaign photoshop so | ftware | | |
| | Non-Political | | of Texas. Complete Schedule | | X, officeholder living | | |
| e | Complete <u>ONLY</u> if direct xpenditure to benefit C/OH | Candidate/Officeholder | name C | Office sought | Office held | | |
| | | | | | | | |

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

SCHEDULE K

| | The Instru | cti | on Guide explains how to complete this form. | 1 | | pages Schedule K: 1/2 Rpt: 84/85 | |
|----|--------------------|-----------|--|--------|----------|-------------------------------------|---------|
| 2 | FILER NAME | | | 3 | | D (Ethics Commission F | -ilers) |
| | Carter, O. K | yler | r (The Honorable) | | 00062 | | |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 10/25/2024 | | Eric William Carter Campaign | | | \$4 | ,209.87 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | " | |
| | | | | | | | |
| | 1 | | | | | | |
| | 1 | Ļ | Bellaire, TX 77401 | | | | |
| | 1 | 7 | | | | tribution returned to filer | |
| | | Ļ | Reimbursement for partial costs of community back pack event from co-spo | 2015 | or | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | _ |
| | 07/31/2024 | . | Prosperity Bank | | | | \$9.84 |
| | | ſ | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | 1 | | Houston, TX 77007 | | | | |
| | | \vdash | | oliti | cal con | tribution returned to filer | |
| | | | Interest from campaign checking account | JUIL | Lai Luin | | |
| ╞━ | | 는 | | _ | | Amount (ft) | |
| | Date 08/31/2024 | | Name of person from whom amount is received Prosperity Bank | | | Amount (\$) | \$9.05 |
| | 00/31/2024 | | | | | | φ9.00 |
| | 1 | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | 1 | | Houston, TX 77007 | | | | |
| | | \square | Purpose for which amount is received Check if p | ooliti | cal con | tribution returned to filer | |
| | | | Interest from campaign checking account | | | | |
| | Date | Ē | Name of person from whom amount is received | | | Amount (\$) | |
| | 09/30/2024 | | Prosperity Bank | | | | \$10.95 |
| | | 1 | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| | 1 | \vdash | Houston, TX 77007 | | | | |
| | | | | oliti | cal cont | tribution returned to filer | |
| | | Ļ | Interest from campaign checking account | _ | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | |
| | 10/31/2024 | | Prosperity Bank | | | | \$15.92 |
| | ļ | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | | |
| | 1 | | Houston, TX 77007 | | | | |
| | ļ | \vdash | | noliti | cal con | I tribution returned to filer | |
| | | | Interest from campaign checking account | JUIL | Lai Luin | | |
| ⊢ | ' | | | | | | |
| 1 | | | | | | | |

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

SCHEDULE K

| | The Instruction Guide explains how to complete this form. | | | Total pages Schedule K: Sch: 2/2 Rpt: 85/85 | | |
|---|---|---|----------------|--|---------|--|
| 2 | | | | D (Ethics Commission Filers) | | |
| | Carter, O. Kyler (The Honorable) | | 00062 | 560 | | |
| 4 | Date | 5 Name of person from whom amount is received | | 8 Amount (\$) | | |
| | 11/30/2024 | Prosperity Bank | | | \$15.98 | |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Houston, TX 77007 | | | | |
| | | | olitical contr | ibution returned to filer | | |
| | | Interest from campaign checking account | | | | |
| | Date | Name of person from whom amount is received | | Amount (\$) | | |
| | 12/31/2024 | Prosperity Bank | | | \$15.77 | |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | Leusten TV 77007 | | | | |
| | | Houston, TX 77007 Purpose for which amount is received Check if po | | ikution votumod to filov | | |
| | | Interest from campaign checking account | niicai contr | ibution returned to filer | | |
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