

FORM C/OH
COVER SHEET PG 1

Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

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.

Mary Ann Labowski
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mary Ann Labowski this the 4 day of April, 2023, to certify which, witness my hand and seal of office.

Elizabeth G. Wilkinson Elizabeth G. Wilkinson City Secretary
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****19 FILER NAME**

Kimberly Finn

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
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	\$ 144.45
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 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: <u>4</u>
2 FILER NAME <u>Kimberly Finn</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/2/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Steve Diggs</u>	7 Amount of contribution (\$) <u>\$ 500.⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>New Braunfels Tx 78130</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/2/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Castilleja</u>	Amount of contribution (\$) <u>\$ 50.⁰⁰</u>
Contributor address; City; State; Zip Code <u>New Braunfels Tx 78130</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/27/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Wise</u>	Amount of contribution (\$) <u>\$ 100.⁰⁰</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/2/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Labowski</u>	Amount of contribution (\$) <u>100.⁰⁰</u>
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.		

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: <u>1</u>
2 FILER NAME <u>Kimberly Finn</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/3/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jimmy Zamora</u>	7 Amount of contribution (\$) <u>\$300.⁰⁰</u>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/6/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Paul Grohman</u>	Amount of contribution (\$) <u>\$250.⁰⁰</u>
Contributor address; City; State; Zip Code <u>1925 Pearland Hwy Ste 150</u> <u>Pearland, TX 77581</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/9/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Doug Toney</u>	Amount of contribution (\$) <u>\$100.⁰⁰</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/10/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Beverly Trollinger</u>	Amount of contribution (\$) <u>\$100.⁰⁰</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: <div style="text-align: center; font-size: 1.5em;">6</div>
2 FILER NAME <div style="font-size: 1.2em;">Kimberly Finn</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.5em;">3/10/23</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Kathleen Taylor</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">\$20.00</div>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.5em;">3/10/23</div>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Kathleen Perez</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$50.00</div>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.5em;">3/10/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Melba Romero</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$250.00</div>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.5em;">3/10/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Kimberly Finn</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$50.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.1em;">6937 FM 1181 Ennis, TX 75119</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>Kimberly Finn</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/13/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Raba Kistner</u> 6 Contributor address; City; State; Zip Code <u>P.O. Box 690287 San Antonio, TX 78269</u>	7 Amount of contribution (\$) <u>\$300.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/13/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Diane Alvarez</u> Contributor address; City; State; Zip Code <u>310 Spring hill circle Seguin, TX 78155</u>	Amount of contribution (\$) <u>\$200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/13/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brenda Chapman</u> Contributor address; City; State; Zip Code <u>1040 mulberry Ave New Braunfels, TX 78130</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/13/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robbie Borchers</u> Contributor address; City; State; Zip Code <u>929 Hayseton Ave New Braunfels, TX 78130</u>	Amount of contribution (\$) <u>\$400.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: <div style="text-align: center;">4</div>
2 FILER NAME <div style="font-size: 1.2em;">Kimberly Finn</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">3/14/23</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Monica Aleman</div> 6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">Dallas Tx</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$100.⁰⁰</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.2em;">3/17/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Dago Rodriguez</div> Contributor address; City; State; Zip Code	Amount of contribution (\$) <div style="font-size: 1.2em;">\$10.⁰⁰</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em;">3/27/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Chad Hall</div> Contributor address; City; State; Zip Code	Amount of contribution (\$) <div style="font-size: 1.2em;">\$20.⁰⁰</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em;">3/29/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Ute Townsend</div> Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">New Braunfels Tx 78130</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$50.⁰⁰</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:

1

2 FILER NAME

Kimberly Finn

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/23

5 Full name of contributor

Ronald Heulitt

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/23

Full name of contributor

Kristen King

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/23

Full name of contributor

Danny Scheel

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/3/23

Full name of contributor

Casteel Family

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

254 E. Mill St New Braunfels TX 78130

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.

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: <u>4</u>		2 FILER NAME <u>Kimberly Finn</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2-24-2023</u>		5 Payee name <u>Zazzle</u>			
6 Amount (\$) <u>\$32.29</u>		7 Payee address: <u>1200 Chestnut street</u>		City: <u>Menlo Park, CA</u>	State: <u>CA</u>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Printing expense</u>		(b) Description <u>Business cards and name tag</u>	
		(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 <u>3-6-2023</u>		Payee name <u>Direct Texas Marketing Group</u>			
Amount (\$) <u>\$494.95</u>		Payee address: <u>1260 S Business It 35</u>		City: <u>New Braunfels, TX</u>	State: <u>TX</u>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Printing expense</u>		Description <u>graphic design and rack cards</u>	
		<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 <u>3-6-2023</u>		Payee name <u>Direct Texas Marketing Group</u>			
Amount (\$) <u>\$573.73</u>		Payee address: <u>1260 S Business It 35</u>		City: <u>New Braunfels, TX</u>	State: <u>TX</u>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Printing expense</u>		Description <u>Yard signs</u>	
		<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: <u>4</u>		2 FILER NAME <u>Kimberly Finn</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-8-2023</u>		5 Payee name <u>Imprint</u>			
6 Amount (\$) <u>\$560.45</u>		7 Payee address; City; State; Zip Code <u>14550 Beechmont street Houston, TX 77083</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing expense</u>		(b) Description <u>Banners, Buttons, and fans</u>		
	(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					
Date <u>3-15-2023</u>		Payee name <u>U2 Marketing</u>			
Amount (\$) <u>\$135.52</u>		Payee address; City; State; Zip Code <u>5900 Bingle Rd Houston, TX 77092</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing expense</u>		Description <u>Thank You Cards</u>		
	<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					
Date <u>3-14-2023</u>		Payee name <u>LOWES</u>			
Amount (\$) <u>\$128.41</u>		Payee address; City; State; Zip Code <u>1455 IH 35 south New Braunfels, TX 78130</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>		Description <u>Tee Post for banners</u>		
	<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					

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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: <u>4</u>		2 FILER NAME <u>Kimberly Finn</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-21-2023</u>		5 Payee name <u>Next Day Flyers</u>			
6 Amount (\$) <u>\$107.93</u>		7 Payee address: <u>8000 Haskell Ave</u>		City: <u>Van Nuys, CA</u>	State: <u>CA</u> Zip Code: <u>91404</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>printing expense</u>		(b) Description <u>stickers</u>		
	(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					
Date <u>3-22-2023</u>		Payee name <u>VZ Marketing</u>			
Amount (\$) <u>\$411.34</u>		Payee address: <u>5900 Bingle Rd</u>		City: <u>Houston, TX</u>	State: <u>TX</u> Zip Code: <u>77092</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>printing expense</u>		Description <u>yard signs</u>		
	<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					
Date <u>3-23-2023</u>		Payee name <u>Lowes</u>			
Amount (\$) <u>\$17.71</u>		Payee address: <u>1455 IH 35 South</u>		City: <u>NEW Braunfels, TX</u>	State: <u>TX</u> Zip Code: <u>78130</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>		Description <u>Zipties for Banners</u>		
	<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					

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: 4 2 FILER NAME Kimberly Finn 3 Filer ID (Ethics Commission Filers)

4 Date 3.25.2023 5 Payee name Home Depot

6 Amount (\$) \$189.90 7 Payee address; City; State; Zip Code
1340 IH-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 grommkit
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3.27.2023 Payee name V2 Marketing

Amount (\$) \$333.58 Payee address; City; State; Zip Code
5900 Bingle Rd Houston, TX 77092

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Printing expense Yard Signs
☐ 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

Date 3.29.2023 Payee name True Labowski

Amount (\$) \$100.00 Payee address; City; State; Zip Code
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
☐ 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

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: <u>4</u>		2 FILER NAME <u>Kimberly Finn</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-29-2023</u>		5 Payee name <u>Dollar Tree</u>			
6 Amount (\$) <u>\$48.71</u>		7 Payee address; City: State: Zip Code <u>141 S IH 35 New Braunfels, TX 78130</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description <u>Decorations</u>		
	(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					
Date <u>3-29-2023</u>		Payee name <u>Iron Horse</u>			
Amount (\$) <u>\$125.21</u>		Payee address; City: State: Zip Code <u>1030 North Business 35 New Braunfels, TX 78130</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event expense</u>		Description <u>Food</u>		
	<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					
Date <u>3-10-23</u>		Payee name <u>Hideaway</u>			
Amount (\$) <u>\$130.00</u>		Payee address; City: State: Zip Code <u>242 W Jahn Street New Braunfels, TX 78130</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event expense</u>		Description <u>Food</u>		
	<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					

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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: <u>4</u>		2 FILER NAME <u>Kimberly Finn</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4.3.2023</u>		5 Payee name <u>Square</u>			
6 Amount (\$) <u>\$34.10</u>		7 Payee address; City; State; Zip Code <u>1455 market street suite 600</u> <u>san francisco, CA 94103</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>transaction fees</u>		
	(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					
Date <u>3.30.2023</u>		Payee name <u>LOWES</u>			
Amount (\$) <u>\$45.75</u>		Payee address; City; State; Zip Code <u>1455 IH 35 south</u> <u>New Braunfels, TX 78130</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising expense</u>		Description <u>Teepost</u>		
	<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					
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					
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					

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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
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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
<u>1</u>	<u>Kimberly Finn</u>			
4 Date	6 Payee name			
<u>2-28-2023</u>	<u>Mary Ann Labowski</u>			
6 Amount (\$)	7 Payee address;		City;	State; Zip Code
<u>\$146.45</u>	<u>252 S. Hill Ave New Braunfels, TX</u>		<u>78130</u>	
<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	
	<u>Printing expense</u>		<u>Banners</u>	
(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			
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				

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