FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00062484 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable David NAME Date Received **ELECTRONICALLY FILED** 07/10/2025 NICKNAME LAST **SUFFIX** Schenck CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Christopher D. NAME NICKNAME LAST **SUFFIX** Kratovil **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 462-6400 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2029 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court of Criminal Appeals, Presiding Judge

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Schenck, David (The	Honorable)	14 Filer ID 00062484	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 0.00
EXPENDITURE TOTALS	· ·	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 28,043.82
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 33,504.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hon	orable David Schend	ck
		Signature o	f Candidate or Officeho	lder
AFFIX NO	ГARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Cinn to the Co	an administrativa	Drinted ways of officers desired the size	T'41 £ - 60'	u o aluacio intervina e e e e e
Signature of office	er administering oath	Printed name of officer administering oath	i itie of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 15
18 FILER		1E David (The Honorable)	19 Filer ID 00062484	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. [SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		\$		
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$ 23,834.44
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. [SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 4,209.38
10. [SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. [SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 7.67

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 4/15	Schenck, David (The Honorable)		00062484
4	Date	5 Payee name		
	01/13/2025	Schenck, David		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$23,819.64	1717 Main St.		
		Dallas, TX 75225-2118		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Repayment of loan total previously reported
				repayment of loan total previously reported
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	labt	Office held
9	expenditure to benefit C/O		gnı	Office field
			_	
	Date	Payee name		
	03/06/2025	stripe		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$14.80	510 Townsend St		
		San Francisco, CA 94103		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Processing fee for online contribution after midnight 3/5;Contribution refunded by check #1082.
	Commission ONL V if disposit	Condidate Office helder reces		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ignt	Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental 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 explains		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAMI	E			3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 5/15	Schenck, D	David (The Honorable)			00062484
4	Date	5 Payee name)			
	01/11/2025	Campaign				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode	
	\$29.00	16 Dudley				
	Reimbursement from political contributions intended	Fitchburg, I	MA 01420			
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees			[Check if Austin, TX, officeholder living expense
					Website	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held
	Date	Payee name	;			
	02/12/2025	Campaign	Partner			
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode	
	\$29.00	16 Dudley	St			
	Reimbursement from political contributions					
	X political contributions intended	Fitchburg, I	MA 01420			
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees			[Check if Austin, TX, officeholder living expense
					Website	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought	Office held
	C/OH					
	Date	Payee name	1			
	03/13/2025	Campaign				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode	
	\$29.00	16 Dudley				
	Reimbursement from					
	X political contributions intended	Fitchburg, I	MA 01420			
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees	,	,	' [Check if Austin, TX, officeholder living expense
	EXPENDITORE				Website	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Tra Tra	wel in District wel Out of District HER (enter a category not listed above)	50
			The Instruction Guide explains I	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAM	E			3 File	er ID (Ethics Commission Fil	lers)
	Sch: 2/9 Rpt: 6/15	Schenck, I	David (The Honorable)			00	062484	
4	Date	5 Payee name	<u> </u>			<u> </u>		
	04/14/2025	Campaign						
6	Amount (\$)	7 Payee addr	ess; City; State;	Zip Co	ode			
	\$29.00	16 Dudley	St					
	Reimbursement from							
	X political contributions intended	Fitchburg,	MA 01420					
8	PURPOSE	(a) Category (See Categories listed at the top of this sch	edule)	(b) Description	Check	if travel outside of Texas. Complete Sch	edule T.
	OF	Fees				Check	if Austin, TX, officeholder living expense	
	EXPENDITURE				Wesbite			
9	Complete ONLY if direct	Candidate/Office	eholder name		Office sought		Office held	
	expenditure to benefit C/OH							
	Date	Payee name	Э					
	05/11/2025	Campaign	Partner					
	Amount (\$)	Payee addr	ess; City; State;	Zip Co	ode			
	\$29.00	16 Dudley	St					
	Reimbursement from							
	x political contributions intended	Fitchburg,	MA 01420					
					_	_		
	PURPOSE OF		See Categories listed at the top of this scho	edule)	Description	=	if travel outside of Texas. Complete Sch if Austin, TX, officeholder living expense	
	EXPENDITURE	Fees			L	Cilcox	ii Austin, 17, onicendider living expense	
					Website			
		<u> </u>						
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held	
	C/OH							
	Data	1 5						
	Date	Payee name						
	06/11/2025	Campaign						
	Amount (\$)	Payee addr	, , ,	Zip Co	ode			
	\$29.00	16 Dudley	St					
	Reimbursement from political contributions							
	X political contributions intended	Fitchburg,	MA 01420					
	PURPOSE	Category (See Categories listed at the top of this sche	edule)	Description	Check	if travel outside of Texas. Complete Sch	edule T.
	OF EXPENDITURE	Fees				Check	if Austin, TX, officeholder living expense	
	LXI LINDITORL				Website			
		Candidate/Office	eholder name		Office sought		Office held	
	expenditure to benefit				-			
	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Event Expense Fees Food/Beverage E: Gift/Awards/Memo Legal Services The Instructio	orials Expense	Office Ov Polling Ex Printing E Salaries/N			Transportation Equipmer Travel in District Travel Out of District OTHER (enter a category	nt & Related Expense	
_	Tatal manua Cabadala Ca	١,			· ·		<u> </u>	10	File ID (Falsis - C	>	-
1	Total pages Schedule G: Sch: 3/9 Rpt: 7/15	2	FILER NAME Schenck, Da		onorable)			3	Filer ID (Ethics C 00062484	Commission Filers)	
_	<u> </u>	_			,						-
4	Date 01/06/2025	5	Payee name Doubletree I	Hotel							
-	Amount (\$)	17	Payoo addros	c: City:	Sto	to: Zin Co	ndo				-
0	Amount (\$)	'	Payee addres	s; City;	Sia	te; Zip Co	oue				
	\$354.66	l	15th St.								
	Reimbursement from	l									
	X political contributions intended		Austin, TX 7	8711							
8	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of this s	schedule)	(b) Description	Cr	neck if travel outside of Te	xas. Complete Schedule T.	
	OF	l	Travel In Dis	strict				Cr	neck if Austin, TX, officeho	lder living expense	
	EXPENDITURE	l					Hotel	_			
		l					liotoi				
											_
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeh	older name			Office sought		Office h	eld	
	Date	Π	Payee name								
	01/13/2025		Hampton In	1							
		L	•		Cto	to: 7in Ca	- d -				-
	Amount (\$)	l	Payee addres		Sta	te; Zip Co	ode				
	\$338.74	l	7629 I-35 No	orth							
	Reimbursement from political contributions intended		Austin, TX 7	8711							
	PURPOSE		Category (Se	e Categories liste	d at the top of this	schedule)	Description	Ch	neck if travel outside of Te	xas. Complete Schedule T.	
	OF	l	Travel In Dis	strict	·	,		Cr	neck if Austin, TX, officeho	lder living expense	
	EXPENDITURE	l	Traver in Dis	, in ot			Hotel				
		l					liotei				
											_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeh	older name			Office sought		Office h	eld	
	Data		_								=
	Date	l	Payee name								
	01/21/2025		Hampton In	1							
	Amount (\$)		Payee addres	s; City;	Sta	te; Zip Co	ode				
	\$279.06		7629 I-35 No	orth							
		l									
	Reimbursement from political contributions intended		Austin, TX 7	8711							
	PURPOSE	\vdash			d at the top of this s	achod::!a\	Description	7 04	neck if traval outside of Te	xas. Complete Schedule T.	_
	OF	l			a at the top of this s	scriedule)	Description	=	neck if Austin, TX, officeho		
	EXPENDITURE	l	Travel In Dis	STRICT			L			add availing expenses	
							Hotel				
		l									
	·	Car	ndidate/Officeh	older name			Office sought		Office h	eld	
	expenditure to benefit										
	C/OH										_
										·	•

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Award: Legal Serv						Travel in Distric Travel Out of D OTHER (enter		ve)
1	Total pages Schedule G:	2	FILER NAME		- 11	->			3	•	Ethics Commission	n Filers)
	Sch: 4/9 Rpt: 8/15		Schenck, D	-	e Honorabl	e)				00062484		
4	Date	5	Payee name									
	01/31/2025	_	Hampton In									
6	Amount (\$)	7	Payee addres		City;	State;	Zip Co	ode				
	\$196.04		7629 I-35 N	iortn								
	X Reimbursement from political contributions intended		Austin, TX 7	78711								
8	PURPOSE OF	(a)	Category (Se	ee Categori	es listed at the top	of this sche	edule)	(b) Description	ऱ		side of Texas. Complete	
	EXPENDITURE		Travel In Di	istrict						heck if Austin, TX	X, officeholder living expe	ense
								Hotel				
9	Complete ONLY if direct		ndidate/Officel	holder pa	umo			Office sought			Office held	
J	expenditure to benefit C/OH	Cal	iuiuate/Onicer	noidel Ilä	uni c			Onice sought		,	Onice rielu	
	Date		Payee name									
	02/07/2025		Hampton In	ın								
	Amount (\$)		Payee addres	ss; C	City;	State;	Zip Co	ode				
	\$115.47		7629 I-35 N	lorth								
	Reimbursement from political contributions intended		Austin, TX 7	78711								
	PURPOSE		Category (Se	ee Categori	es listed at the top	o of this sche	edule)	Description	브		side of Texas. Complete	
	OF EXPENDITURE		Travel In Di	istrict				11.7.1	L CI	heck if Austin, TX	X, officeholder living expe	ense
								Hotel				
	expenditure to benefit	Car	ndidate/Officel	holder na	ıme			Office sought			Office held	
L	C/OH											
	Date		Payee name									
	02/18/2025		Hampton In	ın								
	Amount (\$)		Payee addre		City;	State;	Zip Co	ode				
	\$335.54		7629 I-35 N	lorth								
	Reimbursement from political contributions intended		Austin, TX 7	78711								
	PURPOSE		Category (Se	ee Categori	es listed at the top	o of this sche	edule)	Description	_		side of Texas. Complete	
	OF EXPENDITURE		Travel In Di	istrict				11.7.1	L CI	heck if Austin, TX	X, officeholder living expe	ense
								Hotel				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	holder na	ime			Office sought			Office held	

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Fayment		The Instruction Guide explains	s how to co	omplete this form.	
1	Total pages Schedule G:	2 FILER NAM	1E			3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 9/15	Schenck,	David (The Honorable)			00062484
4	Date	5 Payee nam	e			
	03/03/2025	Hampton				
6	Amount (\$)	7 Payee addr		e; Zip Co	nde	
Ŭ	\$335.67	7629 I-35	•	s, 21p 0	ode	
		70291-33	NOTH			
	X Reimbursement from political contributions		70744			
	intended	Austin, TX	. 78711			
8	PURPOSE	(a) Category	See Categories listed at the top of this so	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In [District		L	Check if Austin, TX, officeholder living expense
					Hotel	
9		Candidate/Offic	eholder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date	Payee nam	е			
	03/07/2025	Hampton	nn			
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode	
	\$186.06	7629 I-35	North			
	Reimbursement from					
	X political contributions intended	Austin, TX	78711			
					Description F	Charle if travel autoide of Taylor Complete Cabadule T
	PURPOSE OF		See Categories listed at the top of this so	hedule)	Description _	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Travel In [DISTRICT		Hotel	
					liotei	
	Complete ONL V if direct	Condidate/Offic	ahaldar nama		Office cought	Office held
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Offic	enoider name		Office sought	Office field
	C/OH					
	Date	Payee nam	0			
	03/19/2025	Hampton				
		<u>'</u>		7: 0		
	Amount (\$)	Payee addr		e; Zip Co	ode	
	\$94.92	7629 I-35	Νοπη			
	X Reimbursement from political contributions					
	intended	Austin, TX	78711			
	PURPOSE	Category	See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In [District		[Check if Austin, TX, officeholder living expense
	EXPENDITURE				Hotel	
	Complete ONLY if direct	Candidate/Offic	eholder name		Office sought	Office held
	expenditure to benefit				•	
	C/OH					

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Ex Printing E Salaries/N	Т	Travel in District Travel Out of District OTHER (enter a category not listed above)				
	· 		The Instruction Guide explains	now to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAME	Ξ			3 F	iler ID (Ethics Co	ommission Filers)		
	Sch: 6/9 Rpt: 10/15	Schenck, D	avid (The Honorable)			0	0062484			
4	Date	5 Payee name								
	04/07/2025	Hampton Ir								
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode					
	\$276.48	7629 I-35 N								
	Reimbursement from	10201001								
	X political contributions	Atin TV	70744							
	intended	Austin, TX								
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this scho	edule)	(b) Description	=		s. Complete Schedule T.		
	OF EXPENDITURE	Travel In D	istrict		L	Ched	ck if Austin, TX, officehold	er living expense		
	-				Hotel					
9		Candidate/Office	holder name		Office sought		Office he	ld		
	expenditure to benefit C/OH									
	C/O11									
	Date	Payee name								
	04/18/2025	Hampton Ir	nn							
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode					
	\$217.26	7629 I-35 N	lorth							
	Reimbursement from									
	x political contributions intended	Austin, TX	70711							
					T F					
	PURPOSE OF	1	ee Categories listed at the top of this scho	edule)	Description	=	ck if travel outside of Texa ck if Austin, TX, officehold	s. Complete Schedule T.		
	EXPENDITURE	Travel In D	istrict		L	Cile	ck ii Austiii, 17, oiliceilolu	er living expense		
					Hotel					
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office he	ld		
	C/OH									
H		1								
	Date	Payee name								
	05/22/2025	Hampton Ir	nn							
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode					
	\$92.16	7629 I-35 N	lorth							
	Reimbursement from									
	X political contributions intended	Austin, TX	78711							
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ched	ck if travel outside of Texa	s. Complete Schedule T.		
	OF	Travel In D	,	,		Chec	ck if Austin, TX, officehold	er living expense		
	EXPENDITURE	1101512			Hotel	_				
\vdash	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office he	ld		
	expenditure to benefit	Carialaate/Onice	HOIGH HUITIC		Onice Sougift		Onice He	iu		
	C/OH									

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/ Legal Service	age Expense /Memorials Exp ces uction Guide			xpense Vages/C	Contract Labor		Trave	el in Dist el Out of ER (ente	District	ory not listed abo	ove)
1	Total pages Schedule G:	ı	FILER NAME							3	File		•	Commissio	n Filers)
	Sch: 7/9 Rpt: 11/15		Schenck, Da	avid (The	e Honorab	le)					000	6248	4		
4	Date	ı	Payee name												
	05/16/2025		Hampton In	n											
6	Amount (\$)	ı	Payee addres		ity;	State;	Zip Co	de							
	\$184.32		7629 I-35 N	iortn											
	X Reimbursement from political contributions intended		Austin, TX 7	78711											
8	PURPOSE	(a)	Category (Se	ee Categorie:	s listed at the to	p of this sche	edule)	(b) [Description	ı 🔲 cı	heck if	travel o	utside of Te	exas. Complete	e Schedule T.
	OF EXPENDITURE		Travel In Dis	strict						CI	heck if	Austin,	TX, officeh	older living exp	ense
								Hote	el						
9	Complete ONLY if direct expenditure to benefit	Can	didate/Officeh	holder nar	ne			0	office sough	ht			Office	held	
	C/OH														
	Date	ı	Payee name												
	05/12/2025	┡	Hampton In												
	Amount (\$)	ı	Payee address	•	ity;	State;	Zip Co	ode							
	\$302.64		7629 I-35 N	IOILII											
	Reimbursement from political contributions intended		Austin, TX 7	78711											
	PURPOSE OF	ı	Category (Se	-	s listed at the to	p of this sche	edule)	[Description					exas. Complete	
	EXPENDITURE		Travel In Dis	strict				Lloto	.I	П	neck ii	Ausun,	ix, onicen	older living exp	erise
								Hote	; 1						
	Complete ONLY if direct expenditure to benefit	Can	didate/Officeh	holder nar	ne			0	office sough	ht			Office	held	
	C/OH														
	Date		Payee name												
	05/21/2025		Hampton In	n											
	Amount (\$)		Payee addres	ss; Ci	ity;	State;	Zip Co	de							
	\$132.56		7629 I-35 N	lorth											
	Reimbursement from political contributions intended		Austin, TX 7	78711											
	PURPOSE		Category (Se	ee Categorie	s listed at the to	p of this sche	edule)	[Description	n C	heck if	travel o	utside of Te	exas. Complete	e Schedule T.
	OF EXPENDITURE		Travel In Dis	strict						CI	heck if	Austin,	TX, officeh	older living exp	ense
								Hote	el 						
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeh	holder nar	ne			0	office sough	ht			Office	held	

SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Gift/Awards/Memorials Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
_		I					1.						
1	Total pages Schedule G: Sch: 8/9 Rpt: 12/15	2 FILEF	R NAME nck, David (The Hono	rable)			3	Filer ID 000624	`	ommission Filers)			
4	Date	5 Pave	e name										
	06/04/2025	,.	pton Inn										
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Co	de							
	\$92.16	7629	I-35 North										
	Reimbursement from political contributions intended	Austi	n, TX 78711										
8	PURPOSE	(a) Cated	Ory (See Categories listed at t	he top of this sche	edule)	(b) Description	С	heck if trave	I outside of Tex	as. Complete Schedule T.			
	OF	l`´ `	el In District	•	ŕ		<u> </u>	heck if Austi	n, TX, officehol	der living expense			
	EXPENDITURE		J 2			Hotel							
9	Complete ONLY if direct expenditure to benefit C/OH	I Candidate	e/Officeholder name			Office sought			Office he	eld			
	Date	Paye	e name										
	06/13/2025	l í	pton Inn										
	Amount (\$)	Pave	e address; City;	State:	Zip Co	de							
	\$393.64	l '	I-35 North	,									
		1020	1 00 110141										
	X Reimbursement from political contributions intended	Austi	n, TX 78711										
	PURPOSE	Cate	Ory (See Categories listed at t	he top of this sche	edule)	Description	С	heck if trave	I outside of Tex	as. Complete Schedule T.			
	OF EXPENDITURE	Trav	el In District			Ī	C	heck if Austi	n, TX, officehol	der living expense			
	EXPENDITURE					Hotel							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate	e/Officeholder name			Office sought			Office he	eld			
	Date	Pave	e name										
	01/16/2025	1 1	Post Office										
	Amount (\$)	Paye	e address; City;	State;	Zip Co	de							
	\$53.00	400 ا	N. Ervay										
	Reimbursement from												
	X political contributions intended	Dalla	s, TX 75201										
	PURPOSE	Cate	Ory (See Categories listed at t	he top of this sche	edule)	Description	С	heck if trave	I outside of Tex	as. Complete Schedule T.			
	OF	Offic	e Overhead/Rental Ex	pense		·	\Box c	heck if Austi	n, TX, officehol	der living expense			
	EXPENDITURE					PO Box							
	Complete ONLY if direct	L Candidate	/Officeholder name			Office sought			Office he	eld			
	expenditure to benefit	- anaidatt				Sinos sought			Cilioc III	J			
L	C/OH												

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 9/9 Rpt: 13/15 Schenck, David (The Honorable) 00062484 Date Payee name 04/16/2025 U.S. Post Office 6 Amount (\$) Payee address; City; State; Zip Code 400 N. Ervay \$55.00 Reimbursement from political contributions intended Х Dallas, TX 75201 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Po Box Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		1		pages Schedule K: 1/2 Rpt: 14/15				
2	FILER NAME				3	Filer II	O (Ethics Commission Fil	lers)			
l	Schenck, Da	avid	I (The Honorable)			00062	2484				
4	Date 01/02/2025	ļ	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code				8 Amount (\$)	\$2.00			
			San Antonio, TX 78509								
		7	Purpose for which amount is received	Check if po	litic	al cont	contribution returned to filer				
F	Date		Name of person from whom amount is received				Amount (\$)				
l	02/10/2025		Frost Bank					\$1.25			
l		ļ	Address of person from whom amount is received; City; State; Zip Code								
			San Antonio, TX 78509								
			Purpose for which amount is received	Check if po	litic	al cont	tribution returned to filer				
l			interest								
F	Date	İ	Name of person from whom amount is received				Amount (\$)				
l	03/10/2025		Frost Bank					\$1.03			
l		ļ	Address of person from whom amount is received; City; State; Zip Code								
			Dallas, TX 75225 Purpose for which amount is received	Shook if no	litio	val aant	tribution returned to filer				
l			interest	леск п ро	HILIC	ai com	inbution returned to liler				
⊨		<u> </u>									
l	Date		Name of person from whom amount is received				Amount (\$)	44.00			
l	04/08/2025	ļ	Frost Bank					\$1.08			
			Address of person from whom amount is received; City; State; Zip Code								
l			Dallas, TX 75225								
l		Г	Purpose for which amount is received	Check if po	litic	al cont	ribution returned to filer				
l			Interest								
F	Date	H	Name of person from whom amount is received				Amount (\$)				
l	05/08/2025		Frost Bank					\$1.12			
		 	Address of person from whom amount is received; City; State; Zip Code								
			Dallas, TX 75225								
		Г	Purpose for which amount is received	Check if po	litic	al cont	tribution returned to filer				
			Interest								

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 15/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Schenck, David (The Honorable) 00062484 5 Name of person from whom amount is received 8 Amount (\$) 06/09/2025 Frost Bank \$1.19 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75225 Purpose for which amount is received Check if political contribution returned to filer Interest