CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet		1 Filer ID (Ethics Commi 00029493		2 Total pages f	iled: 45
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Charles L.			Date Received	
					ELECTRONIC	ALLY EILED
	NIO(4)444				07/11/2025	ALLI I ILLD
		LAST		SUFFIX	01/11/2023	
		Geren				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1440					
ADDRESS					Receipt #	Amount
Change of Address	Fort Worth, TX 76101				Date Processed	
"					Date Processed	
					Date Imaged	
					Bate imaged	
5 CAMPAIGN	MS / MRS / MR	IRST		MI		
TREASURER		Kit				
NAME						
	NICKNAME L	 -AST		SUFFIX		
		Moncrief		SUFFIX		
	'	vioricitei				
C CAMBAICNI	CTREET ADDRESS (NO DO D	OV DI EACE):	AD	T / CLUTE # CITY		ATE: 710 CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	OX PLEASE);	AP	T / SUITE #; CITY	; 51	ATE; ZIP CODE
ADDRESS	16 Valley Ridge Rd.					
(Residence or Business)						
	Fort Worth, TX 76107					
7 CAMPAIGN	AREA CODE PHONE	NUMBER E	XTENSION			
TREASURER	(817) 732-4450					
PHONE	(011) 102 4400					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer
				-	appointment (off	
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD COVERED	Month Day Year	T 11	IDOLICII	Month Day	Year	
OOVERED	01/01/2025	IH	ROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE	□ out	
	Month Day Year		rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	State Representative Distric	et 99		State Represen	tative District 99	
		COT	O DACE 2			
		GUI	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 45

13 C / OH NAME	Geren, Charles L. (Th	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of p candidate / officeholder. consent. Candidates and	the candidate's or officel		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 72,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 200,469.51
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,066,482.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hone	rable Charles L. Gere	n
			f Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL ABO	Ç		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	·	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 45

				3 01 45
18 FILER NAM Geren, Ch	(Ethics Cor	mmission Filers)		
20 SCHEDULE NAME OF S			SUBT	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	71,500.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	200,469.51
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS			\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	
			1	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	EDULE A1	
	The Instruc	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/45	
2	FILER NAME Geren, Char	FILER NAME Geren, Charles L. (The Honorable)			3	Filer ID (Ethics Commissi 00029493	on Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:) Clevenger, Don & Jolie 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$2,500.00
_	Deignigal	Sunnyvale, TX 75182	lo :	Franksian (Cookastaata			
8	CFO	pation / Job title (See Instructions)		Employer (See Instructions Oncor)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:) Greer, James & Stella Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
	Roanoke, TX 76262 Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions)		
	COO			Oncor	,		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:) Henry, Matthew & Alicia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75218-4340					
	Principal occu Senior Vice I	pation / Job title (See Instructions) President		Employer (See Instructions) Oncor)		
	Date Full name of contributor out-of-state PAC (ID#:) 106/30/2025 Longbow Consulting Partners LLC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:) Nye Jr., Erle Contributor address; City; State; Zip Code Dallas, TX 75225-7117			Amount of Contribution (\$)	\$15,000.00	
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions Oncor Electric Delivery)		
			,				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A	1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/45		
2	FILER NAME Geren, Char	rles L. (The Honorable)		3	Filer ID (Ethics Commission Filers 00029493	5)
4				7	Amount of Contribution (\$) \$1,000	0.00
		Houston, TX 77002				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Texans for Truth & Liberty PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$25,00	0.00
	Principal occu	Austin, TX 78701 spation / Job title (See Instructions)	Employer (See Instructions	<u>'</u>		
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See instructions	>)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$20,000	0.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	RIBUTIONS	L	SCHEDULE A2
The Insti	ruction Guide explains how to complete this t	1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/45	
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)
	arles L. (The Honorable)		00029493
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$ 0.0
5 Date 06/25/202	Date 06/25/2025 6 Full name of contributor out-of-state PAC (ID#:) Associated Republicans of Texas 7 Contributor address; City; State; Zip Code Austin, TX 78701		8 Amount of contribution (\$) In-kind contribution description \$500.00 Digital Advertising
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule J-JUDICIAL) (See instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this for	n. 1 Total pages Schedule B: Sch: 1/1 Rpt: 7/45
2 FILER NAME Geren, Charles L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00029493
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgorout-of-state PAC (ID#:	8 Amount of 9 In-kind description pledge (\$) (If applicable)
7 Pledgor Address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 Employe	r (See Instructions)

	LOANS					SCHEDUL	ΕE
	The Instruction	on Guide explains how to	o complete this f	orm.	1	ages Schedule E: /1 Rpt: 8/45	
	FILER NAME Geren, Charles	L. (The Honorable)			3 Filer ID 00029	(Ethics Commission F	Filers)
4	TOTAL OF UN	IITEMIZED LOANS			.	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
	Is lender a financial institution?	8 Lender address; City	r; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruct	ions)	•	
14	Description of Coll None	ateral		15 Check if personal fund	s were deposite	d into political account (See Instructions)	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	ed (\$)
	not applicable	18 Guarantor address; City	/; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruct	ions)	ı	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	te this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer II	(Ethics Commission Filers)
	Sch: 1/37 Rpt: 9/45	Geren, Charles L. (The Honorable)	00029	9493
4	Date	5 Payee name		
	04/06/2025	ALC Steaks		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$300.00	1205 N. Lamar Blvd.		
		Austin, TX 78703		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description	
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Tex	as. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officehole	der living expense
			Office Dinner	
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	O	fice held
	·			
	Date	Payee name		
	01/03/2025	ASTi Trattoria		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$208.19	408 E. 43rd St.		
		Austin, TX 78751		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description	
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Tex Check if Austin, TX, officehole	
			Office Staff Lunch	der livilig expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	Of	fice held
	expenditure to benefit C/OI			
H	Date	Payee name		
	06/20/2025	Alexander Dubose & Jefferson LLP		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,985.00	1844 Harvard St.		
	·			
		Houston, TX 77008		
\vdash	PURPOSE		Description	
	OF	Legal Services	Check if travel outside of Tex	as. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officehole	der living expense
			Legal Fees	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Of	fice held
	The state of the s	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 2/37 Rpt: 10/45	Geren, Charles L. (The Honorable)			00029493	
4	Date	5 Payee name		•		
	06/23/2025	Alexander Dubose & Jefferson LLP				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$15,000.00	1844 Harvard St.				
		Houston, TX 77008				
8	PURPOSE OF	, , ,) Description			
	EXPENDITURE	Legal Services			ide of Texas. Com , officeholder living	nplete Schedule T. g expense
			Retainer fo			5 - 1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	İ		Office h	eld
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	05/21/2025	All In Promotions				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,056.20	4725 Collinwood				
		Fort Worth, TX 76107				
	PURPOSE OF	, ,) Description			
	EXPENDITURE	Advertising Expense			ide of Texas. Com , officeholder living	nplete Schedule T. g expense
			С ampaign			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office h	eld
	expenditure to benefit C/Ol	1				
	Date	Payee name				
	03/07/2025	Alonti Cafe & Catering				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,160.98	701 S. Lamar Blvd., Suite B				
		Austin, TX 78704				
	PURPOSE OF	, ,	Description Check if tree		ide of Toyac Com	anloto Sobodulo T
	EXPENDITURE	Food/Beverage Expense	=		, officeholder living	nplete Schedule T. g expense
			DPS Lunc	h		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office h	eld
	expenditure to benefit C/Ol	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/37 Rpt: 11/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	02/28/2025	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,200.24	PO Box 582880
		MD 755
		Tulsa, OK 74158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare to & from DFW to Austin/Austin to DFW
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		<u> </u>
	Date	Payee name
	04/04/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,332.26	PO Box 582880
		MD 755
		Tulsa, OK 74158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel to & from DFW to Austin
		That of the a mount of the analysis
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>
	Date	Payee name
	06/27/2025	American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,307.87	PO Box 582880
		MD 755
		Tulsa, OK 74158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare to & from DFW to Austin
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/37 Rpt: 12/45	Geren, Charles L. (The Honorable) 00029493	
4	Date	5 Payee name	
	01/31/2025	American Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$3,832.34	PO Box 582880	
		MD 755	
		Tulsa, OK 74158	
8	PURPOSE		_
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Airfare Out of District to & from DFW & Austin	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	05/01/2025	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3,018.89	PO Box 582880	
	Ψ0,010.00	MD 755	
		Tulsa, OK 74158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Airfare to & from DFW & Austin	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	_
	05/30/2025	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,469.75	PO Box 582880	
		MD 755	
		Tulsa, OK 74158	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Airfare to & from DFW & Austin	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense nmittee Legal Services	Printing Ex Salaries/W		e /Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
	Great Cara r ayment		The Instruction Guide explains h	now to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/37 Rpt: 13/45		Geren, Charles L. (The Honorable)					00029493		
4	Date	5	Payee name							
	04/04/2025		Ann Richards School							
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de					
	\$208.00		2309 Panther Trail							
			Austin, TX 78704							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				-
	OF EXPENDITURE		Contributions/Donations Made By	,			outsi	de of Texas. Com	plete Schedule T.	
	LAPENDITORE		Candidate/Officeholder/Political Commi	ittee		ш.	TX,	officeholder living	expense	
						Donation				
_		L								_
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office souç	ght			Office he	eld	
		_								=
	Date		Payee name							
	04/04/2025		Azle Area Chamber of Commerce							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$1,000.00		252 W. Main Street, Suite 102							
			Azle, TX 76020							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By			=		de of Texas. Com		
			Candidate/Officeholder/Political Commi	ittee		19th Annual C		officeholder living	expense	
						13til Allilaal C	JIQ.	y Shoot		
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name O	I) Office soug	thr			Office he	-id	_
	expenditure to benefit C/OI		randate/officerioder frame	mee soug	giit			Onice ne	Jiu	
-	Data	_	Davida nama							=
	Date 06/01/2025		Payee name Azle Area Chamber of Commerce							
				7:n Co.	al a					_
	Amount (\$) \$1,400.00			Zip Coo	ue					
	\$1,400.00		252 W. Main Street, Suite 102							
			A 1. TV 70000							
			Azle, TX 76020							_
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		d4.T O	whete Cabadula T	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commit	ittee		ш		officeholder living	plete Schedule T.	
			Carlaidate/Officeriolide/// Officer Commit	ittee		2025 Sting Fli				
						-	_	•		
	Complete ONLY if direct		Candidate/Officeholder name O	Office soug	ght			Office he	eld	-
	expenditure to benefit C/OI	Н		·						
										-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/37 Rpt: 14/45	Geren, Charles L. (The Honorable)	00029493
4	Date	Payee name	
	04/04/2025	Azle Area Ministerial Alliance	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	321 West Main Street	
		Azle, TX 76020	
8	PURPOSE	(b) Description (See Categories listed at the top of this schedule)	on
	OF EXPENDITURE	Contributions/Bondtons Wade By	travel outside of Texas. Complete Schedule T.
			Austin, TX, officeholder living expense 25 National Day of Prayer
			23 National Day of Frayer 2000 Title Sponsor Follow the Flag
L			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/23/2025	Azle Area Ministerial Alliance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	321 West Main Street	
	•		
		Azle, TX 76020	
	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)	
	EXPENDITURE	Contributions Politations Wade By	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Carranato, Cinicario de Committe	e Sponsor Follow the Flag
		2023 110	e oponsor i onow the ring
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
	Date	Payee name	
	01/06/2025	Azle Education Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 54	
		Azle , TX 76098	
	PURPOSE	A) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Wade By	travel outside of Texas. Complete Schedule T.
	-		Austin, TX, officeholder living expense
		Red Soid	Cup BBQ Bash Contribution
_	Complete ONU V if allow	Condidate/Officeholder page	Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	, , , , , , , , , , , , , , , , , , , ,		
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
				iis iiow to co	ilibic	te this form.	_			
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 7/37 Rpt: 15/45		arles L. (The Honorable)					00029493		
4	Date	5 Payee name	•							
	05/16/2025	Azle News								
6	Amount (\$)	7 Payee addre	ess; City; Sta	ite; Zip Co	de					
	\$50.00	321 W. Ma	in St.							
		Azle, TX 76	6020							
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description				
	OF	Fees				Check if travel	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE					_		officeholder living		
						2025 Annual	Su	bscription R	enewal	
9	Complete ONLY if direct expenditure to benefit C/OH		ïceholder name	Office sou	ght			Office he	eld	
	experialitate to belieff 6/01	'								
	Date	Payee name								
	01/17/2025	Castleberry	/ ISD Education Foundati	on						
	Amount (\$)	Payee addre	ess; City; Sta	ite; Zip Co	de					
	\$500.00	5228 Ohio	Garden Rd.							
		River Oaks	, TX 76114							
	PURPOSE	(a) Category (s	See Categories listed at the top of this	schodulo)	(b)	Description				
	OF		ns/Donations Made By	3cricudic)	, ,	_	outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		Officeholder/Political Con	nmittee		Check if Austin	, TX	officeholder living	expense	
						Annual Contr	ibu	tion for Ever	ning for Educa	tion Event
	Complete ONLY if direct expenditure to benefit C/OH		ïceholder name	Office sou	ght			Office he	eld	
	experiditure to beliefit C/OI									
	Date	Payee name								
	04/08/2025	Castleberry	/ ISD Education Foundati	on						
	Amount (\$)	Payee addre	ess; City; Sta	ite; Zip Co	de					
	\$1,000.00	5228 Ohio	Garden Rd.							
		River Oaks	, TX 76114							
	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description				
	OF	· ·	ns/Donations Made By	oonoud.o,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Political Con	nmittee		_		officeholder living		
						Education Fo	un	dation Gala	Contribution	
	Complete ONLY if direct expenditure to benefit C/OH		ïceholder name	Office sou	ght			Office he	eld	
	experience to beliefft C/Of	•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/37 Rpt: 16/45	Geren, Charles L. (The Honorable)	00029493
4	Date	5 Payee name	
	01/31/2025	Catalyst Advisors Group LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$11,750.48	1108 Lavaca St., Suite 110-506	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	utside of Texas. Complete Schedule T.
		l —	TX, officeholder living expense
		\$1750.48/Jan \$5,000/Feb 29	25 text 5 Consulting/\$2,000/Feb 25 Digital
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/21/2025	Catalyst Advisors Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21,500.00	1108 Lavaca St., Suite 110-506	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consuming Expense	utside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Research Pro	Ject .
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field
	Data	Davies manua	
	Date 03/07/2025	Payee name Catalyst Advisors Group LLC	
		·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,000.00	1108 Lavaca St., Suite 110-506	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense L	utside of Texas. Complete Schedule T.
		l	TX, officeholder living expense
		\$5,000 March \$2,000 March	Digital Creative
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		pense /ages/Contract Labor	Travel in Distri Travel Out of I OTHER (enter	
1	Total pages Schedule F1:	2 EII ED NIAM	<u> </u>			3 Filer ID	(Ethics Commission Filers)
	Sch: 9/37 Rpt: 17/45		arles L. (The Honorable)			00029493	
4	Date	5 Payee nam	e			•	
	04/01/2025	,	dvisors Group LLC				
6	Amount (\$)	7 Payee addr	ess; City; Sta	ate; Zip Co	de		
	\$1,750.48	_	aca St., Suite 110-506	•			
		Austin, TX	78701				
8	PURPOSE		See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE	Consulting	g Expense		=	outside of Texas. Co	
					Text Messag	n, TX, officeholder livi I CS	ing exherise
					- 2	, - -	
9	Complete ONLY if direct	Candidate/Ot	fficeholder name	Office sou	ght	Office I	held
	expenditure to benefit C/OI						
	Date	Payee nam					
L	04/04/2025	Catalyst A	dvisors Group LLC				
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	de		
	\$10,000.00	1108 Lava	aca St., Suite 110-506				
		Austin, TX	78701				
	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE	Consulting			<u> </u>	outside of Texas. Co	
					ш	n, TX, officeholder livi Monthly Consu	
						Digital Creative	
	Complete ONLY if direct	Candidate/Ot	fficeholder name	Office sou	ght	Office I	held
	expenditure to benefit C/OI			- ·	-		
H	Date	Payee nam	<u> </u>				
	05/02/2025	1	dvisors Group LLC				
	Amount (\$)	Payee addr	<u> </u>	ate; Zip Co	de .		
	\$10,000.00	_	ess, City, 30 aca St., Suite 110-506	αιο, Δ ι μ Ο0	uc		
	Ψ10,000.00	1100 Lava	Julio 110-300				
		Austin, TX	78701				
	PURPOSE	(a) Category	See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE	Consulting		·	Check if travel	outside of Texas. Co	
	THE LADITORE					n, TX, officeholder livi	
						Monthly Consu Digital Creative	
	Complete ONLY if direct	Condidata	fficabolder name	Office			
	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Office sou	ynt	Office I	ieiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.					
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)					
	Sch: 10/37 Rpt: 18/45	Geren, Charles L. (The Honorable)	00029493						
4	Date	Payee name							
	05/16/2025	Catalyst Advisors Group LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Co	de						
	\$1,617.07	1108 Lavaca St., Suite 110-506							
		Austin, TX 78701							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	- '		Check if Austin, TX, officeholder living expense					
				Text Messages					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held					
	experientare to benefit Great								
	Date	Payee name							
	06/06/2025	Catalyst Advisors Group LLC							
	Amount (\$)	Payee address; City; State; Zip Co	de						
	\$10,000.00	1108 Lavaca St., Suite 110-506							
		Austin, TX 78701							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Complete Schedule T.					
	LAI LINDITORE			Check if Austin, TX, officeholder living expense					
				\$5000 June Consulting \$2000 June Digital Creative					
	Complete ONLY if direct	Condidate (Office holder name Office acu	abt						
	expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnı	Office held					
	Date	Payee name							
	02/07/2025	Central Market							
	Amount (\$)	Payee address; City; State; Zip Co	de						
	\$2,652.13	4001 N. Lamar Blvd.							
		Austin, TX 78756							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.					
				Check if Austin, TX, officeholder living expense Office Food & Beverages					
				Office Food & Beverages					
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held					
	Complete ONLY if direct expenditure to benefit C/OI		yrıl	Office field					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/37 Rpt: 19/45	Geren, Charles L. (The Honorable)		00029493
4	Date	5 Payee name		·
	06/06/2025	Central Market		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$627.85	4001 N. Lamar Blvd.		
		Austin, TX 78756		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Office Food & Beverages
_	Complete ONLY if direct	Condidate/Officeholder sees Office see		Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	Office held
_	Dete			
	Date	Payee name		
	01/17/2025	Citi Cards		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$251.05	PO Box 658202		
		Dallas, TX 75265-8202		
	PURPOSE	(a) 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 Mistakenly paid out of wrong bank account.
				Reimbursed from Charlie Geren personal account
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ıaht	Office held
	expenditure to benefit C/OI		.9	Cco
	Date	Payee name		
	02/14/2025	City of Azle		
		-	odo	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Co PO Box 1378	oue	
	\$1,000.00	FO B0X 1376		
		A-I- TV 70000		
		Azle, TX 76098		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeriolae/// Officeal Committee		Music in the Park Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>	Office held
	expenditure to benefit C/OI		-	

SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/37 Rpt: 20/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	06/01/2025	Clements, Ben
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	PO Box 2910
		Austin, TX 78768
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/07/2025	Domino's Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.78	1509 S. Lamar, Suite 500
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y
	Date	Dayso name
	06/06/2025	Payee name Doubletree Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$249.42	303 W 15th St
	Ψ243.42	303 W 13til 3t
		Austin, TX 78701
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging for Capitol Event Cater
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientale to beliefft C/O	•

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

sement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (poter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/37 Rpt: 21/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	03/24/2025	Eric Opiela PLLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	11673 Jollyville Rd., Suite 202
		Austin, TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legal Fees
		Legari ces
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/01/2025	Farabee, Russell
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1800 Nueces St.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Labor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/06/2025	Flying Threads
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$601.92	13450 US 183 #227

		Austin, TX 78729
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Committee Gifts
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Sch: 14/37 Rpt: 22/45 Geren, Charles L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00029493 4 Date 01/08/2025 Fort Worth Boat Club 6 Amount (\$) 7 Payee address; City; State; Zip Code)
Sch: 14/37 Rpt: 22/45 Geren, Charles L. (The Honorable) 00029493 4 Date 01/08/2025 5 Payee name Fort Worth Boat Club	
4 Date 5 Payee name Fort Worth Boat Club	
01/08/2025 Fort Worth Boat Club	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$50.00 10000 Boat Club Rd.	
Fort Worth, TX 76179	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Fees Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Annual Membership	
Allitual Methoelship	
0 Complete ONLY if direct Condidate/Officeholder name Office assight Office held	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
	_
Date Payee name	
04/18/2025 Fort Worth Fire Charities	
Amount (\$) Payee address; City; State; Zip Code	
\$1,500.00 3855 Tulsa Way	
Fort Worth, TX 76107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Contributions/Donations Made By	
Candidate/Officeholder/Political Committee	
2023 Hourids Classic Captain Sponsorship	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	-
expenditure to benefit C/OH	
Date Days name	_
Date Payee name 02/21/2025 Fort Worth Stock Show Syndicate	
03/21/2025 Fort Worth Stock Show Syndicate	
Amount (\$) Payee address; City; State; Zip Code	
\$15,000.00 PO Box 150	
Fort Worth, TX 76101-0150	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	
Candidate/Officeholder/Political Committee	
Sale Day Beverage Sportsof	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/37 Rpt: 23/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	02/05/2025	Garza, Sandy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	po box 1895
		Fort Worth, TX 76101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense February Admin Contract Labor
		1 Cordary Admin Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/28/2025	Garza, Sandy
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	po box 1895
		Fort Worth, TX 76101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		March Admin Contract Labor
		Mad on 7 carrier Gordage Easter
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/01/2025	Garza, Sandy
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	po box 1895
		Fort Worth, TX 76101
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense April Admin Contract Labor
		April Admin Contract Labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide 6	Salaries/V	/ages/Contra		OTHER (enter a	a category not listed abo	ve)
1	Total pages Cabadula F1:	2 FILED NAM					Filor ID	(Ethios Commissio	n Filore)
_	Total pages Schedule F1:					3	Filer ID	(Ethics Commission	iii Fileis)
	Sch: 16/37 Rpt: 24/45	Geren, Cha	arles L. (The Honoral	ole)			00029493		
4	Date	5 Payee name)						
	05/01/2025	Garza, Sar	ndy						
6	Amount (t)			State; Zip Co	do				
ľ	Amount (\$)	7 Payee addre		State, Zip Ct	ue				
	\$500.00	po box 189	15						
		Fort Worth	, TX 76101						
8	PURPOSE	(a) Category "			(b) Desc	rintion			
ľ	OF		See Categories listed at the top ages/Contract Labor			•	side of Texas. Com	nplete Schedule T.	
	EXPENDITURE	Salaties/ VV	ages/Contract Labor				(, officeholder living		
							ntract Labor		
_	Complete ONII V if direct	Condidate/Of	ii a a la a la la uru ura ura a	O#:			Office h	- l - l	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	gnı		Office he	eia	
	Date	Payee name)						
	06/01/2025	Garza, Sar	ndy						
-	Amount (\$)	Payee addre		State; Zip Co	ıde.				
	, ,	′		Oldie, Zip Oc	uc				
	\$500.00	po box 189	15						
		Fort Worth	, TX 76101						
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Desc	ription			
	OF		ages/Contract Labor				side of Texas. Com	plete Schedule T.	
	EXPENDITURE	0000, 11	agoo, co acc zaso.		☐ cr	neck if Austin, TX	(, officeholder living	g expense	
					June	Admin Co	ntract Labor		
Н	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht		Office he	eld	
	expenditure to benefit C/OI				J				
		1							
	Date	Payee name	9						
	01/01/2025	Garza, Sar	ndy						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de				
	\$500.00	po box 189	5						
		F. (114)	TV 70404						
		Fort Worth	, IX /6101						
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b) Desc	•			
	OF EXPENDITURE	Salaries/W	ages/Contract Labor				side of Texas. Com		
	LXI ENDITORE						(, officeholder living		
					Janu	iary Admin	Contract Lab	oor	
	Complete ONLY if direct		ficeholder name	Office sou	ght		Office he	eld	
	expenditure to benefit C/OI	H							

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/37 Rpt: 25/45	Geren, Charles L. (The Honorable)	00029493
4	Date	5 Payee name	
	06/06/2025	Gordon Boswell Flowers	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$548.81	6204 Camp Bowie Blvd.	
		Fort Worth, TX 76116	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	[Check if Austin, TX, officeholder living expense
		l n	Memorial Service Flowers
_	Computate ONLY if disease	Condidate /Office helder no rec	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
<u> </u>			
	Date	Payee name	
	06/06/2025	HEB Austin #425	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$221.40	1000 E. 41st St.	
		Austin, TX 78751	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	Office Food & Beverages
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/06/2025	HEB Austin #425	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$189.76	1000 E. 41st St.	
		Austin, TX 78751	
	PURPOSE	,	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Office Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to benefit 6/0	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/37 Rpt: 26/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	02/07/2025	HEB Austin #768
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$283.79	2652 Lake Austin Blvd.
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies/Food & Beverages
		Office Supplies/1 ood & Beverages
_	Complete ONLY if direct	Candidate/Officeholder name Office acusht
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2025	HEB Austin #768
	Amount (\$)	Payee address; City; State; Zip Code
	\$459.38	2652 Lake Austin Blvd.
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Food & Beverages
		Since Food & Beverages
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	04/04/2025	HEB Austin #768
	Amount (\$)	Payee address; City; State; Zip Code
	\$484.33	2652 Lake Austin Blvd.
L		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Food & Beverages
		Office Food & Beverages
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/37 Rpt: 27/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	05/05/2025	HEB Austin #768
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$259.61	2652 Lake Austin Blvd.
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Food & Beverages
		Office Food & Beverages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	06/06/2025	HEB Austin #768
	Amount (\$)	Payee address; City; State; Zip Code
	\$322.17	2652 Lake Austin Blvd.
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Food & Beverages
		Cinde 1 ood & Beverages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/04/2025	Hertz Dollar Thrifty
		Payee address; City; State; Zip Code
	Amount (\$) \$29.81	850 Gallatin Field Rd.
	Φ29.01	630 Galiatili Fleid Ru.
		B.L. v. Iv. MT 50744
		Belgrade, MT 59714
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Car Rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 20/37 Rpt: 28/45	Geren, Charles L. (The Honorable) 00029493
4 Date	5 Payee name
01/09/2025	Hill Country Springs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8.66	10019 S IH 35 Frontage Rd.
	Austin, TX 78747
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Bottled Water Service
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/07/2025	Hill Country Springs
Amount (\$)	Payee address; City; State; Zip Code
\$8.66	10019 S IH 35 Frontage Rd.
	Austin, TX 78747
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Office Bottled Water
Complete ONLY if direct	Condidate/Officeholder name Office sought Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
04/04/2025	Hill Country Springs
Amount (\$)	Payee address; City; State; Zip Code
\$117.64	10019 S IH 35 Frontage Rd.
	Austin, TX 78747
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
LA LIBITOIL	Check if Austin, TX, officeholder living expense
	Office Bottled Water
Complete CNII V if direct	Condidate/Officeholder name Office equality Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 21/37 Rpt: 29/45	Geren, Charles L. (The Honorable)			00029493	
4 Date	5 Payee name		<u> </u>		
05/05/2025	Hill Country Springs				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$100.65	10019 S IH 35 Frontage Rd.				
	Austin, TX 78747				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descri	iption		
OF EXPENDITURE	Office Overhead/Rental Expense	Che	eck if travel outsi		nplete Schedule T.
LAPENDITORE				officeholder living	g expense
		Office	Bottled W	ater	
Complete ONLY if direct	Condidate/Officeholder name Office and	laht		Office h	old
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ugnı		Office h	eia
Date	Payee name				
06/06/2025	Hill Country Springs				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$118.65	10019 S IH 35 Frontage Rd.				
	Austin, TX 78747				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descri			
EXPENDITURE	Office Overhead/Rental Expense			de of Texas. Con officeholder livin	plete Schedule T.
		. –	Bottled W		у схрепас
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught		Office h	eld
expenditure to benefit C/O	Н				
Date	Payee name				
06/06/2025	Internet Domain Name Services, Inc.				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$265.00	924 Bergen Ave., Suite 289				
	,				
	Jersey City, TX 07306-3018				
PURPOSE		(b) Descri	intion		
OF	(a) Category (See Categories listed at the top of this schedule) Fees			de of Texas. Con	plete Schedule T.
EXPENDITURE	1 003	. =		officeholder living	
		5 yea	r internet d	omain rene	wal
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught		Office h	eld
experiorare to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to	complete t	his form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	rs)
	Sch: 22/37 Rpt: 30/45	Geren, Charles L. (The Honorable)		00029493	
4	Date	5 Payee name		-	
	04/06/2025	Iron Works BBQ			
6	Amount (\$)	7 Payee address; City; State; Zip	Code		
	\$560.12	100 Red River St.			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription	
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
	,,,,,,,,,			Check if Austin, TX, officeholder living expense fice Lunch	
				nice Euricii	
9	Complete ONLY if direct	Candidate/Officeholder name Office	cought	Office held	
	expenditure to benefit C/O		ougni	Office field	
H	Date	Davisa nama			
	04/08/2025	Payee name Janice Carrrell Campaign			
			0.1		
	Amount (\$)	Payee address; City; State; Zip	Code		
	\$1,000.00	2707 Skyline Dr.			
		Fort Worth, TX 76114			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription	
	EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense	
		Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if traver outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense Ditical Contribution	
			Po	Check if Austin, TX, officeholder living expense	
				Check if Austin, TX, officeholder living expense	
	EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office		Check if Austin, TX, officeholder living expense olitical Contribution	
	EXPENDITURE Complete ONLY if direct	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office		Check if Austin, TX, officeholder living expense olitical Contribution	
_	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office		Check if Austin, TX, officeholder living expense olitical Contribution	
=	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name	sought	Check if Austin, TX, officeholder living expense olitical Contribution	
_	Complete ONLY if direct expenditure to benefit C/OhDate 02/07/2025	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name LaCabana	sought	Check if Austin, TX, officeholder living expense olitical Contribution	
	Complete ONLY if direct expenditure to benefit C/OFDate 02/07/2025 Amount (\$)	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name LaCabana Payee address; City; State; Zip	sought	Check if Austin, TX, officeholder living expense olitical Contribution	
	Complete ONLY if direct expenditure to benefit C/OFDate 02/07/2025 Amount (\$)	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name LaCabana Payee address; City; State; Zip	sought	Check if Austin, TX, officeholder living expense olitical Contribution	
	Complete ONLY if direct expenditure to benefit C/OFDate 02/07/2025 Amount (\$)	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name LaCabana Payee address; City; State; Zip 3525 Locke Ave. Fort Worth, TX 76107	Code	Check if Austin, TX, officeholder living expense litical Contribution Office held	
_	Complete ONLY if direct expenditure to benefit C/OFDate 02/07/2025 Amount (\$) \$163.12	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name LaCabana Payee address; City; State; Zip 3525 Locke Ave.	Code	Check if Austin, TX, officeholder living expense olitical Contribution	
_	Complete ONLY if direct expenditure to benefit C/OFDate 02/07/2025 Amount (\$) \$163.12	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name LaCabana Payee address; City; State; Zip 3525 Locke Ave. Fort Worth, TX 76107 (a) Category (See Categories listed at the top of this schedule)	Code (b) De	Check if Austin, TX, officeholder living expense Olitical Contribution Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
_	Complete ONLY if direct expenditure to benefit C/OFDate 02/07/2025 Amount (\$) \$163.12	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name LaCabana Payee address; City; State; Zip 3525 Locke Ave. Fort Worth, TX 76107 (a) Category (See Categories listed at the top of this schedule)	Code (b) De	Check if Austin, TX, officeholder living expense litical Contribution Office held escription Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OFDate 02/07/2025 Amount (\$) \$163.12 PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee Candidate/Officeholder name Office Payee name LaCabana Payee address; City; State; Zip 3525 Locke Ave. Fort Worth, TX 76107 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Code (b) De	Check if Austin, TX, officeholder living expense Office held Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense NT Lunch	
	Complete ONLY if direct expenditure to benefit C/OFDate 02/07/2025 Amount (\$) \$163.12	Candidate/Officeholder name Office	Code (b) De	Check if Austin, TX, officeholder living expense Olitical Contribution Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF Date 02/07/2025 Amount (\$) \$163.12 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office	Code (b) De	Check if Austin, TX, officeholder living expense Office held Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense NT Lunch	
	Complete ONLY if direct expenditure to benefit C/OF Date 02/07/2025 Amount (\$) \$163.12 PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office	Code (b) De	Check if Austin, TX, officeholder living expense Office held Office held escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense NT Lunch	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/37 Rpt: 31/45 Geren, Charles L. (The Honorable) 00029493 4 Date Payee name 04/08/2025 Legislative Study Group 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Box 12943 Austin, TX 78711 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2025 Madam Mam's Thai Cusine Amount (\$) Payee address; City; State; Zip Code \$122.18 510 W. 26th St., Suite 110 Austin, TX 78705 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/05/2025 Maudies Cafe Amount (\$) Payee address: City: State; Zip Code \$74.53 2608 W. 7th St. Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 24/37 Rpt: 32/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
l	06/08/2025	Numero 28
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$119.59	452 W. 2nd St.
l		
l		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Lunch
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	'	
l	Date	Payee name
L	05/30/2025	Paypal/Ebay
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$121.35	2211 N. 1st St.
		San Jose, CA 95131
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Office Supplies
		отное саррияс
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/31/2025	Perini Ranch Steak House
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$403.00	3002 FM 89
l		
l		Buffalo Gap, TX 79508
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gift Fundraiser
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefit 6/01	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 25/37 Rpt: 33/45	Geren, Charles L. (The Honorable) 00029493	
4	Date	5 Payee name	_
	05/30/2025	Qi Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$115.26	835 W 6th St., Unit 114	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Office Lunch	
Ļ	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
┡			_
	Date	Payee name	
L	05/05/2025	Quorum Report	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$389.70	PO Box 8	
		Austin, TX 78767	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Subscription	
		Cubon puon	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	-
	01/31/2025	Railhead Smokehouse	
L	Amount (\$)	Payee address; City; State; Zip Code	_
	\$702.25	2900 Montgomery St.	
	Ψ10Z.Z0	2000 Monigoriary of	
		Fort Worth, TX 76107	
	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fort Worth Police Department Lunch Contribution	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
<u> </u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/37 Rpt: 34/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	06/06/2025	Railhead Smokehouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,091.89	2900 Montgomery St.
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food & Beverage Contribution for Capital Cater
		1 ood & Deverage Contribution for Capital Cate
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	01/17/2025	River Oaks Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	PO Box 10177
		Fort Worth, TX 76114
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 1st Qtr Dues
		100 40 2000
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/06/2025	SP Tecovas
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$2,606.24	1500 South Congress Ave.
		Austin, TX 78704
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		Committee Gifts
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/37 Rpt: 35/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	02/28/2025	Southwestern Exposition & Livestock Show
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	PO Box 150
		Fort Worth, TX 76101
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Show Exhibitor Parking Contribution
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPERIOLORE TO DETIRIT C/OF	
	Date	Payee name
L	06/13/2025	Southwestern Exposition & Livestock Show
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 150
		Fort Worth, TX 76101
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		2020 Judging Contest Award Sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
H	Date	Payee name
	01/09/2025	SusieCakes
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.61	3267 Bee Caves Rd.
		Austin, TX 78746
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office Staff Birthday
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 28/37 Rpt: 36/45	2 FILER NAME Geren, Charles L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00029493
Ļ	•	, , , , , , , , , , , , , , , , , , , ,
4	Date	5 Payee name
L	02/07/2025	TST Foodheads
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.31	616 W. 34th St.
		Austin, TX 78705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Food & Beverages
		Office Food & Develages
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	
	Date	Payee name
	06/06/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.09	5300 S. MoPac Expy
	Ψ01.00	5555 5 45 Enpj
		A . I'. TV 70740
		Austin, TX 78749
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
	Date	Payee name
	03/08/2025	Tarrant County Jr. Livestock Show
-	Amount (\$)	Payee address; City; State; Zip Code
	\$11,000.00	PO Box 162793
	Ψ11,000.00	1 0 DOX 102100
L		Fort Worth, TX 76161
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EM LINDITURE	Candidate/Officeholder/Political Committee
		Sponsor/Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

	Candidate/Officeholder/Politica Credit Card Payment							OTHER (enter a category not listed above)		
┰	Total pages Schedule F1:	2 EII ED NAMI		-	_		3	Filer ID	(Ethics Commission	nn Filers)
ľ	Sch: 29/37 Rpt: 37/45	1	∟ arles L. (The Honorabl	e)				00029493	(Lunes Commission	311 1 lici3)
4	Date	5 Payee name		/			<u> </u>			
ľ	05/05/2025	Terry's Bur								
٦	Amount (\$)	7 Payee addre		State; Zip Co	ndo.					
ľ	\$1,834.84	515 Congre		State, Zip Ct	ue					
l	Ψ1,034.04	313 Congre	233 AVC.							
		Austin, TX	78701							
8	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
l	OF EXPENDITURE	Food/Beve	rage Expense			=		ide of Texas. Com		
						Office Lunch	, 1,	, officeholder living	rexpense	
						000				
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	<u>l</u> ight			Office he	eld	
┕	<u>'</u>									
l	Date	Payee name								
L	04/01/2025	Texas Hou	se Republican Caucus	5						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$1,000.00	P.O. Box 1	3305							
		Austin, TX	78711							
	PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				_		ide of Texas. Com		
l	-					Dues Check if Austin	, TX	, officeholder living	expense	
						Dues				
⊢	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l Iaht			Office he	ald	
l	expenditure to benefit C/O		icendidei name	Office 300	igiit			Office fie	au	
⊨	D-4-									
	Date 04/07/2025	Payee name								
		Texas Land								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
l	\$855.69	5510 IH35								
		A	70745							
		Austin, TX								
	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description	oto	ide of Toyon Com	nlata Cabadula T	
l	EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Com , officeholder living		
l						Office Dinner		,		
1										
Н	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	Н			-					
H										
ı										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/37 Rpt: 38/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	01/09/2025	The Austin Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	110 E. 9th Street
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Special Party
		Special day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/05/2025	ThunderCloud Subs
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.76	2801 S. Lamar Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Office Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa sama
	06/06/2025	Payee name ThunderCloud Subs
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.72	2801 S. Lamar Blvd
	Ψ20.12	2001 G. Lamai Bivu
		Austin, TX 78704
	PURPOSE	Tu.
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpolicitate to beliefit 6/01	·

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 31/37 Rpt: 39/45	Geren, Charles L. (The Honorable)	00029493
4	Date	5 Payee name	
	06/06/2025	Titayas TH	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$128.82	5501 N. Lamar Blvd., Suite C101	
		Austin, TX 78751	
8	PURPOSE OF	, , ,	Description
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Committee Gifts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/17/2025	U-Stor Vickery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00	7111 W. Vickery Blvd.	
		Benbrook , TX 76116	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Monthly Storage Fee for Campaign Signs
			Monany Storage Fee for Sampaign Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	02/21/2025	U-Stor Vickery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.00	7111 W. Vickery Blvd.	
		Benbrook , TX 76116	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Monthly Storage fees for campaign yard signs
			monthly Storage rees for campaight yard signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	255 11010

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	Ŭ	te this form.
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 32/37 Rpt: 40/45	Geren, Charles L. (The Honorable)		00029493
4 Date	5 Payee name		-
03/21/2025	U-Stor Vickery		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$120.00	7111 W. Vickery Blvd.		
	Benbrook , TX 76116		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE			Check if Austin, TX, officeholder living expense
			Monthly Storage Fees for Campaign Yard Signs
			0.00
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
04/18/2025	U-Stor Vickery		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$120.00	7111 W. Vickery Blvd.		
	Benbrook , TX 76116		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense April Storage monthly fees for campaign signs
			7 pm eterage menting receive earnpaign eight
Complete ONLY if direct	Candidate/Officeholder name Office sou	l aht	Office held
expenditure to benefit C/O		3	
Date	Payee name		
05/16/2025	U-Stor Vickery		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$120.00	7111 W. Vickery Blvd.	uc	
4120.00	TIII W Visitory Biva.		
	Benbrook , TX 76116		
PURPOSE		(h)	Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(D)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	F663		Check if Austin, TX, officeholder living expense
			May Monthly storage Fees for Campaign signs
		L	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	1	_	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schodula F1:		.)
	Total pages Schedule F1:		,
L	Sch: 33/37 Rpt: 41/45	Geren, Charles L. (The Honorable) 00029493	
4	Date	5 Payee name	
	06/20/2025	U-Stor Vickery	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$120.00	7111 W. Vickery Blvd.	
		Benbrook, TX 76116	
8	PURPOSE	(b) Description	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		June Storage Fees for campaign signs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨	Data		
	Date	Payee name	
	01/31/2025	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$442.00	251 W. Lancaster Ave.	
		Fort Worth , TX 76102	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Postage	
		1 Ostage	
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH	o	
L	- p		
	Date	Payee name	
L	05/01/2025	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$219.00	251 W. Lancaster Ave.	
		Fort Worth, TX 76102	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Postage	
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	5.psa.a.s to 55.15.11 5/5/1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/37 Rpt: 42/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	01/24/2025	West Side Little League
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,850.00	PO Box 470672
		Fort Worth, TX 76147
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		3 Field Sign Sponsor w/campaign logo
		o Hold digit opened Wealthpaigh logo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	06/08/2025	Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$240.27	2800 Guadalupe St.
		Austin, TX 78705
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/14/2025	White Settlement Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	PO Box 150578
	, , , , , ,	
		White Settlement, TX 76108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Annual Dues
		Allitudi Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Tatal manus Oct 11 51		
1	Total pages Schedule F1:		
L	Sch: 35/37 Rpt: 43/45	Geren, Charles L. (The Honorable) 00029493	
4	Date	5 Payee name	
	02/21/2025	White Settlement Area Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 150578	
	Ψ1,000.00	1 0 200 100010	
		White Settlement, TX 76108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		Banquet & Casino Sponsor	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	CAPCHURUIC TO DEFICIR C/OI	·	
	Date	Payee name	
	01/31/2025	Worthington National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	200 West Main Street	
	, , , ,		
		Aulinaton, TV 70010	
		Arlington, TX 76010	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense January Monthly Banking Fee	
		January Monthly Banking Fee	
_	Operation ONLY if allowed	Our stide to 100% as health as a sure	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/28/2025	Worthington National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	200 West Main Street	
		Arlington, TX 76010	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		February Monthly Printed Statement Banking Fee	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 36/37 Rpt: 44/45	Geren, Charles L. (The Honorable) 00029493	
4	Date	5 Payee name	
	03/31/2025	Worthington National Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.00	200 West Main Street	
		Arlington, TX 76010	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		March Bank Statement Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H Total Control of the Control of th	
	Date	Payee name	
	04/30/2025	Worthington National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	200 West Main Street	
		Arlington, TX 76010	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		April Monthly Bank Statement Fee	
		April Monthly Bank Statement 100	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Data		
	Date	Payee name Worthington Notional Book	
	05/31/2025	Worthington National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	200 West Main Street	
		Arlington, TX 76010	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense May Monthly Bank Statement Fee	
		May Monthly Bank Statement Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/37 Rpt: 45/45	Geren, Charles L. (The Honorable) 00029493
4	Date	5 Payee name
	06/30/2025	Worthington National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	200 West Main Street
		Arlington, TX 76010
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense June Bank Statement Fee
		Julie Dalik Statement Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	05/01/2025	ZaZa Museum
	Amount (\$)	Payee address; City; State; Zip Code
	\$357.95	5701 Main St.
		Houston, TX 77005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		