

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) 00090006	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Desiree C.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Klaus	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 9026 Blue Star Ln.			Date Hand-delivered or Date Postmarked		
	Baytown, TX 77521			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Eduardo	MI			
	NICKNAME	LAST Pequeno	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4503 Knights Ct.		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Baytown, TX 77521					
7 CAMPAIGN TREASURER PHONE	AREA CODE (832) 748-6751	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input 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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 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) State Representative District 128 Harris			12 OFFICE SOUGHT (if known) State Representative District 128		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Klaus, Desiree C. (Ms.)		14 Filer ID (Ethics Commission Filers) 00090006
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	Texas Majority PAC
		COMMITTEE ADDRESS	PO BOX 66100
			Houston, TX 77366
			COMMITTEE CAMPAIGN TREASURER NAME Lee, Jason
			COMMITTEE CAMPAIGN TREASURER ADDRESS PO BOX 66100
			Houston, TX 77366
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,995.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,345.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 623.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

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.

Ms. Desiree C. Klaus

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**

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18 FILER NAME Klaus, Desiree C. (Ms.)	19 Filer ID (Ethics Commission Filers) 00090006
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
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	
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	
SUBTOTAL AMOUNT	
\$ 1,995.00	
\$	
\$	
\$	
\$	
\$ 1,211.65	
\$	
\$	
\$	
\$	
\$ 134.00	
\$	
\$	
\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
2 FILER NAME Klaus, Desiree C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090006
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Artiga, Kathy	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Houston, TX 77043	
8 Principal occupation / Job title (See Instructions) Real Estate Agent		9 Employer (See Instructions) Blair Realty Group
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Jennifer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Baytown, TX 77521	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlisle, Darla	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Baytown , TX 77520	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) WKPZ
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Teresa	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Mont Belvieu , TX 77535	
Principal occupation / Job title (See Instructions) Vessel ops		Employer (See Instructions) Clarksons
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Susan	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Baytown, TX 77520	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12
2 FILER NAME Klaus, Desiree C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090006
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Susan	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Baytown, TX 77520	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings , Susan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Baytown, TX 77521	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deleon, Deborah	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Houston, TX 77047	
Principal occupation / Job title (See Instructions) Event and Marketing Specialists		Employer (See Instructions) Impact Partners
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Jessica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77064	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Jessica Renee
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaus, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
2 FILER NAME Klaus, Desiree C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090006
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaus, Desiree	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Baytown, TX 77521	
8 Principal occupation / Job title (See Instructions) Freelance		9 Employer (See Instructions) Self-Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Hilda	Amount of Contribution (\$) \$130.00
	Contributor address; City; State; Zip Code Baytown, TX 77521	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Humberto	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Principal occupation / Job title (See Instructions) Taco Guy		Employer (See Instructions) Space City Birria
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Helen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Baytow, TX 77520	
Principal occupation / Job title (See Instructions) Standardized Patient		Employer (See Instructions) Texas A&M CLRC
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Alexandra	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77071	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Nailor Industries

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
2 FILER NAME Klaus, Desiree C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090006
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pasillas, Benjamin	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Baytown , TX 77521	
8 Principal occupation / Job title (See Instructions) Personal Training		9 Employer (See Instructions) Exodus Strength and Performance
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R Hill, Whitney	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Houston, TX 77020	
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) HL Solutions
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosales , Emily	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Hairstylist		Employer (See Instructions) Emily Rosales
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubio , Mara	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77380	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Latinos for Education
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC	Amount of Contribution (\$) \$450.00
	Contributor address; City; State; Zip Code Houston, TX 77266	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
2 FILER NAME Klaus, Desiree C. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090006
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Melissa	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Pasadena , TX 77502	
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) JP Morgan Chase
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venegas, Celina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77076	
Principal occupation / Job title (See Instructions) Collection Specialist		Employer (See Instructions) Innovex International
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venegas, Celina	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77076	
Principal occupation / Job title (See Instructions) Collections		Employer (See Instructions) Innovex
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade , James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Simonton, TX 77476	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Nexus Panel Systems

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/2 Rpt: 9/12	2 FILER NAME Klaus, Desiree C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090006
4 Date 09/09/2025	5 Payee name Act Blue	
6 Amount (\$) \$43.61	7 Payee address; City; State; Zip Code 366 Summers St. Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Act Blue Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Allied Printing Services	
Amount (\$) \$129.89	Payee address; City; State; Zip Code 14915 Stuebner Airline Rd Houston, TX 77069	
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 Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Allied Printing Services	
Amount (\$) \$219.15	Payee address; City; State; Zip Code 14915 Stuebner Airline Rd Houston, TX 77069	
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 Marketing Materials
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/2 Rpt: 10/12	2 FILER NAME Klaus, Desiree C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090006	
4 Date 11/13/2025	5 Payee name Bank of America BC		
6 Amount (\$) \$15.00	7 Payee address; City; 4000 Garth Rd Baytown , TX 77521	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cashier Checks fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/13/2025	Payee name Harris County Democratic Party		
Amount (\$) \$750.00	Payee address; City; 3302 Canal St. Ste. 62 Houston, TX 77003	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/17/2025	Payee name USPOSTALSER		
Amount (\$) \$54.00	Payee address; City; 601 West Baker Baytown, TX 77521	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 PO BOX Fee	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 1/2 Rpt: 11/12	2 FILER NAME Klaus, Desiree C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090006	
4 Date 09/06/2025	5 Payee name Campaign Partner		
6 Amount (\$) \$29.00	7 Payee address; City; PO Box 118 Still River, MA 01467		
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 fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/06/2025	Payee name Campaign Partner		
Amount (\$) \$35.00	Payee address; City; PO Box 118 Still River, TX 01467		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/06/2025	Payee name Campaign Partner		
Amount (\$) \$35.00	Payee address; City; PO Box 118 Still River, TX 01467		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website fee	
Complete <u>ONLY</u> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 2/2 Rpt: 12/12	2 FILER NAME Klaus, Desiree C. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090006	
4 Date 12/06/2025	5 Payee name Campaign Partner		
6 Amount (\$) \$35.00	7 Payee address; City; PO Box 118 Still River, TX 01467		
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 fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held