		FICEHOLDER ICE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	n Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	KEITH LAST	MI K SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	·	CITY; STATE; ZIP CODE LAGRANGE TX 78945 EXTENSION	FILED JUNITE 2025 Date Hand-delivered Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MC NICKNAME	FIRST DAVID LAST	W SUFFIX	Receipt # CO. ELECTIONS A SAMMAISTRATOR Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS		BEYER (NO PO BOX PLEASE): APT/SL R 95 CCC 12	·	STATE; ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	75
9 REPORT TYPE	January 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	O (Day Year / 2025	Month	Day Year / 30 / 2025
M ELECTION	ELECTION D. Month Day	Year Primary General	Runoff Other Description Special	
2 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (if known)	
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIFIED THE CANDIDATE / OFFICE CONSENT. CANDIDATES COMMITTEE TYPE	CE OF POLITICAL CONTRIBUTIONS AC EHOLDER. THESE EXPENDITURES AS AND OFFICEHOLDERS ARE REQUIRE COMMITTEE NAME	.I CEPTED OR POLITICAL EXPENDITURES MADE VAY HAVE BEEN MADE WITHOUT THE CANDID D TO REPORT THIS INFORMATION ONLY IF THE	DE BY POLITICAL COMMITTEES TO SUPPORT ATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREAS COMMITTEE CAMPAIGN TREAS	·	
		GO TO P		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	NS)	\$
EXPENDITURE TOTALS	3, TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES		\$13.445.89
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$13.445.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE	\$
	swear, or affirm, under penalty of perjury, that the accompanying report is	true and co	rrect and includes all information
rec	quired to be reported by me under Title 15, Election Code.	.1	/ /
	1/4/		<i></i>
	KWMA	oung	
	Signatufe of	Candidate	or Officeholder
i - 			
	Please complete either option belo	ow:	
	i sama aguileisea aimisi alemanus.	····	
	Philadelphia and a second		
(1) Affidavit	CANDACE KOETHER Notary ID #128403324 My Commission Expires January 29, 2028		
NOTARY STAMP/SEAL	- 1/11/1/		1 1
Sworn to and subscribed	before me by Kelth Korenek this th	ne	day of \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
20 25 to certify	which, witness my hand and seal of office.		_ 1
~ 	My Candace Knether		Admin
Signature of officer administer	CONTRACT TO CONTRACT		Title of officer administering oath
	OR		
The state of the s	·		
(2) Unsworn Declaration	on		•
M. nama la	, and my date of birth	. In	
-			
My address is	(-tt)		(-ind-)
	(street) (city)	• ,	(zip code) (country)
Executed in	County, State of, on theday of (mo	nth)	, 20 (year)
	Signature of Car	ndidate/Office	eholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 CO	NTRIBUTIONS	\$ 8 373.39
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ <i>5</i> 672.50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	IONS RETURNED	\$

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1. 2 FILER NAME KEITH KURENER 4 Date SUTHERLANDS City: Zip Code 7 Payee address; State: 6 Amount (\$) \$18.39 LA GRANGE 78945 (a) Category (See Categories listed at the top of this schedule) (b) Description OFFICE OVERHEAD PURPOSE BOX FOR RECORDS OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date COLUMBUS K.C. COUNCIL NO. 2971 01-15-2025 Payee address: State: Zip Code \$100° COLUMRILS -10 WEST at Exit Category (See Categories listed at the top of this schedule) PURPOSE OF RAPPEL EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code LAGRANCE Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense ries/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	v to complete this form.	<u></u>
1 Total pages Schedule F1.	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	KEITH KORENE	<u>K</u>	
4 Date	5 Payee name	lumo	cities.
1-(1-6)	SCHWENBURG JUNIOR 7 Payee address;	LIVESTOCK S	Sttuw State; Zip Code
6 Amount (\$)	7 Payee address,	Oity,	O.d.o., 2,p 3000
\$ 17500	PO BOX 375 =	SCHULENBURG	- tx 78956
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description	
PURPOSE OF			
EXPENDITURE	DONATION	BELTT	3UCK1E
	(c) Check if travel outside of Texas. Complete Schedul	eT. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-27-25	St JUSTIPH ALTAR	SOUETY	
Amount (\$)	Payee address;	City;	State; Zip Code
\$100°D	Moulton	tx -	77975
	Category (See Categories listed at the top of this schedu	ule) Description	_
PURPOSE			
OF EXPENDITURE	DONATION	RAFFL	<u> </u>
	Check if travel outside of Texas. Complete Schedu	le T. Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01-31-2025	SCHULENBURG F1	RE DEPT	
Amount (\$)	Payee address;	City;	State; Zip Code
250000	SCHIN	ENBUR6 "	tx 78956
	Category (See Categories listed at the top of this school		
PURPOSE			-, <u>u</u> .
OF EXPENDITURE	DONATION	RAFF	·LE
	Check if travel outside of Texas. Complete Sched	fule T. Check if Ai	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	
expenditure to benefit C/G			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

SCHEDULE F1

		<u></u>	*
	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Overtream Food/Beverage Expense Polling Expense Printing Expense Printing Expense	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
			2 Files 10 (Filias Completion Cilem)
1 Total pages Schedule F1.	2 FILER NAME KOLTH KORENTEK		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02-04-7025	PLATONIA STOCK SHOW		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$115°°	PO BOX 189 FLATO	T AIM	x 78941
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	}		
OF EXPENDITURE	DONATION	BELT	BUCKLE
		-	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02-08-205	LAGRANGE LITTLE	LEAGU	State; Zip Code
Amount (\$)	Payee address:	City;	State, Zip Code
\$122500	LAGRANGE		78945
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF	DONATION	DONAT	100
EXPENDITURE			· - ·
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	atin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3-10-25	FCSMAS		
Amount (\$)	Payee address;	City;	State; Zip Code
		_	
\$2,450	1646 NORTH JEPFERS	1	2ANG+ TX 78945
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE)
OF EXPENDITURE	DMATION	DOWAT	non
1	Check if travel outside of Texas. Complete Schedule T.	Chook if A	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
axpenditate to benefit of	· · · · · · · · · · · · · · · · · · ·		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wi	ages/Contract Labor Other (enter a category not listed above)	
Cicultodurayment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME KETTH KORONEK	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
5-7-25		FIRE DEPARTMENT	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$1000	1457 SH237 ROUN	DTOP TX TX GSY	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	DONATION	RAPFEL	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
6-5-25	LAGRANGE FIRE DE	PT	
Amount (\$)	Payee address;	City; State, Zip Code	
\$ 100	LAGI	RANGE TY 78945	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		0000500	
OF EXPENDITURE	EVENT	GOLF TOVENEMENT SPONSOR	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
6-6-25	FAYETTEVILLE VOLUNTE	EER PIRE DEPT	
Amount (\$)	Payee address;	City; State; Zip Code	
50050			
\$2950	PAYEMEVILLE	TX	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	DONATION	PURCHASE AUCTION ITEMS	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica	1	Expense Travel Out Of District 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:		3 Filer ID (Ethics Commission Filers)
4	KEITH KORENEK	
4 Date 4-9-25	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State, Zip Code
• Amount (•)	7 Payee address,	ony, state, all odde
\$300°°	LAGRAN	56 TX 78945
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
EXPENDITURE	DONATION	KAPFEL
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
4-79-25	MOUTON VOLUNTEER	PTO E OBPT
Amount (\$)	Payee address;	City; State; Zip Code
\$500°	MOULTON	TX 77975
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	DONATION	REPEEL
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5225	FAYEVENLLE PIRE	ODDATINIA T
Amount (\$)	Payee address;	City; State; Zip Code
50.00		.
[4/00-	PAYETTEV	1115 tr 78940
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	POVATION	RAPFEL
1	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED
Ł		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	*	Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	
Total pages Schedule F1:	2 FILER NAME KEITH KORENEK	3 Filer ID (Ethics Commission Filers)
Date	5 Payee name	
6-10-25	MOULTON VOLUNTEER	FIRE DEPARTMENT
Amount (\$)	7 Payee address;	City; State; Zîp Code
\$10000	MOULTON	TX 77975
1	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		00000
EXPENDITURE	DONATION	MAPEL
· .	(c) 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	Раусе пате	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	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
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Off Food/Beverage Expense Pc eBy Gift/Awards/Memonals Expense Pr ical Committee Legal Services Sa	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/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 ho	w to complete this form.		
1 Total pages Schedule G:	2 FILER NAME KEITH KORENEK	·	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		<u> </u>	
2-7-25	KEITH KORENER			
6 Amount (\$) 5 1012-50 Reimbursement from political contributions	7 Payee address;	City;	State; Zip Code	
intended		LAGRANG	E tx 78945	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	e) (b) Description	1	
EXPENDITURE	DONATION	DOVAT	100	
	(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	Payee name			
2-11-25	KEITH KOLENER			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended		LAGRAN	GE TX 78945	
PURPOSE	Category (See Categories listed at the top of this schedul	Description		
OF EXPENDITURE	DOVATION	DONAT	DONATION	
	Check if travel outside of Texas. Complete Schedule	Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3-10-25	KEITH KORENEK			
Amount (\$) \$7700	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended		LAGRANG	6 tx 78945	
PURPOSE	Category (See Categories listed at the top of this schedule			
OF EXPENDITURE	DONATION	DOWAT	noi	
	Check if travel outside of Texas. Complete Schedule	Check if Austin,	TX, afficeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEED!	ED .	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Event Expense L Fees C Food/Beverage Expense P e By Gift/Awards/Memorials Expense P tical Committee Legal Services S	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 h	low to complete this form.			
1 Total pages Schedule G:	2 FILER NAME KEITH KORTNEK		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name		<u> </u>		
04-29-25	KEETH KORBUEK				
6 Amount (\$) 00 \$420	7 Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	8350 MACH ROLAGRANGE	TX	78945		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description			
OF EXPENDITURE	RAFFEL	DONATI	07		
· · · · · · · · · · · · · · · · · · ·	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Austin,	TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
06-02-2025	KEITH KORENEK				
Amount (\$) 99	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	8350 MACHRD. LAG	RANGE T	y 7894		
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description			
OF EXPENDITURE	DONATION	DONATI	(no		
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin,	TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date 2.1	Рауее пате				
6-30-2025	KEITH KORENEK	<u> </u>			
Amount (\$) \$ 1826.00	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	8350 MACH RD LI	AGRANGE :	TX 78945		
PURPOSE	Category (See Categories listed at the top of this schedul	lle) Description			
OF EXPENDITURE	DONATION	SEE A	TTACHED		
	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 TH	IIS SCHEDULE AS NEEDE			