

# 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:<br><i>10</i>                        |                 |                     |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR  | FIRST<br><i>Mary</i>                 | MI<br><i>A</i>  | OFFICE USE ONLY  |                 |                     |
|   | NICKNAME   | LAST<br><i>Labowski</i>              | SUFFIX  | Date Received  |                 |                     |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:  | APT / SUITE #:                       | CITY:   | STATE; ZIP CODE<br><i>New Braunfels, Tx 78130</i>        |                 |                     |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE   | AREA CODE<br><i>(830)</i>  | PHONE NUMBER<br><i>515-0169</i>      | EXTENSION   |  |                 |                     |
| 6 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR  | FIRST<br><i>Kimberly</i>             | MI<br><i>D</i>  | Date Hand-delivered or Date Postmarked                   |                 |                     |
|   | NICKNAME   | LAST<br><i>Finn</i>                  | SUFFIX  | Receipt #   Amount \$                                    |                 |                     |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #,<br><i>5937 FM 1181</i>   |                                      | CITY;<br><i>Ennis, TX</i>   | STATE; ZIP CODE<br><i>75119</i>                          |                 |                     |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE<br><i>(830)</i>  | PHONE NUMBER<br><i>310 2504</i>      | EXTENSION   |  |                 |                     |
| 9 REPORT TYPE   | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><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) |                                      |   |  |                 |                     |
| 10 PERIOD<br>COVERED  | Month<br><i>2</i>  | Day<br><i>2</i>                      | Year<br><i>2023</i>   | Month<br><i>4</i>  | Day<br><i>3</i> | Year<br><i>2023</i> |
| 11 ELECTION   | ELECTION DATE<br>Month Day Year<br><i>05 / 06 / 2023</i>   |                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |                 |                     |
| 12 OFFICE   | OFFICE HELD (if any)   |                                      |   | 13 OFFICE SOUGHT (if known)<br><i>Council District 5</i> |                 |                     |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |                                      |   |  |                 |                     |
| <input type="checkbox"/> Additional Pages   | COMMITTEE TYPE   | COMMITTEE NAME                       |   |  |                 |                     |
|   | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                    |   |  |                 |                     |
|   | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME    |   |  |                 |                     |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |   |  |                 |                     |

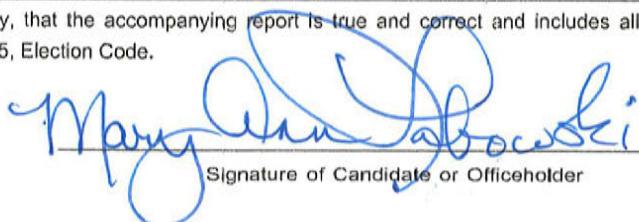
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                            |   |            |  |
|----------------------------|---|------------|--|
| 15 C/OH NAME               | Mary Ann Labowski   |            | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION<br>TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$         |  |
|                            | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 3700.00 |  |
| EXPENDITURE<br>TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$         |  |
|                            | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3517.95 |  |
| CONTRIBUTION<br>BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 182.05  |  |
|                            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$         |  |
| OUTSTANDING<br>LOAN TOTALS |   |            |  |

18 SIGNATURE 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.



Signature of Candidate or Officeholder



(1) Affidavit

Please complete either option below:

#### NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mary Ann Labowski this the 4 day of April,  
20 23, to certify which, witness my hand and seal of office.

Elizabeth G. Wilkinson  
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

|  |   |
|--|---|
| <b>19 FILER NAME</b>   | <b>20 Filer ID (Ethics Commission Filers)</b> |
| Kimberly Finn  |   |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b>  |   |
| SUBTOTAL<br>AMOUNT   |   |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$ 3700.00                                    |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  | \$ 3371.50                                    |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                 | \$  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            | \$ 140.45                                     |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH           | \$  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER | \$  |

## MONETARY POLITICAL CONTRIBUTIONS

## 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:<br><i>1</i>            |
| 2 FILER NAME<br><i>Kimberly Finn</i>   |   |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><i>2/2/23</i>  | 5 Full name of contributor<br><i>Steve Diggs</i>  | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | 7 Amount of contribution (\$)<br><i>\$ 500.00</i> |
| 6 Contributor address;<br><i>New Braunfels Tx 78130</i>  |   | City: _____ State: _____ Zip Code: _____                  |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                             |   |
| Date<br><i>2/2/23</i>  | Full name of contributor<br><i>Joe Castilleja</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>\$ 50.00</i>    |
| Contributor address;<br><i>New Braunfels Tx 78130</i>  |   | City: _____ State: _____ Zip Code: _____                  |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                               |   |
| Date<br><i>2/27/23</i>   | Full name of contributor<br><i>Mike Wise</i>      | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>\$ 100.00</i>   |
| Contributor address;   |   | City: _____ State: _____ Zip Code: _____                  |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                               |   |
| Date<br><i>3/2/23</i>  | Full name of contributor<br><i>John Labowski</i>  | <input type="checkbox"/> out-of-state PAC (ID#:<br>_____) | Amount of contribution (\$)<br><i>\$ 100.00</i>   |
| Contributor address;   |   | City: _____ State: _____ Zip Code: _____                  |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                               |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |   |

## MONETARY POLITICAL CONTRIBUTIONS

## 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:<br><i>4</i>           |
| 2 FILER NAME<br><i>Kimberly Finn</i>   |   |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>3/3/23</i>  | 5 Full name of contributor<br><i>Jimmy Zamora</i>     | <input type="checkbox"/> out-of-state PAC (ID#_____) | 7 Amount of contribution (\$)<br><i>\$300.00</i> |
| 6 Contributor address;<br>City: State; Zip Code  |   |  |  |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                        |  |
| Date<br><i>3/6/23</i>  | Full name of contributor<br><i>Paul Grohman</i>       | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$250.00</i>   |
| Contributor address;<br>City: State; Zip Code<br><i>1925 Pearland Hwy Ste 150<br/>Pearland, TX 77581</i>   |   |  |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |  |
| Date<br><i>3/9/23</i>  | Full name of contributor<br><i>Doug Toney</i>         | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$100.00</i>   |
| Contributor address;<br>City: State; Zip Code  |   |  |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |  |
| Date<br><i>3/10/23</i>   | Full name of contributor<br><i>Beverly Trollinger</i> | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$100.00</i>   |
| Contributor address;<br>City: State; Zip Code  |   |  |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

## 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:<br><i>6</i>          |
| 2 FILER NAME<br><i>Kimberly Finn</i>  |  |  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><i>3/10/23</i>  | 5 Full name of contributor<br><i>Kathleen Taylor</i> | <input type="checkbox"/> out-of-state PAC (ID#:<br>.....)  | 7 Amount of contribution (\$)<br><i>\$20.00</i> |
| 6 Contributor address:<br>.....   |  | City: _____ State: _____ Zip Code: _____                   |   |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                              |   |
| Date<br><i>3/10/23</i>  | Full name of contributor<br><i>Kathleen Perez</i>    | <input type="checkbox"/> out-of-state PAC (ID#:<br>.....)  | Amount of contribution (\$)<br><i>\$50.00</i>   |
| Contributor address:<br>.....   |  | City: _____ State: _____ Zip Code: _____                   |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                |   |
| Date<br><i>3/10/23</i>  | Full name of contributor<br><i>Melba Romero</i>      | <input type="checkbox"/> out-of-state PAC (ID#:<br>.....)  | Amount of contribution (\$)<br><i>\$250.00</i>  |
| Contributor address:<br>.....   |  | City: _____ State: _____ Zip Code: _____                   |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                |   |
| Date<br><i>3/10/23</i>  | Full name of contributor<br><i>Kimberly Finn</i>     | <input type="checkbox"/> out-of-state PAC (ID#:<br>.....)  | Amount of contribution (\$)<br><i>\$50.00</i>   |
| Contributor address<br><i>5937 FM 1191</i>  |  | City: <i>Ennis, TX</i> State: _____ Zip Code: <i>75119</i> |   |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                                |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |   |

## MONETARY POLITICAL CONTRIBUTIONS

## 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:<br><u>1</u>           |
| 2 FILER NAME<br><b>Kimberly Finn</b>   |  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>3/13/23</b>   | 5 Full name of contributor<br><b>Raba Kistner</b>  | <input type="checkbox"/> out-of-state PAC (ID#_____) | 7 Amount of contribution (\$)<br><b>\$300.00</b> |
| 6 Contributor address:<br><b>P.O. Box 490287 San Antonio, TX 78269</b>   |  | City: _____ State: _____ Zip Code: _____             |  |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                        |  |
| Date<br><b>3/13/23</b>   | Full name of contributor<br><b>Diane Alvarez</b>   | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><b>\$200.00</b>   |
| Contributor address:<br><b>310 Spring Hill Circle Seguin, TX 78155</b>   |  | City: _____ State: _____ Zip Code: _____             |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |  |
| Date<br><b>3/13/23</b>   | Full name of contributor<br><b>Brenda Chapman</b>  | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><b>\$250.00</b>   |
| Contributor address:<br><b>1040 Mulberry Ave New Braunfels, TX 78130</b>   |  | City: _____ State: _____ Zip Code: _____             |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |  |
| Date<br><b>3/13/23</b>   | Full name of contributor<br><b>Robbie Borchers</b> | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><b>\$400.00</b>   |
| Contributor address:<br><b>929 Hayselton Ave New Braunfels, TX 78130</b>   |  | City: _____ State: _____ Zip Code: _____             |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

## 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:<br><i>4</i>           |
| 2 FILER NAME<br><i>Kimberly Finn</i>   |  |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>3/14/23</i>   | 5 Full name of contributor<br><i>Monica Aleman</i> | <input type="checkbox"/> out-of-state PAC (ID#_____) | 7 Amount of contribution (\$)<br><i>\$100.00</i> |
| 6 Contributor address:<br><i>Dallas Tx</i>   | City: _____<br><i>Dallas</i>                       | State: _____<br><i>Tx</i>                            | Zip Code   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                        |  |
| Date<br><i>3/17/23</i>   | Full name of contributor<br><i>Dago Rodriguez</i>  | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$10.00</i>    |
| Contributor address:<br><i></i>  |  | City: _____<br><i></i>                               | State: _____<br><i></i>                          |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |  |
| Date<br><i>3/27/23</i>   | Full name of contributor<br><i>Chad Hall</i>       | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$20.00</i>    |
| Contributor address:<br><i></i>  |  | City: _____<br><i></i>                               | State: _____<br><i></i>                          |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |  |
| Date<br><i>3/29/23</i>   | Full name of contributor<br><i>Ute Townsend</i>    | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$50.00</i>    |
| Contributor address:<br><i>New Braunfels Tx 78130</i>  |  | City: _____<br><i>New Braunfels</i>                  | State: _____<br><i>Tx</i>                        |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                          |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |  |

## MONETARY POLITICAL CONTRIBUTIONS

## 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:<br><i>1</i>          |
| 2 FILER NAME<br><i>Kimberly Finn</i>   |   |  | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><i>3/29/23</i>   | 5 Full name of contributor<br><i>Ronald Heulitt</i> | <input type="checkbox"/> out-of-state PAC (ID#_____) | 7 Amount of contribution (\$)<br><i>\$50.00</i> |
| 6 Contributor address:<br>City: _____ State: _____ Zip Code  |   |  |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                        |   |
| Date<br><i>3/29/23</i>   | Full name of contributor<br><i>Kristen King</i>     | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$100.00</i>  |
| Contributor address:<br>City: _____ State: _____ Zip Code  |   |  |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |   |
| Date<br><i>3/29/23</i>   | Full name of contributor<br><i>Danny Scheel</i>     | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$100.00</i>  |
| Contributor address:<br>City: _____ State: _____ Zip Code  |   |  |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |   |
| Date<br><i>4/3/23</i>  | Full name of contributor<br><i>Casteel family</i>   | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br><i>\$250.00</i>  |
| Contributor address:<br><i>254 E. Mill St New Braunfels TX 78130</i>   |   |  |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                          |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |   |

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |  |   |                              |
|--|--|---|------------------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                                     |                              |
| 4 Date   | 5 Payee name   |   |                              |
| 6 Amount (\$)  | 7 Payee address:   | City: _____ State: _____ Zip Code: _____                                  |                              |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><br>Printing expense | (b) Description<br><br>Business cards and name tag                        |                              |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.      | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                              |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought   | Office held                  |
| Date   | Payee name   |   |                              |
| 3-16-2023  | Direct Texas Marketing Group   |   |                              |
| Amount (\$)  | Payee address:   | City: _____   | State: _____ Zip Code: _____ |
| \$494.85   | 1240 S Business IH 35  | New Braunfels, TX   | 78130                        |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><br>Printing expense     | Description<br><br>graphic design and rack cards                          |                              |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          | <input type="checkbox"/> Check if Austin, 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   |   |                              |
| 3-16-2023  | Direct Texas Marketing Group   |   |                              |
| Amount (\$)  | Payee address:   | City: _____   | State: _____ Zip Code: _____ |
| \$573.73   | 1240 S Business IH 35  | New Braunfels, TX   | 78130                        |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br><br>Printing expense     | Description<br><br>Yard signs   |                              |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought   | Office held                  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED          |  |   |                              |

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |                 |
|---|--|---|-----------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)                                     |                 |
| 4 Date  | 5 Payee name   |   |                 |
| 6 Amount (\$)   | 7 Payee address:   | City: State: Zip Code   |                 |
| \$1560.45   | 14550 Beechnut street  | Houston, TX 77083   |                 |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description   |                 |
|   | printing expense   | Banners, Buttons, and fans  |                 |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                        | Candidate / Officeholder name                                    | Office sought   | Office held     |
| Date  | Payee name   |   |                 |
| 3.15.2023   | U2 Marketing   |   |                 |
| Amount (\$)   | Payee address:   | City:   | State: Zip Code |
| \$135.52  | 5900 Bingle Rd   | Houston, TX   | 77092           |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description   |                 |
|   | printing expense   | Thank You Cards   |                 |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, 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   |   |                 |
| 3.16.2023   | LOWES  |   |                 |
| Amount (\$)   | Payee address:   | City:   | State: Zip Code |
| \$128.41  | 1455 1H 35 south   | New Braunfels, TX   | 78130           |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description   |                 |
|   | advertising expense  | Tee Post for banners  |                 |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          | Candidate / Officeholder name                                    | Office sought   | Office held     |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                 |  |   |                 |

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |                                       |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME:   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date:  | 5 Payee name:   |                                       |
| 6 Amount (\$):   | 7 Payee address:  | City: State: Zip Code                 |
| 8 PURPOSE OF EXPENDITURE:                                    | (a) Category (See Categories listed at the top of this schedule)  | (b) Description                       |
|  | printing expense  | stickers                              |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held             |
| Date   | Payee name  |                                       |
| 3.21.2023  | Next Day Flyers   |                                       |
| Amount (\$)  | Payee address:  | City: State: Zip Code                 |
| \$107.93   | 8000 Haskell Ave  | Van Nuys, CA 91404                    |
| PURPOSE OF EXPENDITURE:                                      | Category (See Categories listed at the top of this schedule)  | Description                           |
|  | printing expense  | stickers                              |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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  |                                       |
| 3.22.2023  | V2 Marketing  |                                       |
| Amount (\$)  | Payee address:  | City: State: Zip Code                 |
| \$411.34   | 5900 Bingle Rd  | Houston, TX 77092                     |
| PURPOSE OF EXPENDITURE:                                      | Category (See Categories listed at the top of this schedule)  | Description                           |
|  | printing expense  | yard signs                            |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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  |                                       |
| 3.23.2023  | Lowes   |                                       |
| Amount (\$)  | Payee address:  | City: State: Zip Code                 |
| \$17.71  | 1455 11 35 South  | NEW BRAUNFELS, TX 78130               |
| PURPOSE OF EXPENDITURE:                                      | Category (See Categories listed at the top of this schedule)  | Description                           |
|  | Advertising expense   | zipties for Banners                   |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED          |   |                                       |

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |                                       |
|---|--|---------------------------------------|
| 1 Total pages Schedule F1:  | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date  | 5 Payee name   |                                       |
| 6 Amount (\$)   | 7 Payee address:   | City: State: Zip Code                 |
| \$89.90   | 1360 I-35 North  | New Braunfels, TX 78130               |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description                       |
|   | Advertising expense  | Banner stake and grommet              |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name                                    | Office sought Office held             |
| Date  | Payee name   |                                       |
| 3.27.2023   | V2 Marketing   |                                       |
| Amount (\$)   | Payee address:   | City: State: Zip Code                 |
| \$333.58  | 5900 Bingle Rd   | Houston, TX 77092                     |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description                           |
|   | Printing expense   | Yard Signs                            |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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   |                                       |
| 3.29.2023   | True Labowski  |                                       |
| Amount (\$)   | Payee address:   | City: State: Zip Code                 |
| \$100.00  | 252 S Hill Ave   | New Braunfels, TX 78130               |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)     | Description                           |
|   | Event Expense  | Entertainment                         |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |  |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name                                    | Office sought Office held             |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED   |  |                                       |

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |                        |   |   |
|--|------------------------|---|---|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME           | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 Date   | 5 Payee name           |   |   |
| 6 Amount (\$)  | 7 Payee address:       | City: State: Zip Code   |   |
| 8 PURPOSE OF EXPENDITURE                                     |                        | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description   |
|  |                        | Event Expense   | Decorations   |
|  |                        | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                        | Candidate / Officeholder name   | Office sought Office held   |
| Date   | Payee name             |   |   |
| 3-29-2023  | Iron Horse             |   |   |
| Amount (\$)  | Payee address:         | City: State: Zip Code   |   |
| \$125.21   | 1030 North Business 35 | New Braunfels, TX   | 78130   |
| PURPOSE OF EXPENDITURE                                       |                        | Category (See Categories listed at the top of this schedule)                        | Description   |
|  |                        | Event expense   | Food  |
|  |                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> Check if Austin, 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             |   |   |
| 3-10-23  | Hideaway               |   |   |
| Amount (\$)  | Payee address:         | City: State: Zip Code   |   |
| \$130.00   | 242 W Jahn Street      | New Braunfels, TX   | 78130   |
| PURPOSE OF EXPENDITURE                                       |                        | Category (See Categories listed at the top of this schedule)                        | Description   |
|  |                        | Event expense   | Food  |
|  |                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                        | Candidate / Officeholder name   | Office sought Office held   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED          |                        |   |   |

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**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  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |   |               |             |
|--|---|---|---------------|-------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                     |               |             |
| U  | Kimberly Finn   |   |               |             |
| 4 Date   | 5 Payee name  |   |               |             |
| 4-3-2023   | Square  |   |               |             |
| 6 Amount (\$)  | 7 Payee address:  | City: State: Zip Code   |               |             |
| \$34.10  | 1455 market street suite 600<br>san francisco, CA 94103                             |   |               |             |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description   |               |             |
|  | Fees  | transaction fees  |               |             |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |               |             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   | Candidate / Officeholder name   | Office sought | Office held |
| Date   | Payee name  |   |               |             |
| 3-30-2023  | LOWES   |   |               |             |
| Amount (\$)  | Payee address:  | City:   | State:        | Zip Code    |
| \$45.75  | 1455 1st 35 south   | New Braunfels, TX   | 78130         |             |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)                        | Description   |               |             |
|  | Advertising expense   | Fee post  |               |             |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> Check if Austin, 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  |   |               |             |
| Amount (\$)  | Payee address:  | City:   | State:        | Zip Code    |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)                        | Description   |               |             |
|  |   |   |               |             |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   | Candidate / Officeholder name   | Office sought | Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |   |   |               |             |

# 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  | 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:   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                     |                 |
| 1   | Kimberly Finn   |   |                 |
| 4 Date  | 5 Payee name  |   |                 |
| 2-28-2023   | Mary Ann Labowski   |   |                 |
| 6 Amount (\$)   | 7 Payee address;  | City: State: Zip Code   |                 |
| \$146.45  | 252 S. Hill Ave   | New Braunfels, TX 78130   |                 |
| <input type="checkbox"/> Reimbursement from political contributions intended        |   |   |                 |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)                | (b) Description   |                 |
|   | Printing expense  | Banners   |                 |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| 9 Candidate / Officeholder name   |   | Office sought   | Office held     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          |   |   |                 |
| Date  | Payee name  |   |                 |
| Amount (\$)   | Payee address;  | City:   | State: Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended        |   |   |                 |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)                    | Description   |                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| Candidate / Officeholder name   |   | Office sought   | Office held     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          |   |   |                 |
| Date  | Payee name  |   |                 |
| Amount (\$)   | Payee address;  | City:   | State: Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended        |   |   |                 |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)                    | Description   |                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| Candidate / Officeholder name   |   | Office sought   | Office held     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                          |   |   |                 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                 |   |   |                 |