

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089570		2 Total pages filed: 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Dennis E.	MI		
	NICKNAME Goose	LAST Geesaman	SUFFIX		
			OFFICE USE ONLY		
			Date Received ELECTRONICALLY FILED 07/14/2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 815 Scott's School Rd Flatonia, TX 78941		ZIP CODE		
	Date Hand-delivered or Date Postmarked				
	Receipt #		Amount		
	Date Processed				
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Kimberley	MI		
	NICKNAME	LAST Rutledge	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2720 Reinsch Rd Smithville, TX 78957		APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(214)	507-9922			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
		03/27/2025			06/30/2025
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 85	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 17

13 C / OH NAME Geesaman, Dennis E. (Mr.)	14 Filer ID (Ethics Commission Filers) 00089570
---	---

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS			

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,960.39
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 372.01
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,254.65
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,782.45
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28,556.73

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Dennis E. Geesaman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 17

18 FILER NAME Geesaman, Dennis E. (Mr.)		19 Filer ID 00089570	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	6,249.21
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	711.18
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	28,370.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	24,067.92
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	186.73
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	11.92

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/17
2 FILER NAME Geesaman, Dennis E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089570
4 Date 06/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appelt, Barbara <hr/> 6 Contributor address; City; State; Zip Code Schulenburg, TX 78956	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barritt, Alix Hunter <hr/> Contributor address; City; State; Zip Code Lake Wales, FL 33853	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Ruth <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$780.76
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Raymond <hr/> Contributor address; City; State; Zip Code East Bernard, TX 77435	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Claims Adjuster		Employer (See Instructions) The Hartford

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/17
2 FILER NAME Geesaman, Dennis E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089570
4 Date 06/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Raymond <hr/> 6 Contributor address; City; State; Zip Code East Bernard, TX 77435	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Claims Adjuster		9 Employer (See Instructions) The Hartford
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Terri <hr/> Contributor address; City; State; Zip Code Flatonia, TX 78941	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kammire, Frederick <hr/> Contributor address; City; State; Zip Code Miami, FL 33166	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Lisa <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/17
2 FILER NAME Geesaman, Dennis E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089570
4 Date 06/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patsy <hr/> 6 Contributor address; City; State; Zip Code La Grange, TX 78945	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinteralli, Eric <hr/> Contributor address; City; State; Zip Code Sealy, TX 77474	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Front counter helper		Employer (See Instructions) Rautex Inc.
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Kimberley <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/17	
2 FILER NAME Geesaman, Dennis E. (Mr.)				3 Filer ID (Ethics Commission Filers) 00089570	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 06/10/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah		8 Amount of contribution (\$) \$241.26		9 In-kind contribution description printed car magnets
7 Contributor address; City; State; Zip Code La Grange, TX 78945			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) RETIRED			11 Employer (FOR NON-JUDICIAL) (See instructions) RETIRED		
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 contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah		Amount of contribution (\$) \$241.26		In-kind contribution description printed auto advertising
Contributor address; City; State; Zip Code La Grange, TX 78945			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) RETIRED			Employer (FOR NON-JUDICIAL) (See instructions) RETIRED		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah		Amount of contribution (\$) \$228.66		In-kind contribution description printed auto advertising
Contributor address; City; State; Zip Code La Grange, TX 78945			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) RETIRED			Employer (FOR NON-JUDICIAL) (See instructions) RETIRED		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/5 Rpt: 8/17	
2 FILER NAME Geesaman, Dennis E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089570	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 03/27/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		9 Loan Amount (\$) \$20.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Flatonia, TX 78941		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Candidate for TX House Rep		13 Employer (See Instructions) N/A	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 04/18/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		Loan Amount (\$) \$1,600.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Flatonia, TX 78941		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Candidate for TX House Rep		Employer (See Instructions) N/A	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/5 Rpt: 9/17	
2 FILER NAME Geesaman, Dennis E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089570	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 04/22/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		9 Loan Amount (\$) \$8,250.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Flatonia, TX 78941		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Candidate for TX House Rep		13 Employer (See Instructions) N/A	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 04/25/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		Loan Amount (\$) \$1,100.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Flatonia, TX 78941		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Candidate for TX House Rep		Employer (See Instructions) N/A	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 3/5 Rpt: 10/17	
2 FILER NAME Geesaman, Dennis E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089570	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 04/30/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		9 Loan Amount (\$) \$2,500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Flatonia, TX 78941		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Candidate for TX House Rep		13 Employer (See Instructions) N/A	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 05/12/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		Loan Amount (\$) \$2,500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Flatonia, TX 78941		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Candidate for TX House Rep		Employer (See Instructions) N/A	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 4/5 Rpt: 11/17	
2 FILER NAME Geesaman, Dennis E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089570	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 05/12/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		9 Loan Amount (\$) \$200.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Flatonia, TX 78941		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Candidate for TX House Rep		13 Employer (See Instructions) N/A	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 05/28/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		Loan Amount (\$) \$200.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Flatonia, TX 78941		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Candidate for TX House Rep		Employer (See Instructions) N/A	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 5/5 Rpt: 12/17	
2 FILER NAME Geesaman, Dennis E. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089570	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 06/04/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Flatonia, TX 78941		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Candidate for TX House Rep		13 Employer (See Instructions) N/A	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 06/30/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis		Loan Amount (\$) \$2,000.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Flatonia, TX 78941		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Candidate for TX House Rep		Employer (See Instructions) N/A	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 13/17	2 FILER NAME Geesaman, Dennis E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089570
4 Date 04/21/2025	5 Payee name Powerful Publications	
6 Amount (\$) \$1,425.11	7 Payee address; City; State; Zip Code 4404 Anders Bottom Road La Grange, TX 78945	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2025	Candidate/Officeholder name RMC	Office sought Office held
Amount (\$) \$8,250.00	Payee address; City; State; Zip Code 6950 Obannon Dr Ste 100 Las Vegas, NV 89117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting, website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/25/2025	Candidate/Officeholder name RMC	Office sought Office held
Amount (\$) \$1,020.92	Payee address; City; State; Zip Code 6950 Obannon Dr Ste 100 Las Vegas, NV 89117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense video production
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 14/17	2 FILER NAME Geesaman, Dennis E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089570
4 Date 05/05/2025	5 Payee name RMC	
6 Amount (\$) \$666.67	7 Payee address; City; State; Zip Code 6950 Obannon Dr Ste 100 Las Vegas, NV 89117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/10/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$748.00	Payee name RMC Payee address; City; State; Zip Code 6950 Obannon Dr Ste 100 Las Vegas, NV 89117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense collateral
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$3,750.00	Payee name RMC Payee address; City; State; Zip Code 6950 Obannon Dr Ste 100 Las Vegas, NV 89117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense video production
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 15/17	2 FILER NAME Geesaman, Dennis E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089570
4 Date 05/28/2025	5 Payee name RMC	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 6950 Obannon Dr Ste 100 Las Vegas, NV 89117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense collateral collateral
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/04/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7,551.21	Payee name RMC Payee address; City; State; Zip Code 6950 Obannon Dr Ste 100 Las Vegas, NV 89117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense solicitation solicitation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/23/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$84.00	Payee name RMC Payee address; City; State; Zip Code 6950 Obannon Dr Ste 100 Las Vegas, NV 89117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 16/17	2 FILER NAME Geesaman, Dennis E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089570
4 Date 05/01/2025	5 Payee name Darlin's Diner	
6 Amount (\$) \$186.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 114 E South Main Flatonia, TX 78941	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense craft services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 17/17

2 FILER NAME

Geesaman, Dennis E. (Mr.)

3 Filer ID (Ethics Commission Filers)
00089570

4 Date

06/09/2025

5 Name of person from whom amount is received

Amazon

8 Amount (\$)

\$11.92

6 Address of person from whom amount is received; City; State; Zip Code

Seattle, WA 98109

7 Purpose for which amount is received

Other (unauthorized use of debit card)

☐ Check if political contribution returned to filer