CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	John Duranbergen 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
AN 1-6 2022 =	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ (9189.90)
X 316	4. TOTAL POLITICAL EXPENDITURES	89187.90
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$ 7685.10
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	HE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true ar uired to be reported by me under Title 15, Election Code.	nd correct and includes all information
	JAM Current	nzer
	Signature of Candid	date or Officeholder
		the second and second at
	Please complete either option below:	
41111111	Y COUNTY TO THE TOTAL OF THE TO	
SHIP RLI	NOE HAMILE	
1 5 (8)	We K I	
(1) Affidavit		
13	2087105	
THE OF THE PARTY OF	7-16-20 Militar	
NOTARY STAMP/SEA		
Curam to and subscribed	hafara ma hu	8 day of January,
Sworn to and subscribed		day of October 19
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	A STATE OF THE PROPERTY OF THE	
	(street) (city) (state	e) (zip code) (country)
Executed in	County, State of, on the day of	. 20
	county, state of, on the day of(month)	(year)
	Signature of Candidate	/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS / MRS / MR FFICE USE ONLY **OFFICEHOLDER** Sohn NAME RECEIVED NICKNAME JAN 18 2022 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** 2900 Tulkey Check LA MAILING **ADDRESS** Blankam, TX 77833 Change of Address AREA CODE 5 CANDIDATE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (979) 421 - 2827 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged BAIDL: 11 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN 4800 old Chappell Will Rd TREASURER ADDRESS BrankAm, TX (Residence or Business) CAMPAIGN AREA CODE TREASURER (979) 836-6717 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 1/ THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Y Primary Runoff Month Day Year General Special 22 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Lounde 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9 FILERNAME JOhn Dilankingen 20 Filer ID (E	Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16875.a
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9189.9
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	NS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5582.8
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	: c/он
1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	NED \$

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	John Devianbergue	
4 Date		7 Amount of contribution (\$)
11/17/21	John : Jane Bankill	41,000.00
""""	6 Contributor address; City; State; Zip Code	
	41300 old Chappell Hill Branks 77833	
	pation / Job title (See Instructions) 9 Employer (See Instructions)	etions)
	Retired	
	Full name of contributor	
Date		Amount of contribution (\$)
ulastar	Elfred 1 Suc Pfessen Contributor address; City; State; Zip Code	le 1 == = = =
MILLIE	Contributor address; City; State; Zip Code	\$ 100.00
	2660 KAION LA, Browniam, TX 77833	
	7 7 7 485	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
		CONTRACTOR OF THE PROPERTY OF
Date	Full name of contributor	
Date		Amount of contribution (\$)
11/17/21	John & Dottle Schner	#
1111121	Contributor address; City; State; Zip Code	\$ 500.00
	5951 Doc Run Ln. Brandam, TX 77833	
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
•	e +, lea	
Date	Full some of a satisfactory of	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/17/21	Jim : CArol Locke	\$ 750.00
11(17)21	Contributor address; City; State; Zip Code	2300
	109292 FM 2447, Chappell Hill, Tx 77426	
	777426	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	
	in continuent in our or otate i rio, prease see monderon guide for additional	operang requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	John Durionberger	
4 Date	5 Full name of contributor ut-of-state PAC (ID#:	7 Amount of contribution (\$)
	Jim Kruse	u
11/17/21		\$ 125.00
	6 Contributor address; City; State; Zip Code	
	3401 Wiese PAPER RO, Blacksmith +7833	
	- 101 Wiese PAPET W, F1835	Sunday Mayora - Sunday Sunday
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	7. 66. 01.	
11/17/21	5:m & Susan Chisola	\$ 1,000.00
	Contributor address; City; State; Zip Code	1,000
	POR 1545 (10001121117x 0000)	
	POBOX 545, Chappell Hill, 17 77426	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Data	Full name of contributor	
Date		Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
11/15/21	Contributor address: City: State: Zip Code	\$ 250.00
	man 1 1 1 Brankow Tx	
	8751 Cotton tril. Ln, Brankin Tx 77833	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Bass & Tany Materia	
11/12/21	Contributor address; City; State: Zip Code	\$ 100.00
	Contributor address; City; State; Zip Code	
	25/5 21 1	
	, , , , , , , , , , , , , , , , , , , ,	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional r	reporting requirements.

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME John Dullonberger	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	
Date Full name of contributor out-of-state PAC (ID#:) MAYOR M: I-lon + Tw: IA TA+e Contributor address; City; State; Zip Code 2407 D: Ilon, Braham, TX 77833	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:) Ron & Danna Alfrock Contributor address; City; State; Zip Code TX 2409 E. Rose Walk, Dr., Branking TX 77833	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:	\$ 500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME John Durianherger	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor, out-of-state PAC (ID#:) MARK & Les lie Pennybacker 6 Contributor address; City; State; Zip Code PO Box 990, Blanku, Tk 77833	7 Amount of contribution (\$) \$ 1 \ Z \ \mathbf{C} \cdot \text{O}\text{O}\text{O}
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:) 11/12/21 Contributor address; City; State; Zip Code 2927 Turky Creek Ln, Brankan, 7477833	Amount of contribution (\$) # 250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor Conn.: Willor Contributor address; City; State; Zip Code 203 W. Alamo, Branham, Tx 7783)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) A 7 50.60
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
If contributor is out-of-state PAC, please see Instruction guide for additional r	eporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	John Durienberger	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Claimie Gerke	Н
11-7-21	6 Contributor address; City; State; Zip Code	\$ 250.00
	1600 Longhafer St., Brankam, 77833	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
5246	TOTALISE IAIS	
Date	Full name of contributor	Amount of contribution (\$)
	R:ck Kehlenbach	Amount of contribution (a)
11-3.21		\$ 100.00
	Contributor address; City; State; Zip Code 17611 Rustington Dr., Spring Tx	4 (00
	777399	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
		Amount of contribution (5)
11-9-21	Contributor address; City; State; Zip Code	\$ 500.00
	[12] 20 [12] 20 [12] 20 [12] 12] 12] 12] 12] 12] 12] 12] 12] 12]	
	1907 FM 390W, Brown, 1×77833	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	hotine of	
Date	Full name of contributor	Amount of contribution (C)
	Da. D.L.	Amount of contribution (\$)
11-8-21	Contributor address; City; Line State; Zip Code	\$ 500.00
	WASE MAN	
	4699 Krueger Rd, Brankson, 7x 880	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	John Dollonberger	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC (ID#:) Elder & T: n. A. W. Ke SK. A. 6 Contributor address; City; State; Zip Code Brankom Ty 2403 Gun & Zul Road, 77835 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$ (00.00
Date	Full name of contributor out-of-state PAC (ID#:) SANY Black: e Sangel Contributor address: Sites State 7 Scale	Amount of contribution (\$)
11-10-51	Contributor address; City; State; Zip Code PO Box 2196, Richam, TX 77833	4 500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) George Sange Contributor address; City; State; Zip Code RO Box 30 Brank 1 m 7 + 3 7834	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-8-21	Eddie & Suban Bauman Contributor address; City; State; Zip Code Chapper Hill, TX 77426	\$ 200.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	JEEDED.

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	John Durrenberget	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) CYNTH: A CIA-Hom 6 Contributor address; City; State; Zip Code PO BSX S18 Chappell H:11 77 77476	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
11-6-21	Contributor address; City; State; Zip Code 2605 Chelie Lane, Blankan, Tx 77833	# 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 11-7-21	Full name of contributor out-of-state PAC (ID#:) Lynwood & SANDER K: Not + Contributor address; City; State; Zip Code 1205 FM 390 E Blankam, TL 3+833	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) T. Strart Goffee Contributor address; City; State; Zip Code 6522 Fm 50, Brown, Tl 77833	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IFFDED

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	John Dullenberger	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) 1.'m or Betty Hafner 6 Contributor address; City; State; Zip Code 4/00 L/wy 105, Browniam, Tx77833	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Leon Schwas + 2 Contributor address; City; State; Zip Code 8728 L: He Rocky RD. 374833	Amount of contribution (\$) # 50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	otions)
Date 1ス・コース1	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	cation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:) Ben & Betsy Fluncher Contributor address; City; State; Zip Code PO By 515, Somecuille, Tx 77879	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	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

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ohn Duranberger	3 Filer ID (Ethics Commission Filers)
11-27.71	ull name of contributor □ out-of-state PAC (ID#:	7 Amount of contribution (\$)
2	ontributor address; City; State; Zip Co. 13 ren LAN AD Turkey Creek Ln 778 / Job title (See Instructions)	47x 4200.00
8 Principal occupation	/ Job title (See Instructions) 9 Employer (Se	ee Instructions)
50.0	Ull name of contributor □ out-of-state PAC (ID#:	Amount of contribution (\$)
11-19-21	ontributor address; City; State; Zip Co	# 100.00 7,1 7426
Principal occupation /	Job title (See Instructions) Employer (Se	ee Instructions)
Date F	ull name of contributor	Amount of contribution (\$)
The second secon	SSANN Sowell ontributor address; City; State; Zip Co 55 W; esepaper Rel, Blankan, T	
		ee Instructions)
	ull name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
C	Robert Weiss ontributor address; City; State; Zip Co スマン Shirttnil Blanham, 子	
		ee Instructions)
lfco	ATTACH ADDITIONAL COPIES OF THIS SCHED	

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	John Dullonberger	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
11-19-21	William Penny backor 6 Contributor address; City; State; Zip Code 2900 Indian Paint Birch, Branham Tx 37833	\$100.00
8 Principal occupa	ation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
11-41-21	Bob + CAthleen DAVIS Contributor address; City; State; Zip Code Chappell M.1), TK 6070 Gibbs Creek 20, 77426	\$ 1,000.00
	6070 Gibbs Creek 20, 77426	
Principal occupat	tion / Job title (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
11-4-21	T:eman LI. D:Ppel Contributor address; City; State; Zip Code	\$ 1,000.00
	804 E. Mansfield Blomham, TX7483	3
	tion / Job title (See Instructions) Employer (See Instruct	
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	\$ 100.00
	3351 Gasmine, Brenham, 7x77833	
	tion / Job title (See Instructions) Employer (See Instructions)	
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS N	FEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
John Durrenberger	
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11-4-21 Donald + CArol Draehn 6 Contributor address; City; State; Zip Code	\$ 100.00
8440 FM 250Z, BIAham Tx 77833	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11-7-21 Tom & Suban Toullock Contributor address; City; State; Zip Code	\$ 100.00
P.O. BOX 2489, ISTAMM TX 77833	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	I otions)
Date Full name of contributor out-of-state PAC (ID#:) Ronnie Schulte	Amount of contribution (\$)
Contributor address; City; State; Zip Code 5353 Beckelmann Ro, Brandam Tx 77833	\$ 100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
11-6-21 Maney Shows Contributor address; City; State; Zip Code	\$ 250.00
110 Greenway DI, Bronham, 7283	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	

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 Sohn Dollanberger	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	
5 Finicipal occupation / 300 title (See instructions)	lions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:	4 700.00
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) #250-
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED.

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:
FILER NAME John Dullon beiger	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor Out-of-state PAC (ID#:	
Date Full name of contributor out-of-state PAC (ID#:) 114-21 WAYE (5:458	Amount of contribution (\$)
Contributor address; City; State; Zip Code Blantan, 74 Z3Z1 G-n+ RRCitcle 77833 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$ 500.00
Principal occupation / Job title (See Instructions) / Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) //- 6-21 Contributor address; City; State; Zip Code // 1900 5. Blockel/ Rd, Branking Th 77833	Amount of contribution (\$) # 2 50. 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS A	

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

The Instruction Guide e	xplains how to complete this form.	1 Total pages Schedule A1:
FILER NAME John	Pullen berger	3 Filer ID (Ethics Commission Filers
	Fm 1371 Doug ess; City; State 1371, Chappell H.	
Date Full name of con		
		Amount of contribution (\$) Expression, Ty Fraction (\$)
Principal occupation / Job title (See	Instructions) Em	nployer (See Instructions)
Contributor addr	d TAIR Limm	* 150.00
Principal occupation / Job title (See	Instructions) Em	nployer (See Instructions)
Date Full name of con Contributor addr		Amount of contribution (\$)
Principal occupation / Job title (See	Instructions) Em	nployer (See Instructions)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir	ice Overhead/Rental Expense ling Expense ting Expense aries/Wages/Contract Labor w to complete this form.	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		mbe, zu	3 Filer ID (Ethics Commission Filers)
4 Date 12-31-21	5 Payee name	onberg	
6 Amount (\$) \$2010.00	7 Payee address; 2500 Tarkey	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Dona-1:00	11
	(c) Check if travel outside of Texas. Complete Schedul Candidate / Officeholder name	Office sought	tin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH			Julge- Sime
Date / Z ~ Z Z-7/	Payee name	Purian ber 8	
Amount (\$) \$327.10	Payee address; 2900 Turk	city; in creek ttx 778	33
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Campaign & Ponse Re, mby semmet	Description Staff A)	precion ments, fer Dec. 2021
	Check if travel outside of Texas. Complete Schedul		tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12-31-21	Payee name Soln D	مه معط مدان	~
Amount (\$) \$5587.80	Payee address; Z200 Tuck. Blacken,		State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheduk	School	ile G
	Check if travel outside of Texas. Complete Schedul	leT. Check if Aust	tin, 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 NE	EDED

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) 7 Payee address; State; Zip Code H1000.00 (a) Category (See Categories listed at the top of this schedule) Longo He PURPOSE Lonsothing EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; State; Zip Code Sor w. 5th 5t. Rienland Tx 77833 Category (See Categories listed at the top of this scholdule) Campaign photos Campaign photos Campaign photos 111 Amount (\$) 8 270.00 PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Travel Out OI District
1 Total pages Schedule G:	2 FILER NAME Durian bergan 3 Filer ID (Ethics Commission Filers)
4 Date 9/11/21	5 Payee name Washington Cony Fair
Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1305 E. Blue Sell Re. #110, Brankan Tx 7783
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Tike 45
	(c) Check if ravel 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
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SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains 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)
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SCHEDULE G

	EXPENDITURE CATE	GORIES	FOR BOX 8(a)	
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SCHEDULE G

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

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Coan 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)
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4 Date 9/12/21	5 Payee name		shington Co.
Amount (\$) 500.00 Reimbursement from political contributions intended	7 Payee address; 3901 TX-36 Braham, TX	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school of the company of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the top of this school of the category (See Categories listed at the	Donn	+
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SCHEDULE G

Advertising Expense		EXPENDITURE CATE	-COMILOT ON DONO(a)	
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8 PURPOSE OF EXPENDITURE	Dov	See Categories listed at the top of this	Dona	
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SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	
1 Total pages Schedule G:	2 FILER NAME John Dorsonherger 3 Filer ID (Ethics Commission Filers)
4 Date 7-1-21	5 Payee name
Amount (\$) # /8//6 Reimbursement from political contributions intended	Bogs of Girls Club 7 Payee address; City; State; Zip Code Bromham, Tx 77833
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dom-Lor Tom-Lor
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held
Date /2-3-21	Payee name US Postal
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expenditure to benefit C/OH	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment				
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Chr. Hung Cards			
	(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 1113/21	Payee name L9'S BBQ			
Amount (\$) A 94.59 Reimbursement from political contributions intended	Payee address; 1407 W. Wain Brahm, Tx 77833			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Food Event Food Event Food			
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Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held			
Date 1013/12	Payee name The Yard			
Amount (\$) 4\ 3\ .60 Reimbursement from political contributions intended	Payee address; 1405 W. MA:n City; State; Zip Code Rojanham, Tx 77833			
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) It Expense Loan Repayment/Reimburseme

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)

Credit Card Payment	The Instruction Guide explains how to	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME John Dulle	mberger 3 Filer ID (Ethics Commiss	sion Filers)
4 Date 9-5-71	5 Payee name St. Stanislau	s Catholic Church	
Amount (\$) **A ZOO - CO **Reimbursement from political contributions intended**	7 Payee address; 9/75 Fm /3	37/ City: State; Zip 37/ Tx 77426	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Donation	
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office h	eld
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