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)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr Kelly		OFFICE USE ONLY	
	NICKNAME BUTKE	SUFFIX	RECEIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		APR 07 2022	
Change of Address	Arlington Tx 760	302	BY: Ledy ami	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (1082) 552-5597	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. LOIS	МІ	Receipt # Amount \$ Date Processed	
	NICKNAME LAST	SUFFIX		
	Burke		Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE	
ADDRESS	6509 Pairalen	Dr. Arlington	TX 76002	
(Residence or Business)	O			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(817) 542-6557			
	(3.1)	•		
9 REPORT TYPE	January 15 30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Uses Aun Benjamin otary Public, State of Texas	Day Year	
	1/9/22	Notary ID 12397Handary	M	
11 ELECTION	ELECTION DATE	ELECTION TYPE	Participant of the control	
	Month Day Year Primary	Runoff Other Description	w	
	5/7/22 A General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		AISD School	SI Board Place 5	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MA	DE BY POLITICAL COMMITTEES TO SUPPORT	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	RED TO REPORT THIS INFORMATION ONLY IF TH	IEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
			1	
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME		
	201111777	540UD5D 4005		
s .	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	s 200-2	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commiss	ion Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$	
CEVED	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$	
	4. TOTAL POLITICAL EXPENDITURES \$	- 3
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	
	Signature of Candidate or Officeholder	
	Please complete either option below:	
© ?? · ·		
(1) Affidavit	Lisa Ann Benjamin Notary Public, State of Texas Notary ID 12397575-1 My Commission Exp. 09-15-2025	
NOTARY STAMP/SEA	AL	
Sworn to and subscribed	d before me by Kelly R. Burke this the 8 day of Apr	<i>()</i>
	fy which, witness my hand and seal of office. Segumen Lisa Ann Benjamin Admin As 57 to 5	supt.
Signature of officer administr		inistering oath
10000000000000000000000000000000000000	OR	
(2) Unsworn Declarat	tion	
My name is	, and my date of birth is	
	(street) (city) (state) (zip code) (co	ountry)
Executed in	County, State of , on the day of, 20 [Month] [Month]	
	Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	1-2	
Kelly Burke	20 Filer ID (Ethics Commis	sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2413.38
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	4,372.50
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4. SCHEDULE E: LOANS	\$	0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$	1749.20
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	D
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$	0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$	0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$	0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$	0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date out-of-state PAC (ID#:___ 5 Full name of contributor State; Zip Code 6 Contributor address; City; 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Date State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date State: Zip Code City; Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, Bo Nor molade this page in the	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Kelly R. Burke	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) 5 Full name of contributor out-of-state PAC (ID#:) 5 Full name of contributor City: State: Zip Code Cubbock 7X 79412	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Self Employee C	ctions)
Date Full name of contributor out-of-state PAC (ID#:) Michael Glaspie Contributor address: City: State; Zip Code 7 6013	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Mini Ster Mini Olive Baptist	ctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for addition	

SCHEDULE A1

if the requested information is not applicable, bo Not include this page in the report.				
The I	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	lly P. Bulle		3 Filer ID (Ethics Commission Filers)	
	5 Full name of contributor out-of-state PAC Patrick Wamhoff		7 Amount of contribution (\$) 1 3 8 - 57	
	6 Contributor address: City:	State; Zip Code 75036		
	ation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date 03/18/22	Full name of contributor out-of-state PAC Mille Wache Contributor address: City; 4140 W. Pionfor Park Arlingto Weny	State: Zip Code 776013	Amount of contribution (\$)	
5 1 - 1 - 1	mile Wade tuners Home	Employer (See Instruct	tions)	
Date	Full name of contributor ut-of-state PAC		Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	etions)	
		1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Celly R. Burke	3 Filer ID (Ethics Commission Filers)			
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Pate C1/22 Full name of contributor out-of-state PAC (ID#:) Roger Defrang City: State; Zip Code After 17	Amount of contribution (\$) \$25.			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)			
Date Full name of contributor Out-of-state PAC (ID#:) Delore S Pell Contributor address: City: State: Zip Code Artington 1X 76016	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instru	(ctions)			
Date SH28/22 Linton Davis Contributor address: City: State; Zip Code Avlington 776017	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME COLLY TO BUKE	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) \[\begin{align*} \Delta \frac{1}{2} \\ \De	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) Wells farso Martgage 9 Employer (See Instructions)	tions)			
Date Ol/10/22 Or. Mark Hanson Contributor address: City: State: Zip Code At lington TX 760/2	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:) O O O O O O O O O	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Smile Pecter's Owner Employer (See Instructions)	tions)			
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)			
Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2:			
2 FILER NAME Kelly Burke		3 Filer ID (Ethics Co	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 3/14/20	Full name of contributor out-of-state PAC (ID#:	oger De Frung		9 In-kind contribution description	
	Arlington		Check if travel outsi	de of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA		
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
3/4/22	Full name of contributor out-of-state PAC (IDII:	Zip Code	Amount of Contribution \$	Ŭ	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outsider (FOR NON-JUDICIA	de of Texas. Complete Schedule T. NL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ı	ATTACH ADDITIONAL COPIES OF TI f contributor is out-of-state PAC, please see Instruction	HIS SCHEDU on guide for	LEAS NEEDED additional reporting	requirements.	

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan Name of lender out-of-state PAC (ID#:____ Loan Amount (\$) 6 Is lender 10 Interest rate 8 Lender address: City; State; Zip Code a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Out-of-state PAC (ID#:_ Loan Amount (\$) Interest rate Is lender Lender address; City: State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Inow to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a category)	oment & Related Expense
		HOW to complete this form.	1 2 5iles 10 (5this	- Commission Filoso)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Etnic	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Oategory (See Categories listed at the top of this s	chedule) (b) Description		
	(c) Chack if travel outside of Texas. Complete Sci	hedule T. Check if Aus	stin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	Description		
	Check if travel outside of Texas. Complete So	chedule T. Check if Au	stin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description		
	Check if travel outside of Texas. Complete S	chedule T. Check if Au	ıstin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political	Committee Legal Services Salaries/Wi	ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
'5	Kelly Burke		
4 Date	Big Bang Media Gro	40	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$200 Jb 225 UD	Grand 1	Prurie T	ζ
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Hyers /B	iz Cards
OF EXPENDITURE		,	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit ovor	•		
Date	Payee name		
	Logo Factory Digital	ار 	
Amount (\$)			State; Zip Code
300.00	Grand Prain	o TV	
30.	GIWGI VI DI	CIX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Signs	
OF EXPENDITURE			
EXPENDITORE		A Secretaria de Assenti	TV affinhalded finder annual
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date	Swole Nerd Produc	tims	
Amount (\$)	Payee address;	City;	State; Zip Code
200,00	7.11	us TX	
1200,0	Dane	ω 1 <i>×</i>	
	Category (See Categories listed at the top of this schedule)	Description	4 1 1
PURPOSE		Art WO	rk/ graphics
OF EXPENDITURE			, 0
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Н		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Git/Awards/Memorials Expense 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

Candidate/Officeholder/Political	Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	Kelly Burke		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
	Sanmar Wholesal	l	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
200.92			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		TSNIA	s to Print
OF			
EXPENDITURE			
	(c) Check if travel cutside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
3/11/22	Home Depo		
Amount (\$)	Payee address;	City:	State; Zip Code
W1.78	Cooper St. Arlin	open	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Caplet	125
OF EXPENDITURE		Capa (• • •
EXPENDITORE			
	Check if travel outside of Texas. Complete Schedule T.		iin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/4/00	Tractor Supply Co	o.	
Amount (\$)	Payee address;	City;	State; Zip Code
356.42	Mansfield T	〈	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Poles	
OF EXPENDITURE		1 , 0.5	
		<u> </u>	
	Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Gitt/Awards/Memorials Expense 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

Candidate/Officeholder/Political	of Committee Legal Services Salaries/We	ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME BUNK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name VinKles		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
400	2 FILER NAME Relly Burke 5 Payee name Conner Winkles 7 Payee address; Arlington	T	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE		Labor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
(0)	Davis address:	City	State; Zip Code
Amount (\$)	Payee address;	City;	State, 2.19 000e
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATI	EGORIES FOR BOX 10(a)				
Advertising Expense Accounting Banking Consulting Expense Contributions/Donations Made B Candidate/Office holder/Politics	Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains 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 F2:		ains how to complete this form.	T =			
	Z FILLIXIVIL		3 Filer ID (Ethics Commission Filers)			
	VIZED UNPAID INCURRED OBL	_IGATIONS	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political [Non-Political				
10 PURPOSE OF EXPENDITURE	OF ENDITURE					
11 Complete ONLY if direct Conditate / Office halfs						
expenditure to benefit C/OH	Candidate / Childenolder Hame	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address:	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi					
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAM	IE	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED
		Revised 8/17/202

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested infor	mation is no	ot applicable, D 0	O NOT incl	ude this	s page in the re	port.	
		EXPENDITU	IRE CATEGO	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/OfficeRolder/Politica	3y al Committee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	nse Is Expense	Office Over Polling Exp Printing Ex Salaries/W		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	pment & Related Expense
1 Total pages Schedule F4:	2 FILER					3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	JZED EXPI	ENDITURES C	HARGED T	OACR	EDIT CARD	\$	
5 Date	6 Payee n	name					
7 Amount (\$)	8 Payee a	address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE	P	Political		Non-Pol	litical		•
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories lixted a		-	(b) Description	ustin, TX, officeholder livin	
11 Complete ONLY if direct expenditure to benefit C/OH	Cand	lidate / Officeholde			ffice sought	Office h	
Date	Payee n	ame			\		
Amount (\$)	Payee a	uddress;			City;	State;	Zip Code
TYPE OF EXPENDITURE	P	olitical		Non-Pol	litical		
PURPOSE OF Expenditure	Category	/ (See Categories listed a	at the top of this sch	nedule)	Description		
		Check if travel outside of Te		edule T.	Check if Au	istin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officeholde	r name	Off	fice sought	Office he	əld
		_					
	ATTAC	1 ADDITIONAL C	OPIES OF	THIS SC	HEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
omplete <u>ONLY</u> if direct spenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder		n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE		Chack if Aunt	in, TX, officeholder living expense
Annual Control of the control	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	•••		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donatons Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Rep Office Ov Polling E Printing E Salaries/	payment/Rei verhead/Rer Expense Expense Wages/Con	imbursement ntal Expense ntract Labor	Transporta Travel in C Travel Out	ation Equipn District t Of District	ng Expense nent & Related Expense y not listed above)
		The Instruction Guide ex	plains how to	complete	this form.			•
1 Total pages Schedule N:	2 FILER N					3 Filer IC) (Ethics	Commission Filers)
4 Date	5 Business	name			I			
6 Amount (\$)		address;			City;		State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of t	his schedule)	(b) Des	cription			
	(c) c	Check if travel outside of Texas. Complet	ite Schedule T.		Check if Austin,	TX. officehold	der living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office so	ught			Office held
Date	Business	name						
Amount (\$)	Business	address;			City;		State;	Zip Code
PURPOSE OF EXPENDITURE	Category ((See Categories listed at the top of th	nis schedule)	Desc	cription			
	c	Check if travel outside of Texas. Complete	e Schedule T.		Check if Austin,	TX, officeholds	er living exp	ense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sou	ught		C	Office held
Date	Business	name						
Amount (\$)	Business	address;			City;		State;	Zip Code
PURPOSE OF EXPENDITURE	Category ((See Categories listed at the top of th	nis schedule)	Desc	cription	\ <u></u>		
	cr	heck if travel outside of Texas. Complete	e Schedule T.		Check if Austin, 1	TX, officeholds	er living exp	ense
Complete ONLY if direct expenditure to benefit C/OF		ite / Officeholder name		Office sou	ught		C	Office held
	ATTA	ACH ADDITIONAL COPIE	S OF THIS S	CHEDUL	LE AS NEED	ED		

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)
4 Date	5 Payee name	<u> </u>		
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (So	ee instructions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	ee instructions regarding type	of information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED	

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

SCHEDULE K

The Instruction Guide explains how to complete this form. 2 FILER NAME 5 Name of person from whom amount is received 6 Address of person from whom amount is received. City: State: Zip Code 7 Purpose for which amount is received. City: State: Zip Code Name of person from whom amount is received. City: State: Zip Code Amount (5) Date Name of person from whom amount is received. City: State: Zip Code Purpose for which amount is received. City: State: Zip Code Amount (5) Date Name of person from whom amount is received. City: State: Zip Code Purpose for which amount is received. City: State: Zip Code Amount (5) Address of person from whom amount is received. City: State: Zip Code Purpose for which amount is received. City: State: Zip Code Amount (5) Address of person from whom amount is received. City: State: Zip Code Purpose for which amount is received. City: State: Zip Code Purpose for which amount is received. City: State: Zip Code Amount (5) Address of person from whom amount is received. City: State: Zip Code Amount (5)			ii tile report.	
4 Date 5 Name of person from whom amount is received; City: State: Zip Code 7 Purpose for which amount is received	The	Instruction Guide explains how to complete this form.	1 Total pages Schedul	le K:
Date Name of person from whom amount is received City: State: Zip Code	2 FILER NAME		3 Filer ID (Ethics C	Commission Filers)
Date Name of person from whom amount is received: City: State: Zip Code	4 Date			Amount (\$)
Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City: State: Zip Code		6 Address of person from whom amount is received; City; Sta		
Address of person from whom amount is received: City: State: Zip Code Purpose for which amount is received		7 Purpose for which amount is received Check if	political contribution re	turned to filer
Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Date			Amount (\$)
Date Name of person from whom amount is received: Address of person from whom amount is received: City: State: Zip Code Purpose for which amount is received: Check if political contribution returned to filer Address of person from whom amount is received: Address of person from whom amount is received: City: State: Zip Code Amount (\$) Address of person from whom amount is received: City: State: Zip Code Purpose for which amount is received: Check if political contribution returned to filer				
Address of person from whom amount is received: City: State: Zip Code Purpose for which amount is received		Purpose for which amount is received Check if	political contribution ret	turned to filer
Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received: City: State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	Date	Name of person from whom amount is received		Amount (\$)
Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer		Address of person from whom amount is received; City; Stat	e; Zip Code	
Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received		Purpose for which amount is received Check if p	political contribution ret	urned to filer
Purpose for which amount is received	Date	Name of person from whom amount is received		Amount (\$)
Check is political contribution returned to filer		Address of person from whom amount is received; City; Stat	e; Zip Code	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Purpose for which amount is received	olitical contribution retu	urned to filer
orms provided by Toyon Ethion Commission			AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruc	The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:						
2 FILER NAME	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor /	Corporation or Labor Organization / Plec	igor / Payee					
5 Contribution / Expendi	ire reported on:						
Schedule A2	Schedule B Schedule E	3(J) Schedule C2	Schedule D Schedule F1				
Schedule F2							
6 Dates of travel	7 Name of person(s) traveling						
	8 Departure city or name of departure	location					
	9 Destination city or name of destinati	on location					
10 Means of transportation	n 11 Purpose of travel (inclu	uding name of conference,	seminar, or other event)				
Name of Contributor /	Corporation or Labor Organization / Ple	dgor / Payee					
Contribution / Expend	ure reported on:						
Schedule A2	Schedule B Schedule B	B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule 72						
Dates of travel	Name of person(s) traveling						
Departure city or name of departure location							
	Destination city or name of destinat	tion location					
Means of transportat	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	ture reported on:						
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS						
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transporta	on Purpose of travel (inc	luding name of conference	, seminar, or other event)				
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDU	LE AS NEEDED				