

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

|   |  |  |                      |   |                 |  |
|---|--|--|----------------------|---|-----------------|--|
| The JC/OH Instruction Guide explains how to complete this form.                                       |  | 1 Filer ID<br>(Ethics Commission Filers)<br>00086348 |                      | 2 Total pages filed:<br><br>16  |                 |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>The Honorable   |  | FIRST<br>David J.    | MI  |                 |  |
|   | NICKNAME   |  | LAST<br>Klein        | SUFFIX  |                 |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address |  | ADDRESS / PO BOX; APT / SUITE #; CITY;               |                      | ZIP CODE  |                 |  |
|   |  | REDACTED PER 254.0313, GOV'T CODE                    |                      |   |                 |  |
|   |  | Date Hand-delivered or Date Postmarked               |                      |   |                 |  |
|   |  | Receipt #  |                      | Amount  |                 |  |
|   |  | Date Processed                                       |                      |   |                 |  |
|   |  | Date Imaged  |                      |   |                 |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mr.   |  | FIRST<br>Jon Gregory | MI  |                 |  |
|   | NICKNAME   |  | LAST<br>Marks        | SUFFIX  |                 |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);   |  | APT / SUITE #;       | CITY;   | STATE; ZIP CODE |  |
|   | REDACTED PER 254.0313, GOV'T CODE  |  |                      |   |                 |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE  | PHONE NUMBER   | EXTENSION            |   |                 |  |
|   | (954)  | 263-0848   |                      |   |                 |  |
| 8 REPORT<br>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)<br><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<br>COVERED   | Month  | Day  | Year                 | THROUGH   | Month Day Year  |  |
|   |  | 01/01/2025   |                      |   | 06/30/2025      |  |
| 10 ELECTION   | ELECTION DATE  |  | ELECTION TYPE        |   |                 |  |
|   | Month  | Day  | Year                 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                 |  |
|   |  |  |                      | 03/03/2026  |                 |  |
| 11 OFFICE   | OFFICE HELD (if any)<br>District Judge District 148 Nueces   |  |                      | 12 OFFICE SOUGHT (if known)<br>District Judge District 148  |                 |  |

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 16

|   |   |
|---|---|
| <b>13 C / OH NAME</b> Klein, David J. (The Honorable) | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00086348 |
|---|---|

|   |  |   |           |
|---|--|---|-----------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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. |   |           |
|   | <b>COMMITTEE TYPE</b><br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | <b>COMMITTEE NAME</b>                       |           |
|   |  | <b>COMMITTEE ADDRESS</b>                    |           |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |           |
|   |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |           |
| <b>16 CONTRIBUTION TOTALS</b>   | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   | \$  | 42.72     |
|   | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  | 17,372.72 |
| <b>EXPENDITURE TOTALS</b>   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$  | 37.30     |
|   | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$  | 4,832.02  |
| <b>CONTRIBUTION BALANCE</b>   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  | 21,731.17 |
| <b>OUTSTANDING LOAN TOTALS</b>  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$  | 0.00      |

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>17 AFFIDAVIT</b>  |   |  |  |   |  |
| <p>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.</p><br><br><div style="text-align:right"><p>The Honorable David J. Klein</p><p>_____<br/>Signature of Candidate or Officeholder</p></div>  |   |  |  |   |  |
| <p>AFFIX NOTARY STAMP / SEAL ABOVE</p><br><p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p><br><br><table style="width:100%"><tr><td style="width:33%">_____<br/>Signature of officer administering oath</td><td style="width:33%">_____<br/>Printed name of officer administering oath</td><td style="width:33%">_____<br/>Title of officer administering oath</td></tr></table> |   |  | _____<br>Signature of officer administering oath | _____<br>Printed name of officer administering oath | _____<br>Title of officer administering oath |
| _____<br>Signature of officer administering oath   | _____<br>Printed name of officer administering oath | _____<br>Title of officer administering oath |  |   |  |

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

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|   |   |   |
|---|---|---|
| <b>18 FILER NAME</b><br>Klein, David J. (The Honorable) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00086348 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE        |   | SUBTOTAL AMOUNT   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$ 17,372.72  |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 4,832.02   |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |
| 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/9 Rpt: 4/16 |
| <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348   |
| <b>4</b> Date<br>05/22/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Augenstein, Amie<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78418 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00       |
| <b>8</b> Contributor's Principal Occupation<br>attorney             |   | <b>9</b> Contributor's Job Title<br>attorney               |
| <b>10</b> Contributor's employer/law firm<br>Gail Law Group         |   | <b>11</b> Law firm of contributor's spouse (if any)<br>n/a |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bergsma, Michael<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413                   | Amount of Contribution (\$)<br><br>\$250.00                |
| Contributor's Principal Occupation<br>oil & gas                     |   | Contributor's Job Title<br>president                       |
| Contributor's employer/law firm<br>Bergsma Consulting               |   | Law firm of contributor's spouse (if any)<br>n/a           |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Canales, Gabbie<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411                    | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor's Principal Occupation<br>attorney                      |   | Contributor's Job Title<br>attorney                        |
| Contributor's employer/law firm<br>Canales Law Office               |   | Law firm of contributor's spouse (if any)<br>n/a           |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |
|   |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 2/9 Rpt: 5/16 |
| <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348   |
| <b>4</b> Date<br>05/22/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chesney, Brent<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00       |
| <b>8</b> Contributor's Principal Occupation<br>attorney             |   | <b>9</b> Contributor's Job Title<br>attorney               |
| <b>10</b> Contributor's employer/law firm<br>First Title Company    |   | <b>11</b> Law firm of contributor's spouse (if any)<br>n/a |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clark, Robin<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78373                     | Amount of Contribution (\$)<br><br>\$100.00                |
| Contributor's Principal Occupation<br>business                      |   | Contributor's Job Title<br>owner                           |
| Contributor's employer/law firm<br>Souvenir Shop                    |   | Law firm of contributor's spouse (if any)<br>n/a           |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flint Gould PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78401                 | Amount of Contribution (\$)<br><br>\$500.00                |
| Contributor's Principal Occupation                                  |   | Contributor's Job Title                                    |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 3/9 Rpt: 6/16 |
| <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348   |
| <b>4</b> Date<br>06/11/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GONZALEZ, HECTOR<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CORPUS CHRISTI, TX 78413   | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00       |
| <b>8</b> Contributor's Principal Occupation<br>ATTY                      |   | <b>9</b> Contributor's Job Title<br>atty                   |
| <b>10</b> Contributor's employer/law firm<br>Hector Gonzalez Law Offices |   | <b>11</b> Law firm of contributor's spouse (if any)<br>n/a |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)      |   |  |
| Date<br>05/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garcia, Luis<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78414                         | Amount of Contribution (\$)<br><br>\$500.00                |
| Contributor's Principal Occupation<br>attorney                           |   | Contributor's Job Title<br>attorney                        |
| Contributor's employer/law firm<br>self                                  |   | Law firm of contributor's spouse (if any)<br>n/a           |
| If contributor is a child, law firm of parent(s) (if any)                |   |  |
| Date<br>06/10/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HHA Hospital Medicine of Texas, PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78404 | Amount of Contribution (\$)<br><br>\$700.00                |
| Contributor's Principal Occupation                                       |   | Contributor's Job Title                                    |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 4/9 Rpt: 7/16 |
| <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348   |
| <b>4</b> Date<br>05/22/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HUMMELL, MICHAEL<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CORPUS CHRISTI, TX 78466 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00     |
| <b>8</b> Contributor's Principal Occupation<br>ATTY                 |   | <b>9</b> Contributor's Job Title<br>attorney               |
| <b>10</b> Contributor's employer/law firm<br>Berry Contracting, LP  |   | <b>11</b> Law firm of contributor's spouse (if any)<br>n/a |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hunsaker, Jerry<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411                    | Amount of Contribution (\$)<br><br>\$500.00                |
| Contributor's Principal Occupation<br>doctor                        |   | Contributor's Job Title<br>doctor                          |
| Contributor's employer/law firm<br>self                             |   | Law firm of contributor's spouse (if any)<br>n/a           |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Irma Sanjines-Law Office<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78427           | Amount of Contribution (\$)<br><br>\$300.00                |
| Contributor's Principal Occupation                                  |   | Contributor's Job Title                                    |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |
|   |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 5/9 Rpt: 8/16                                   |
| <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348                                     |
| <b>4</b> Date<br>05/22/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>KIM FROST, ATTORNEY AT LAW, PLLC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CORPUS CHRISTI, TX 78404 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,500.00</div> |
| <b>8</b> Contributor's Principal Occupation                         |   | <b>9</b> Contributor's Job Title   |
| <b>10</b> Contributor's employer/law firm                           |   | <b>11</b> Law firm of contributor's spouse (if any)  |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |  |

  

|   |   |   |
|---|---|---|
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LAW OFFICE OF BIANCA A. MEDINA-RODRIGUEZ<br><hr/> Contributor address; City; State; Zip Code<br><br>CORPUS CHRISTI, TX 78404 | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| Contributor's Principal Occupation                        |   | Contributor's Job Title   |
| Contributor's employer/law firm                           |   | Law firm of contributor's spouse (if any)   |
| If contributor is a child, law firm of parent(s) (if any) |   |   |

  

|   |  |   |
|---|--|---|
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LAW OFFICE OF JASON WOLF PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>CORPUS CHRISTI, TX 78401 | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$1,000.00</div> |
| Contributor's Principal Occupation                        |  | Contributor's Job Title   |
| Contributor's employer/law firm                           |  | Law firm of contributor's spouse (if any)   |
| If contributor is a child, law firm of parent(s) (if any) |  |   |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 6/9 Rpt: 9/16 |
| <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348   |
| <b>4</b> Date<br>06/30/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LAW OFFICE OF WILLIAM J. KELLY, PC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CORPUS CHRISTI, TX 78401 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00     |
| <b>8</b> Contributor's Principal Occupation                         |   | <b>9</b> Contributor's Job Title                           |
| <b>10</b> Contributor's employer/law firm                           |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Law office of Lindsay M. Browne<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411                      | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor's Principal Occupation                                  |   | Contributor's Job Title                                    |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MCKIBBEN, MARTINEZ, JARVIS, & WOOD LLP<br><hr/> Contributor address; City; State; Zip Code<br><br>CORPUS CHRISTI, TX 78401               | Amount of Contribution (\$)<br><br>\$1,000.00              |
| Contributor's Principal Occupation                                  |   | Contributor's Job Title                                    |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 7/9 Rpt: 10/16 |
| <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348    |
| <b>4</b> Date<br>05/22/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Milby, Richard<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78410 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00        |
| <b>8</b> Contributor's Principal Occupation<br>pastor               |   | <b>9</b> Contributor's Job Title<br>pastor                  |
| <b>10</b> Contributor's employer/law firm<br>n/a                    |   | <b>11</b> Law firm of contributor's spouse (if any)<br>n/a  |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |   |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Muniz Law Group, PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                  | Amount of Contribution (\$)<br><br>\$1,500.00               |
| Contributor's Principal Occupation                                  |   | Contributor's Job Title                                     |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Olsson, Natalie<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413                  | Amount of Contribution (\$)<br><br>\$30.00                  |
| Contributor's Principal Occupation<br>retired                       |   | Contributor's Job Title<br>retired                          |
| Contributor's employer/law firm<br>n/a                              |   | Law firm of contributor's spouse (if any)<br>n/a            |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
|   |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 8/9 Rpt: 11/16                                |
| <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)              |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348                                   |
| <b>4</b> Date<br>05/22/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pruett Moore III Attorney at law PLLC<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78414 | <b>7</b> Amount of Contribution (\$)<br><br><div style="text-align: right;">\$200.00</div> |
| <b>8</b> Contributor's Principal Occupation                         |  | <b>9</b> Contributor's Job Title   |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)  |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>05/22/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Randolph, Jack<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413  | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$500.00</div>          |
| Contributor's Principal Occupation<br>business                      |  | Contributor's Job Title<br>CEO   |
| Contributor's employer/law firm<br>Randolph Door & Lighting         |  | Law firm of contributor's spouse (if any)<br>n/a   |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>05/29/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SCHAUER, DON<br><hr/> Contributor address; City; State; Zip Code<br><br>CORPUS CHRISTI, TX 78404  | Amount of Contribution (\$)<br><br><div style="text-align: right;">\$500.00</div>          |
| Contributor's Principal Occupation<br>ATTY                          |  | Contributor's Job Title<br>attorney  |
| Contributor's employer/law firm<br>Schauer & Simank                 |  | Law firm of contributor's spouse (if any)<br>n/a   |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
|   |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

|  |  |  |
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| The Instruction Guide explains how to complete this form.    |  | 1 Total pages Schedule A(J)1:<br>Sch: 9/9 Rpt: 12/16 |
| 2 FILER NAME<br>Klein, David J. (The Honorable)              |  | 3 Filer ID (Ethics Commission Filers)<br>00086348    |
| 4 Date<br>05/29/2025   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Walker Keeling, LLP<br>6 Contributor address; City; State; Zip Code<br><br>Victoria, TX 77902 | 7 Amount of Contribution (\$)<br><br>\$250.00        |
| 8 Contributor's Principal Occupation                         |  | 9 Contributor's Job Title                            |
| 10 Contributor's employer/law firm                           |  | 11 Law firm of contributor's spouse (if any)         |
| 12 If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>05/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilson, David<br>Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413     | Amount of Contribution (\$)<br><br>\$500.00          |
| Contributor's Principal Occupation<br>doctor                 |  | Contributor's Job Title<br>doctor                    |
| Contributor's employer/law firm<br>Radiology Associates      |  | Law firm of contributor's spouse (if any)<br>n/a     |
| If contributor is a child, law firm of parent(s) (if any)    |  |  |
| Date<br>05/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ZEBA, LLC<br>Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78463         | Amount of Contribution (\$)<br><br>\$1,000.00        |
| Contributor's Principal Occupation                           |  | Contributor's Job Title                              |
| Contributor's employer/law firm                              |  | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)    |  |  |

# 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/4 Rpt: 13/16            | <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348  |
| <b>4</b> Date<br>02/11/2025   | <b>5</b> Payee name<br>Corpus Christi Yacht Club  |   |
| <b>6</b> Amount (\$)<br>\$730.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>98 Coopers Alley<br><br>Corpus Christi, TX 78401 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff appreciation dinner |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>05/12/2025  | Payee name<br>DiscountMugs.com  |   |
| Amount (\$)<br>\$313.93   | Payee address; City; State; Zip Code<br>12610 NW 115th Ave<br><br>Miami, FL 33178                 |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>advertising materials     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>06/02/2025  | Payee name<br>El Camino   |   |
| Amount (\$)<br>\$610.47   | Payee address; City; State; Zip Code<br>314 N Chaparral<br><br>Corpus Christi, TX 78401           |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraiser event          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/4 Rpt: 14/16            | <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348   |
| <b>4</b> Date<br>04/24/2025   | <b>5</b> Payee name<br>Golden Crown Restaurant   |  |
| <b>6</b> Amount (\$)<br>\$98.52                                     | <b>7</b> Payee address; City; State; Zip Code<br>2739 S. Staples<br><br>Corpus Christi, TX 78404 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>staff appreciation lunch |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |  |
| Date<br>05/23/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                      |  |
| Payee name<br>Gulf Coast Mailing                                    |  |  |
| Amount (\$)<br>\$200.26   | Payee address; City; State; Zip Code<br>6901 SPID<br><br>Corpus Chrsti, TX 78412                 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>printing                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |  |
| Date<br>05/09/2025  | Candidate/Officeholder name<br>Office sought<br>Office held                                      |  |
| Payee name<br>Neely Printing  |  |  |
| Amount (\$)<br>\$197.56   | Payee address; City; State; Zip Code<br>187 Neely Cir NE<br><br>Cleveland, TN 37311              |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>advertising materials    |
| 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/4 Rpt: 15/16            | <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348  |
| <b>4</b> Date<br>05/12/2025   | <b>5</b> Payee name<br>Pens.com  |   |
| <b>6</b> Amount (\$)<br>\$650.52                                    | <b>7</b> Payee address; City; State; Zip Code<br>342 Shelbyville Mills road<br><br>Shelbyville, TN 37160 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>advertising materials |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |   |
| Date<br>06/02/2025  | Candidate/Officeholder name<br>Payee name<br>Pens.com  |   |
| Amount (\$)<br>\$841.17   | Payee address; City; State; Zip Code<br>342 Shelbyville Mills road<br><br>Shelbyville, TN 37160          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>advertising materials        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  |   |
| Date<br>05/12/2025  | Candidate/Officeholder name<br>Payee name<br>Shirtmax  |   |
| Amount (\$)<br>\$157.06   | Payee address; City; State; Zip Code<br>PO Box 675697<br><br>Marietta, GA 30006                          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>t-shirts                     |
| 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/4 Rpt: 16/16            | <b>2</b> FILER NAME<br>Klein, David J. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086348  |
| <b>4</b> Date<br>05/29/2025   | <b>5</b> Payee name<br>Threaded Expressions   |   |
| <b>6</b> Amount (\$)<br>\$825.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>104 White Wing drive<br><br>Robstown, TX 78380 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>advertising materials |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>05/12/2025  | Payee name<br>namebadge.com   |   |
| Amount (\$)<br>\$170.23   | Payee address; City; State; Zip Code<br>205 Beechtree blvd<br><br>Greenville, SC 29605          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>advertising materials |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |