#### 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) 00062111 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Kenneth H. NAME Date Received **ELECTRONICALLY FILED** 07/13/2025 NICKNAME LAST **SUFFIX** Ken Molberg CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; 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. David W. NAME NICKNAME LAST **SUFFIX** Bradley **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) 213-1994 **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** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

**GO TO PAGE 2** 

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Molberg, Kenneth H.	<b>14</b> Filer ID (00062111	(Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou I officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
	NS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	,	\$ 0.00	
	<b>\$</b> 17,000.47			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 80,865.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	
		The Hono	rable Kenneth H. Molb	perg
			of Candidate or Officehol	der
AFFIX NO	ΓARY STAMP / SEAL AΒ	DVE		
		aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	r administering oath

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

	3 of 20							
18 FILER			19 Filer ID	(Ethics Commission Filers)				
		enneth H. (The Honorable)	00062111	T				
		SUBTOTALS CHEDULE		SUBTOTAL AMOUNT				
1.	] :	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$				
2.		\$						
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5.	× s	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 12,285.75				
6.	] :	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	] :	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 4,089.82				
9.	X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 624.90				
10.	] ;	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	] ;	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	<b>\$</b> 5.95				

## 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

	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: 1/6 Rpt: 4/20	Molberg, Kenneth H. (The Honorable) 00062111			
4	Date	5 Payee name			
	02/01/2025	2201 Main LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,319.96	2201 Main Street Ste 400			
		Dallas, TX 75201			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign office rent and utilities			
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	'				
	Date	Payee name			
	02/27/2025	2201 Main LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,320.23	2201 Main Street Ste 400			
l		Dallas, TX 75201			
Г	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.			
l		Check if Austin, TX, officeholder living expense  Campaign office rent and utilities			
		Campaign omes fort and damage			
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
F	Date	Payee name			
	03/31/2025	2201 Main LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,319.96	2201 Main Street Ste 400			
	7-,0-000				
		Dallas, TX 75201			
L	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Campaign office rent and utilities			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experientale to beliefft G/OI	,			

## 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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Polling Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 5/20	Molberg, Kenneth H. (The Honorable)	00062111
4	Date	Payee name	
	04/28/2025	2201 Main LLC	
6	Amount (\$)	Payee address; City; State; Zip Code	
ĺ	\$1,319.96	2201 Main Street Ste 400	
ĺ			
		Dallas, TX 75201	
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	emice everneda/Kental Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			ffice rent and utilities
ĺ			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
ĺ	05/31/2025	2201 Main LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
ĺ	\$1,334.04	2201 Main Street Ste 400	
		Dallas, TX 75201	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Towns Communication
	EXPENDITURE	Onice Overnead/Nertial Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		<b> </b>	ffice rent and utilities
L			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	06/30/2025	Amegy Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.00	1722 Routh St Ste 120	İ
			İ
		Dallas, TX 75201	
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 663	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Banking fee:	
			İ
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:	,				
_	Sch: 3/6 Rpt: 6/20	Molberg, Kenneth H. (The Honorable)  00062111				
4	Date	5 Payee name				
	01/12/2025	American Express				
6	Amount (\$) \$630.00	7 Payee address; City; State; Zip Code PO Box 360001				
		Ft Lauderdale, FL 33336-0001				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Reimburse credit card for expenses noted in report				
		The middle of the state of the				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/25/2025	American Express				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$267.26	PO Box 360001				
		Ft Lauderdale, FL 33336-0001				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Credit Card Payment  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Reimburse credit card for expenses noted in report				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	03/31/2025	American Express				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,111.64	PO Box 360001				
		Fort Lauderdale, FL 33336				
	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.				
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense				
		Reimburse credit card for expenses noted in report				
_	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 -Candidate/Officeholder/Political Committee

Fees Office Overhead/
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

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

	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: 4/6 Rpt: 7/20	Molberg, Kenneth H. (The Honorable) 00062111
4	Date	5 Payee name
	04/22/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$515.74	PO Box 360001
L		Fort Lauderdale, FL 33336
8	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  Reimburse credit card for expenses noted in report
		Neimburse dream early to expenses noted in report
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	06/23/2025	American Express
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,538.18	PO Box 360001
	, ,	
		Fort Lauderdale, FL 33336
	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  Reimburse credit card for expenses noted in report
		Neimburse dream card for expenses noted in report
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/12/2025	Bar Association of the 5th Federal Circuit
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	600 Camp Street Rm 102A
		New Orleans, LA 70130
	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  Membership fee
		Wietinbership iee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
l		

## 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	Gift/Awards, Committee Legal Servio	age Expense /Memorials Expense ces uction Guide explains h		ense ges/Contract Labor	Travel in District Travel Out of Di: OTHER (enter a	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
L	Sch: 5/6 Rpt: 8/20	Molberg, Kenneth H	. (The Honorable)			00062111	
4	Date	Payee name					
	02/01/2025	Dallas County Demo	ocratic Party				
6	Amount (\$)	Payee address; C	ity; State;	Zip Code	e		
	\$125.00	1414 N Washington	Ave				
		Dallas, TX 75204					
8	PURPOSE	a) Category (See Categorie	s listed at the top of this sche	edule) (I	<b>D</b> ) Description		
	OF EXPENDITURE	Advertising Expense				outside of Texas. Com	
					_	ı, TX, officeholder livin $\mathfrak p$	
					Advertising s	porisorsinp or c	Vent
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sough	nt	Office he	əld
Ľ	expenditure to benefit C/OI	Caradate/Oniceriolaer					STG .
	Date	Payee name					
L	01/16/2025	Democracy Toolbox					
	Amount (\$)	Payee address; C	ity; State;	Zip Code	9		
	\$400.00 Post Office Box 6250						
		McKinney, TX 7507	1				
	PURPOSE OF	a) Category (See Categorie	s listed at the top of this sche	edule) (I	Description		
	EXPENDITURE	Consulting Expense			<u> </u>	outside of Texas. Com	
					Clerical servi		у схренос
一	Complete ONLY if direct	Candidate/Officeholder	name C	Office sough	nt	Office he	eld
	expenditure to benefit C/OI						
	Date	Payee name					
	06/23/2025	Molberg, Ken					
Г	Amount (\$)	Payee address; C	ity; State;	Zip Code	9		
	\$624.90	2201 Main Street St	e 820				
		Dallas, TX 75201					
Г	PURPOSE	a) Category (See Categorie	s listed at the top of this sche	edule) (I	) Description		
	OF EXPENDITURE	Loan Repayment/Re			Check if travel	outside of Texas. Com	
						, TX, officeholder living	g expense es from personal funds
					noted in repo		so moini personiai iunus
_	Complete ONLY if direct	Candidate/Officeholder	name C	Office sough		Office he	əld
	expenditure to benefit C/O	Carraidate/Oniceriolder		oo oougi	••	Cilioc III	<b>∪.</b> ₩

## 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,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/6 Rpt: 9/20	Molberg, Kenneth H. (The Honorable)  00062111
4	Date	5 Payee name
	02/15/2025	North Dallas Texas Democratic Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	17201 Hidden Glen Dr
		Dallas, TX 75248
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.  Check if Austin, TX, officeholder living expense
		Membership fee
		memosising rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/12/2025	Red Gap Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$196.88	504 Main St
		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
		Campaign office phone
	Commiste ONLY if divest	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	·	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)		
Sch: 1/5 Rpt: 10/20	Molberg, Kenneth F	H. (The Honorable)		00062111				
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C	<b> \$</b>				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid				
	\$630.00	01/12/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Dallas Bar Associa	tion	2101 Ross Ave					
Dallas, TX 75201								
8 PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule)  Rar and section member								
X Political	Fees	or this scriedule)	Bar and section me	embership fees				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living ex	pense			
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid				
	\$92.32	02/08/2025						
PAYEE	(a) Payee name	Payee name (b) Payee address;		City,	State,	Zip Code		
	Austin Marriot Sout	h	4415 S I-35					
			Austin, TX 78744					
PURPOSE OF	(a) Category	(d: 1.11)	(b) Description					
EXPENDITURE 	(See Categories listed at the top Food/Beverage Expe	· · · · · · · · · · · · · · · · · · ·	Meal during Texas Democratic Women convention					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living ex	TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	rd Issuer Paid				
	\$30.70	02/04/2025						
PAYEE	(a) Payee name	I	(b) Payee address;	City,	State,	Zip Code		
			2730 Commerce S		,	•		
	St Petes Dancing N	⁄larlin						
			Dallas, TX 75226					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	,	Meal with colleague	e				
X Political	Food/Beverage Expe	1130						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	Austin, TX, officeholder living ex	pense			
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held				
expenditure to benefit C/OH								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

		The Inst	ruction Guide explains how	to complete th	nis form.				
1 Total pa	iges Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 2/	5 Rpt: 11/20	Molberg, Kenneth F	H. (The Honorable)			00062111			
4 CREDIT			ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYME	NT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$28.01	01/30/2025						
7 PAYEE		(a) Payee name  Dallas Bar Associat	tion	(b) Payee a 2101 Ross		City,	State,	Zip Code	
		Dallas, TX 75201							
	8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Event Expense (b) Description Legal seminar and lunch								
X Po	litical	Eveni Expense							
☐ No	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense				
	te <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held			
	re to benefit C/OH								
PAYME	ENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$1,090.00	03/12/2025						
PAYEE		(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code	
		Tex-ABOTA Inc	Tex-ABOTA Inc		50863				
				Dallas, TX	75265				
PURPO EXPEN	SE OF DITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description Conference registration fee					
X Po	litical	Fees							
No	n-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	TX, officeholder living expense			
	te <u>ONLY</u> if direct re to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
PAYME	NT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$21.64	03/13/2025						
PAYEE		(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Adaba		1221 Pead	chtree Street NE	E Suite 150			
		Adobe							
				Atlanta, GA 30361					
PURPO EXPEN	SE OF DITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
X Po		Office Overhead/Rent	,	Sollwares	subscription				
□ No	n-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense		
	te <u>ONLY</u> if direct re to benefit C/OH	Candidate/Officeholder	name Office	e sought	<del>_</del>	Office held			
L									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Sch: 3/5 Rpt: 12/20	Molberg, Kenneth F	H. (The Honorable)	00062111		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid	
	\$21.64	04/13/2025			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	Adobe		1221 Peachtree Street I	NE Suite 150	
Atlanta, GA 30361					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
X Political	Office Overhead/Ren	,	Software subscription		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid	
	\$174.75	05/17/2025			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code	
	ADOTA Houston		2003 Indiana Street		
	ABOTA Houston				
			Houston, TX 77019		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
l <u>—</u>	Event Expense	or this scriedule)	Event tickets		
X Political					
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.	<u> </u>	TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH		1	1		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid	
	\$966.43	06/19/2025			
PAYEE	(a) Payee name	l .	(b) Payee address;	City, State, Zip Code	
			309 W San Francisco S	t	
	El Dorado Hotel				
			Santa Fe, NM 87501		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Lodging during Texas A	BOTA conference	
X Political	Traver out or District				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held	
expenditure to benefit C/OH					

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

	The Inst	ruction Guide explains how	to complete	this form.	, ,		,	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
Sch: 4/5 Rpt: 13/20	Molberg, Kenneth F	H. (The Honorable)		00062111				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$16.23	01/22/2025						
7 PAYEE	(a) Payee name Amazon.com		(b) Payee PO Box 8		City,	State,	Zip Code	
				NA 98108				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
X Political	Office Overhead/Rent		Office su	pplies				
Non-Political	(c) Check if travel outside	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exp	ense		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH		-	_					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$100.00	01/16/2025						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Shay Wyrick Camp	ainn	PO Box 2	15707				
	- Smay rrymon Samp	e.ig.:	Austin, T	X 78761				
PURPOSE OF	(a) Category		(b) Descrip					
EXPENDITURE	(See Categories listed at the top		Campaign donation					
X Political	Contributions/Donation Candidate/Officeholde	er/Political Committee						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$494.10	04/05/2025						
PAYEE	(a) Payee name	-	(b) Payee	address;	City,	State,	Zip Code	
	American Airlines		4333 Am	on Carter Boulev	ard			
	American Amines							
	(a) Cataman			th, TX 76155				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion Santa Fe for Te	vas AROTA co	nforence		
X Political	Travel Out of District	•		Janua Fe IOI 16.	nus ADO IA 601	HEIGHILE		
	() [] a ( ) i				** * * * * * * * * * * * * * * * * * * *			
Non-Political	(c) X Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	Office held	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	name Office	z sougiil		Office field			
S. Policitato to boliciti O/O/I								

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 5/5 Rpt: 14/20	Molberg, Kenneth H. (The Honorable)				00062111			
4 CREDIT CARD ISSUER	Name of financial institution See previous  See previous			\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$40.00	06/19/2025						
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	American Airlines			n Carter Boulev	ard			
	( ) 5 :		+	n, TX 76155				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		- ( (			
X Political	Travel Out of District	I Daudade lee iib io Sailia				(BOTA C	onierence	
Non-Political	(c) Check if travel outside	tside of Texas. Complete Schedule T. Check if Austin, TX			officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
	\$134.00	05/20/2025						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Geronimo		724 Canyo	on Rd				
			Santa Fe,	NM 87501				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
X Political	Food/Beverage Exper		Meal durin	ng Texas ABOTA	I A conterence			
Non-Political	(c) Check if travel outside	of Texas Complete Schedule T	Г	Check if Austin TX	officeholder living expense			
Complete ONLY if direct				Oneok ii 7tastiri, 17t,	Office held			
expenditure to benefit C/OH			Ü					
PAYMENT	PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Cre			Credit Card Issuer	r Paid			
	\$250.00	04/22/2025						
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
			PO Box 19	92305				
	Stonewall Democrats of Dallas							
			Dallas, TX	75219				
PURPOSE OF	(a) Category (I			(b) Description				
EXPENDITURE	(See Categories listed at the top of this schedule) Advertising Expense  Advertising Expense			g sponsorship o	f event			
X Political	, was along Expense							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	direct Candidate/Officeholder name Office sought Office held							
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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 1/3 Rpt: 15/20		Molberg, Kenneth H. (The Honorable)				00062111		
4	Date	5	Payee name						
	06/22/2025		American Airlines						
6	Amount (\$) \$85.00	7	Payee address; City; State; Zip Code 4333 Amon Carter Boulevard						
	political contributions intended		Fort Worth, TX 76155						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel Out of District			Check if Austin, TX, officeholder living expense			
		Baggage fee			Baggage fee retu	return trip from Texas ABOTA conference			
9	Complete ONLY if direct expenditure to benefit C/OH	<b>L</b> Cai	ndidate/Officeholder name		Office sought		Office held		
	Date		Payee name						
	06/22/2025		DFW International Airport Parking						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$180.00		3200 E Airfield Dr						
	Reimbursement from political contributions intended		Dallas, TX 75261						
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description _	=	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Travel Out of District    Check if Austin, TX, officeholder living exper   Parking during trip to Santa Fe for Texas ABOTA   conference   Check if Austin, TX, officeholder living exper							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought		Office held		
	Date 06/19/2025		Payee name Paradies Lagardere DFW Airport						
	Amount (\$) \$6.49	Payee address; City; State; Zip Code 2417 N Support Rd suite c120							
	Reimbursement from political contributions intended	DFW Airport, TX 75261							
	PURPOSE OF		Category (See Categories listed at the top of this sche	dule)	Description	=	neck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE   Food/Beverage Expense		Check if Austin, TX, officeholder living expense						
		Refreshments during trip				3 mh			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought		Office held		

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE **G**

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Transport Travel in I Travel Ou	n/Fundraising Expense ation Equipment & Related Expense District it of District enter a category not listed above)		
1	Total pages Schedule G:	chedule G: 2 FILER NAME				(Ethics Commission Filers)		
	Sch: 2/3 Rpt: 16/20	Molberg, Kenneth H. (The Honora	able)		3 Filer ID 00062:	,		
4	Date	5 Payee name						
	06/20/2025	Plaza Cafe						
6	Amount (\$)	7 Payee address; City;	State; Zip Cod	е				
	\$28.00	54 Lincoln Ave						
	Reimbursement from political contributions intended	Santa Fe, NM 87501						
8	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	b) Description	Check if trave	el outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense				
	EXPENDITURE		1	Meal during Texa	as ABOTA	conference		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	<b>.</b>	Office sought		Office held		
	Date	Payee name						
	06/19/2025	The Shed						
	Amount (\$)	Payee address; City;	State; Zip Cod	e				
	\$27.99	113 Palace Ave						
	Reimbursement from political contributions intended	Santa Fe, NM 87501						
	PURPOSE	Category (See Categories listed at the top of	this schedule)	Description	Check if trave	el outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beverage Expense	E Expense Check if Austin, TX, officeholder living expe			tin, TX, officeholder living expense		
	Meal during Texas ABOTA conference					conference		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	•	Office sought		Office held		
	Date	Payee name						
	06/30/2025	Verizon Wireless						
Т	Amount (\$) Payee address; City; State; Zip Code							
	\$290.28 PO Box 105378							
	Reimbursement from							
	X political contributions intended	Atlanta, GA 30348						
	PURPOSE	Category (See Categories listed at the top of	this schedule)	Description		el outside of Texas. Complete Schedule T.		
	OF EXPENDITURE  Office Overhead/Rental Expense				tin, TX, officeholder living expense			
	<del></del>	Wireless phone charges						
L								
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought		Office held		

## 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: 3/3 Rpt: 17/20 Molberg, Kenneth H. (The Honorable) 00062111 Date Payee name Whataburger 06/19/2025 6 Amount (\$) Payee address; City; State; Zip Code 3200 E Airfield Dr Terminal E \$7.14 Reimbursement from political contributions intended Х Dallas, TX 75261 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal during trip Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# 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: 1/1 Rpt: 18/20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Molberg, Kenneth H. (The Honorable) 00062111 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2025 \$5.95 Amegy Bank 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75201 Purpose for which amount is received Check if political contribution returned to filer Interest earned on campaign deposits

# **Assets Purchased with Political Contributions and On** SCHEDULE M Hand As of The Last Day of The Reporting Period 1 Total pages Schedule M: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/20 (Ethics Commission Filers) 2 FILER NAME 3 Filer ID Molberg, Kenneth H. (The Honorable) 00062111 Description of Asset ThinkPad X1 laptop originally valued at \$2568.13 Description of Asset Lenovo ThinkPad X1 Carbon laptop for campaign originally valued at \$2038.40 4 Description of Asset Lenovo T420s laptop and case for officeholder and campaign use originally valued at \$1734.19

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form

	THE IIIS	dollon C	raide explains	now to complete	1113 1011111	Sch: 1/1 Rpt: 20/20					
2	FILER NAME					3 Filer ID (Ethics Co	ommission Filers)				
	Molberg, Kenneth H. (The Honorable)					00062111					
4	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee										
	American Airlines										
5	Contribution / Exp	enditure rep	orted on:								
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
	Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
6	Dates of Travel	7 Name	of person(s) traveli	ing							
		Molberg, Kenneth									
		8 Depart	ure city or name of	f departure location							
	06/19/2025	Dallas	i								
		9 Destina	ation city or name	of destination location							
	06/22/2025	Santa									
10	Means of transpor	tation	11 Purpose of tra	avel (including name of c	onference, seminar, or	other event)					
	Commercial Airp	lane	Texas ABOT	ΓA conference							