		ICEHOLDER		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	n Gulde explains he	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS (MR)	Keith Pinkston	Mi A S∪PFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	C(ev		77328	Date Hing delivers a Fr Date Bostonsined
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	Tiffany Pinkster	MI N SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence of Business) 8 CAMPAIGN TREASURER PHONE	3151 Clei	(NO PO BOX PLEASE): APT/SUI Dabney R Jeland, Tx PHONE NUMBER	satten red.	STATE: ZIP CODE
9 REPORT YPE	January 15  July 15	30th day before election		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month //	Day Year	THROUGH 12/	0ay Year / 2 <b>3</b>
11 ELECTION	ELECTION O	Year Primary	Runoff Olher Description	
2 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (1 known) PCT. 3 55(	Commissioner
4 NOTICE FF CM POLITICAL COMMITTEE(S)  Additional Pages		COMMITTEE ADDRESS  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASU	AT HAVE BEEN MADE WITHOUT THE CANDID TO REPORT THIS INFORMATION ONLY IF THE	DE BY POLITICAL COMMITTEES TO SUPPORT MAYE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.
		GO TO PA		

		OFFICEHOLDER IANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	; <del>t</del> n	Pinicster 16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.e	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE GLECTRONICALLY)	S Shownson
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 53000 C
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 11.135 23
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	AY \$ 5.00000
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE CAST DAY OF THE REPORTING PERIOD	\$
(1) Affidavit		Please complete either option below:	
NOTARY STAMP/SEAL Swom to and subscribed 20	bafore me	e Lythis the less my hand and seal of office.	day of
Signature of officer auminister	ing oath	Printed name of officer administering oath	Title of officer acmunicering oath
1. S. S. S. S. S. S. S.	II SYL	OR	Zare of Lerian East
(2) Unsworn Declaratio		2 - vetan	
My name is	201	and my dale of birth is 10 priey Bottom Vd. Cleveland Tx	
My address is	Dark	oney tottom vel Cleveland TX	77328. 45
Executed in Son 5 s.c.	nto	(street) (city) (state)	(zip code) country)
		Signature of Candidate/6	Officeholder (Declarant)

FILER	ANE	20 Filer ID (Ethics Co	ommission Filers)
	UPLE SUBTOTALS  OF SCHEDULE		SUBTOTAL AMOUNT
- 🔲	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		S
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	DNS	S
	SCHEDULE R: PLEDGED CONTRIBUTIONS		\$
	SCHEDULE E: LOANS		\$
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$
2 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
	CHEDIJLE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	ICAL CONTRIBUTIONS	\$
W	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		8 2000000000000000000000000000000000000
Z	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	L FUNDS	§ চাই চাইচেডতত —
	SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$
	CHEDULF K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTROL TO FILER	RIBUTIONS RETURNED	\$

Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Amount of contributor  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Amount of contributor  Contributor address:  City: State: Zip Code	ns how to complete this form, 1 Total pages Schedul	e A1
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Amount of contribution  Contributor address:  City:  State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Amount of contribution  Contributor address:  City:  State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Amount of contribution  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	3 Filer ID (Ethics Com	mission: Filers
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Amount of contribution  Contributor address:  City:  State: Zip Code  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Amount of contribution  Contributor address:  City:  State: Zip Code  Amount of contribution  Contributor address:  City:  State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Amount of contribution  Contributor address:  City:  City:		-
Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Amount of contribution  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Employer (See Instructions)  Date  Full name of contributor  Contributor address:  City: State: Zip Code  Amount of contributor  Contributor address:  City: State: Zip Code  Amount of contributor	(1 ag. v. 200 a 100 000	ich (S)
Date Full name of contributor [   out-of-state PAN (LM		
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address; City, State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	9 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Contributor address;  City: State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Full name of contributor  Principal occupation / Job title (See Instructions)  Amount of contribution  Amount of contribution	37 [] o_c-ot-state PAC (ID#) Amount of contribu	lion (S)
Date Full name of contributor Contributor State State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor (Foundation PA, JUNE Amount of contribution)		
Contributor address; City State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor (1973 distina PA, (IDV	dians) Employer (See Instructions)	
Contributor address;  City State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  [   o / af-state PA   ILW	Amount of contribu	tian (\$)
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( FOR BASINE 22 ) HOW	tions) Employer (See Instructions)	
Contributor address; City; State; Zip Code	C [ ] our af-stand PAU (IDM) Amount of contribut	ion (\$)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)	fions) Employer (See Instructions)	

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting Banking Consulting Expense Loan Kepayment/Keimburserment Solicitation/F) habbising ("xpense Transportation Equipment & Refeted Laboric Foor/Beverage Expense Grtt/Awards/Memorials Expense Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wagns/Contract Labor Salanes/Wagns/Contract Labor Fravel in District Combutant/Conners Made Sy Conductive/file-ph/sen/Political Conunities Travel Out Of District Other (enter a nategory not finited above) The Instruction Guide explains how to complete this form. Total pages Schedule F4 2 FILERNAME 3 Filer ID (Ethes Commission Filers) Tiffing Pinester 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,385.23 5 Date G Payee name XYZ Si5nS 8 Payee address; 125 23 7 Amount (\$) State; Zip Code 1021 Aldine Bender Rd. Houston Tx. 77032 885 49 TYPE OF EXPENDITURE Political Non-Political (a) Category (See Category) listed at the top of this schedule) (b) Description Yard 51375 PURPOSE OF EXPENDITURE Advertising Expense Creek if Austin TX officeholder living expense Check if travel outside of fexas. Complete Scheoule 7. 11 Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OF Dale VISTA PRINT - ONLINE GREEKER. Payee address; City State; 11-28.23 Amount (3) 250.08 TYPE O Non-Political EXPENDITURE Category (Sec Calegories I sled at the top of this schedule) Description PURPOSE BUSINESS CWEDS EXPENDITURE Check if basel outside of Texas. Complete Schedule T. Check if Austin TX, ufficeholder living expense Candidate / Officeholder name Office sought Office hold Complete ONITA GLESS expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## EXPENDITURES MADE BY CREDIT CARD

### SCHEDULE F4

If the second stand in the	ermation is not confinely. DO NOT :	luda 451 1- 45	
ii ine requestea into	ormation is not applicable, DO NOT incl	ude this page in the rej	pon.
	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Caper se Accounting Starking Const ulong Expension Contributions/Donacers Made Candidate/Office Indian/Pole		Loan Repayment/Reintbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sulanes/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related to Emvel In Distinct Travel Out Of Distinct Other (enter a category not listed above
Total pages Schedule F4		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filer
TOTAL OF UNITE	l MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	ş
Date	6 Payes name		
2-25 23	Visita Paint - 8 Payce address;	GALLAR CHE	Lev.
Amount (\$)	8 Payee address;	City;	State; Zip Code
249.06			
TYPE OF EXPENDITURE	Political	Non-Political	· · · · · · · · · · · · · · · · · · ·
0	(a) Category (Sec Categories listed kitche (on of this so		. 5
PURPOSE		bio Carc	ck pens w/
EXPENDITURE	Event Expense	( help 311	Certify Certif
	(c) Check if travel outside of Texus. Complete Su	fledule [ ] Check if Au	stin, TX, officeholder living expense
1 omplete <u>ONLY</u> if disect xpenditure to benefit C/CH	Candidate / Officeholder name	Office sought	Office held
Date	Рауве пате		
Amount (S)	Payee address;	City	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule) Description	
	Check if travel outside of Texas, Complete Sch	nedule f. Check if Aus	stirs TX, atticeholder living expanse
penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	inen

# 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) Adversing Expense Accounting Carner a Consulting Expense Control Contr Event Expense Loan Repayment/Reimbursement Soliedation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor Gitt/Awards/Memonals Expense Legal Services Other tenter a category not listed above) Gredit Card Sayment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Republican party 11-8.123 6 Amount (\$) 750.00 Reurituatement from political continuous intended Coldson tr 1733 (a) Callegory (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE OF Floor Le Wilne 100 EXPENDITURE Chair f Autro TX on coholeer living expense (c) Shock if have include of Texas Complete School de l' Candidate / Officeholder name Office sought Office held Complete ONLY is direct expenditure to brise! I C/OH Date Рауее пато Amount (\$) Payee address; Zip Code Reinburgeriertfrom political californity and standard Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Conck if travel outside of Taxos. Complete Schedule.\* The Austral T.S. and centilder many expense Candidate / Officeholder name Office sought Office held Complete ONLy if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; State: Zip Code Reimbursertentfrom political Confributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE From March 2004 - Next Controllery herbach The distance of the center by the printer Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to penel I C/O-I

If the requested info	rmation is not applicable, DO NOT incl	ude this page in the r	eport.	
	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)		
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1 Total pages Schedule F4	2 FILER NAME	now to complete this farm.	3 Filer 10 (Ethics C	iorna sslan Filers)
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED T	OACREDIT CARD	\$ 2266	7 Y
5 Date 1 - 9 . 2029	6 Payer more	MYP SC	veenprin	+
7 Amount (\$)	8 Payee address;	city.	State,	Zo Code 7/13/89
9 TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category - Categor es bated as the top of this ac	ŝe	_	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	A. ston, X. officer older living Office he	
Date	Payee name			
Amount (\$)	Payee address	City	State	Zo Code
TYPE OF EXPENDITURE	Folitical.	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Calegory disted of the top of the see	Description		
	Chook if travel outside of Texas. Complete Sch	redule T	Austr TX, officencialer living	taomi.+∋
Complete ONLY if direct expenditure to benefit C/OH	Candidate / OfficeItoIder name	Office sought	Office he	เน้

	1		OFFICEHOLDER INANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Ins	truction G	ıide e	xplains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDAT OFFICEHO NAME	17.5	MS .	MRS (MR) FIRST  K. E. I. T. H.  NAME LAST  POKSTED	МI  } ЗОРЕ X	OFFICE USE ONLY
4 CANDICAT OFFICEHO MAILING ADDRESS Change of Change of OFFICEHO PHONE 6 CAMPAIGN TREASURE NAME	Address E/ LDER	3 AREA (7)	LESS IPO BOX: APTISUITE # CI 151 Dabney Both Cleveland Tx CODE PHONE NUMBER 81) 309-15360 LIRS MIR FIRST A	EXTENSION  SUFF X	Date Hand-delivered of Date Posts (Nes )  Receipt Amount 8  Date Ploce < d
7 CAMPAIGN TREASURE ADDRESS (Residence or Fu 8 CAMPAIGN TREASURE PHONE	R usiness) R	3 ARE	et ADDRESS :NO PO BOX PLEASE): APT / SUI 151 Dabney To Cleveland	30Hem Rd. TK. 77'328  EXTENSION	STATE: ZIP CODF
9 REPORT	YPE		July 15 30th day before elections and the state of the st	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED			Month Day Year	Month	Day Year 25 / 24
11 ELECTION		Morin 3	Day Year Primary  S / 29 General	ELECTION TYPE Runoff Cther Description Special	
12 OFFICE	C	FFILE.	HELD (if any)	13 OFFICE SOUGHT (if known)	
4 NOTICE FRO POLITICAL COMMITT E	E(S)	OMILIT GE	IS FOR NOTICE OF POLITICAL CONTRIBUTIONS AC MIDATE / OFFICEHOLDER. THESE EXPENDITURES M. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TEE TYPE   COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREAS  COMMITTEE CAMPAIGN TREAS	MY HAVE BEEN MADE WITHOUT THE CANDID O TO REPORT THIS INFORMATION GNLY IF THI	DATES OR DESICENDI DER'S KNOWLEDGE OF
			GO TO PA	AGE 2	

II.	E/OFFICEHOLDER NFINANCE REPORT	CO	FORM VER SHEE	C/OH
15 C/OH NAME		16 Filer II	D (Ethics Commis	sion Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	7	s	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS,		\$	
EXPENDITURE 101ALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 2,97	8.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY	\$ 2,75	20
OUTSTANDING LOAN TOTALS	6. TOTAL FRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	
	vear, or affirm, under penalty of perjury, that the accompanying report is tru	e and corre	ect and includes	all information
	í			
	Signal do of Ca	-	Miceholder	
1) Affidavit	Please complete either option below	v:		
NOTARY STAMP/SEAL				
Swom to and subscribed be 20, to certify w	efore me by this the		day of	,
ignature of officer administeri	ng oath Printed name of officer administering oath	Ti	le of officer admir	istaring oath
	OR .			
2) Unsworn Declaration	1			
ly name is	ny Pinkston and my date of birth is			
y address is 3.15.1	3	ペーコ:		
xecuted in San Jac	(street) (city) (s		code) (col 20 <u>2</u>	int-y)
	Signature of Candid	ate/Officeho	Solder (Declarant)	

	SUB	TOTALS	- С/ОН		FORM C/OH SHEET PG 3					
19	FILER NA	ME 1-fcang	Plante	20 Filer ID (Ethics Co	ommission Filers)					
21		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT					
1		SCHEDULE A1	MONETARY POLITICAL CONTRIBUTIONS		s					
2.		SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		S					
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS	GED CONTRIBUTIONS \$						
4.	Ø	SCHEDULE E:	LOANS	s 2,750						
5.		SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$						
6.		SCHEDULE F2.	UNPAID INCURRED OBLIGATIONS \$							
7,0		SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$							
8.	<b>□</b> ′	SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD	\$ 246.06						
9,	3	SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$ 246.06 \$ 2,566.89						
10.		SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	S						
11.		CHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$						
12.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	S					

Th	ne Instruction Guide explains how to c	omplete thi	s form.	1	Total pa	gos Schedule A1	
2 FILER NAM	E			3	Filer ID	(Ethics Commiss	ion Filers
4 Date		out-of-state PA	State; Zyo Code		Amouni	of contribution	(5)
Principal occ	cupation / Job title (See Instructions)		9 Employer (See	Instructions)			
Date	Full name of contributor	out-of-state PA	g 96 n	1	Атоил	of contribution	(\$)
	Contributor address;	City;	State; Zip Code				
Principal occu	upation / Job title (See Instructions)	/	Employer (See	Instructions)			
Date		out-of-state PAC	C (ID#	A188.1	Amoun	of contribution	(\$:
Principal occu	upation / Job title (See Instructions)		Employer (See	Instructions)			
Date		ut-of-state PAC City:	State; Zip Code		knount	of contribution	(\$)
Principal occu	ρ΄ation / Job title (See Instructions)		Employer (See I	nstruct ons)			

LOANS			SCHEDULE <b>E</b>
If the requested in	formation is not applicable, DO N	OT include this page in the re	port.
The Ins	truction Guide explains how to com	plete this form.	1 Total pages Schedule E
2 FILER NAME	Pinksten		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNIT			\$
	Name of lender out-of-state	e PAC (ID#)	9 Loan Amount (\$)
a financial	Lender address; City; 3753 Iostrala Lleveland Tx.	State; Zip Code	10 Interest rate  11 Maturity date
14 Description of Collatera		15	ds were deposited into political ions)
INFORMATION	Gua <mark>rantor address; City;</mark>	State: Zip Codc  21 Employer (See Instructions)	19 Amount Guaranteed (\$)
Date of Ican		PAC (ID#)	Loan Amount (\$)
Is lender e financial Institutior?	Lender address City.	State; Zip Code	Interest rate  Maturity date
Y N Principal occupation / .	lab <b>title</b> (See Instructions)	Employer (See Instructions)	
Description of Collateral		Check if personal fund account (See Instruction	ls were deposited into political ons)
	Nante of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City,	Stele; Zip Code	
Principal Occupation (S	ee (istructions)	Employer (See Instructions)	
if lender	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

FROM POL	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDU	LE F1
If the requested in	formation is not applicable, DO NOT in	clude this page in the report.		
	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
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Total pages Schedule F1	2 FILER NAME	3 Filer	ID (Ethics Comm	nissicn Filers)
Date	5 Payee name			
Amount (\$)	7 Payeo address,	City;	S <mark>tate; Z</mark> p	Code
	(a) Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE	(-) Caregory (or Congonical Articles Articles and	(b) Bescription		
	(c) Check if Iravel outside of Texas. Complete Scho	Check if Austin, "X, affice	older living expensi	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	reld
Date	Payee name			
Amount (\$)	Payee address;	City:	State; Zp	Code
PURPOSE	Category (See Categories fisted at the top of this schei	dule) Description		
OF EXPENDITURE				
	Check if travel cuttido of fexat Complete Sched	ule T. Check if Austin, TX, officer	older living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office I	alc
Date	Payee name			
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PURPOSE OF EXPENDITURE	Category - See Categories listed at the top of this scried	(a) Description		
	Check if travel outside of Texas Complete Schedu	leT. Check if Austin, TX, officeho	lder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/CH	Candidate / Officeholder name	Office sought	Office	teld

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LOAN	İ	d inform	ation is not applicable, DO NO	DT include this page in the re	SCHEDULE <b>E</b>
	The	Instruct	ion Guide explains how to comp	1 Total pages Schedule E.	
2 FILER NA		y P	nksten		3 Filer ID (Ethics Commission Filers)
4 TOTAL	OF UI	NITEMI	\$ 2,750		
5 Date of los	T				9 Loan Amount (\$) \$ 250. \( \infty \)
6 Is lender a financial Institution?		50	nder address; City; I E. Lambuth L Lerpark Tx.	10 Interest rate  11 Maturity date	
	csupati		tille (See Instructions)	13 Employer (See Instructions)	
14 Description	of Col	lateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANT INFORMAT not app	l cable	18 Gua	rantor address; City;	State; Zip Code  21 Employer (See Instructions)	19 Amount Guaranteed (\$)
Date of loan				PAC (ID#)	Loan Amount (\$)
I = 27 - 2 Is lender a financial Institution?	9	Len	ven Hadley der address; City; Golf Links Cl.	State; Zip Code	2, 000 Interest rate  Maturity date
Y N		- /		Tx.77339	8
Hadlau	C	onstr	ite (See Instructions) uction Group IC	Employer (See Instructions)	
none	of Collateral			Check if personal fund account (See Instruction	s were deposited into political ons)
GUARANTO INFORMATI	R NC	Nam	e of guarantor		Amount Guaranteed (\$)
not appl	caole	Gua	antor address; City;	State; Zip Code	
Principal De	cupatio	n (See Io	structions)	Employer (See Instructions)	
	If len	ider is o		ES OF THIS SCHEDULE AS NEE	

FROM POL	SCHEDULE F1		
ir tire requested ir	nformation is not applicable, DO NOT		JOIL.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officaholder/Politi Credil Card Payment	Event Expense Fees Food/Beverage Expense By Gft/Awards/Memorials Expense cal Committee Legal Services	Loan Rapayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/ContractLabor ins how to complete this form,	Solicitation/Fundraising Expense Transportifion Equipment & Rulated Expen Travel In Listrict Travel Out Of District Other (enter a category not list dispose)
Total pages Schedule F			3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
Amount (S)	7 Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
	(C) Check it travel outside of Texas. Complete	Schedule T. Check if Auslin	TX, officer blder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office helc
Date	Payec name		
Amount (\$)	Payee address	City;	State; Zlp Code
PURPOSE OF EXPENDITURE	Category See Categories listed at the top of this		
	Candidate / Officeholder name		TX, afficialder living expense
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Date	Payee name		
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PURPOSE OF EXPENDITURE	Calegory (See Categories listed at the top of this s	chedule) Description	
	Check if travel outside of Texas Complete So	cheduleT. Check if Austin, T	X officeholder living expense
complete <u>QNLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Explorise Accounting/Starking Consulting Explorise Contributions #Explorise Contributions #Explorises Contributions #Explorises Contributions #Explorises Contributions Contributions Contributions Contribution Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense G:ft/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4 3 Filer ID (Ethics Commission Flers) THRany Pinksten 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 244. OLD Payee name 1-7-29 Payes address; 7 Amount (S) City: Zip Code State: Online order in 246 ole websites TYPE OF EXPENDITURE Non-Political (a) Category (See Categories listed at the top of this schedule) 10 (b) Description Blo Pamplets PURPOSE Advartising EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to penditure to Keith Pinrsten SIC ACT 3. Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political 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, afficeholder living expense Candidate / Officeholder name Office sought Office held Complete CNL I direct expenditure to benefit C/OH

#### POLITICAL EXPENDITURES MADE FROM SCHEDULE G PERSONAL FUNDS 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 EventExpense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expanse Transportation Equipment & Richard Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense ravel In District ravel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Tiffany 4 Date 5 Payee name 1/9/24 mup Signs | sports wear 7 Payee address; 6 Amount (\$) Zip Code 1381.25 4922 woodbory mill Ar 11389 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE (al OF EXPENDITURE Printing, Event Campaign Shirts Im snets Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought 5J( PC+ 3. Compussioner Candidate / Officeholder name Office held Complete ONLY it direct expenditure to benefit C/QH Payee address; Amount (S) Zip Code 1000-47 1201 Aldune Bender Reinsbursoment from political contributions 77032 intended Calegory (See Calegories listed at the top of this schedule) Description PURPOSE Advertising Campaign Signs 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 PCT 3. SJC expenditure to benefit C/OH Commissionere eadfoot Amount (S) Payee øddress: City Slale: 041 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE full campaising Advertsing EXPENDITURE window Check if Iravel 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 Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revisec 11/15/2022

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the re	quested in	nforn	nation is not applicable, DO NOT include this page in the r	eport.
			EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Exp Accounting Bar Consulting Exp Contributions/C Conditate/CX Credit Card Payre	nking enso for ations Mad ficeholder/Poli		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Mermonials Expense Printing Expense Legal Services Salarios/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages	Schedule G	2	Tissany Pinesten	3 Filer ID (Ethics Commission Filers)
4 Date 1/22	124	5	42 51575	
	sement from contributions		city; 201 Aldre Bender Houst	State, Zip Code  TW. 77032
8 PURPOS OF EXPENDIT		1	Category (See Categories listed at the top of this schedula)  (b) Description  Aucros 12  Cal 5	
9 Complete <u>ONLY</u> expenditure to b		(c)	Candidate / Officeholder name  Candidate / Officeholder name  Candidate / Officeholder name  Concept Solution Port Solution Concept Solution C	n, TX, officeholder living expense Office held
Date 1/7/	29	1	ayee name HEB	
		<i>J</i>	yee address: City: 2350 Interstate 45 N. Will	State: Zip Code
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Complete QN expenditure to		ЭН	Candidate / Officeholder name  Certa Pinikstan Commissi	Office held
Date		to <sup>1</sup>	yee name	
Amount (\$)  Reimburso political co	nent from tributions	Pi	yee address; City	State; Zip Code
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omplete <u>ONLY</u> ( xpenditure to be			Check if havel publide of Texas Complete Schedule T Check if Austin.  Candidate / Officeholder name Office sought	TX, officeholder living expense Office held
			ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDI	ED

	RES MADE BY CREDI		the report.	SCHEDU	J_E <b>F4</b>
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made ( Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contral	Expense Tra Tra Tra ttLabor Oti	icitation/Fundraising E- rispertation Equipment well in District ivel Gut Of District ier (cuttor a category no	& Related Expens
A Total cares Cabadala CA	The Instruction Guide explai	ns how to complete th			
1 Total pages Schedule F4	2 FILER NAME		3 Fi	ler ID (Ethics Comr	niosion Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TOACREDITCA	ARD \$		
5 Date	6 Рауее пате				
7 Amcunt (\$)	8 Payee address:	c	ity;	State; 2	ip Co <b>d</b> e
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the typ of this	schedule) (b) Desc	cription		
11 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas Complete:  Candidate / Officer older name	Office sough		off-ceholder living expe	rse
Date	Payee name				
Amount (\$)	Payee address:	Ci	ty;	State; Z	o Code
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this		ription		1
Complete <u>QNLY</u> if direct expenditure to benefit C/DH	Candidate / Officeholder name	Office sough		Office held	60
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE	AS NEEDED		

### APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS / MRS / MR CANDIDATE DIL OFFICE USE ONLY NAME Filer ID# NICKNAME Date Receive Person APT / SUITE #; ADDRESS / PO BOX, CANDIDATE MAILING 3151 Debney Bettern Rel **ADDRESS** Cicuetand, Tx Date Hand-det Sered or Posimurved AREA CODE CANDIDATE PHONE NUMBER EXTENSION PHONE (281) 309-1536 Date Processed OFFICE Date Imaged HELD (if any) OFFICE 3 Commissioner SOUGHT (if known) MSMASSMR CAMPAIGN SUFFIX TREASURER NAME Tiffany H. Pineston STREET ADDRESS: CAMPAIGN ZIP CODE TREASURER 3151 Dabried Bullon Kel STREET **ADDRESS** Pieceland Tx 71328 (residence or business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE (832) 10 CANDIDATE **SIGNATURE** I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. 11-8-23 Signature of Candidate

# FORM CTA **CANDIDATE MODIFIED** PG 2 REPORTING DECLARATION 11 CANDIDATE NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING DECLARATION **CHOOSING MODIFIED REPORTING** · This declaration must be filed no later than the 30th day before the first election to which the declaration applies. .. •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) · Candidates for the office of state chair of a political party may NOT choose modified reporting. .. I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded. I will be required to file pre-election reports and, if necessary, a runoff report. Year of election(s) or election cycle to Signature of Candidate which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority OC NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

#### 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. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Keith NAME Date Received NICKNAME LAST SUFFIX nxston 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: ZIP CODE OFFICEHOLDER 3151 Dabney Bottom Rd MAILING **ADDRESS** Cleveland, Tx. 77328 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered of Date Reclinaried **OFFICEHOLDER** (781)209-1536 PHONE Records & 6 CAMPAIGN **TREASURER** Tiffany Date ce d NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE **TREASURE**? 3151 Ochney Bottom Rd **ADDRESS** Pleveland Tx. 77328 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE (832) 863-6109 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runof treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 1/26 24 THROUGH 24 24 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Month Day General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE PCT 3 - SJC Commissioner 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	*2,750			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information			
	uired to be reported by me under Title 15, Election Code.	0			
	Signature of Car	ndidate or Officeholder			
	Please complete either option below				
	riease complete either option below				
		-			
(1) Affidavit					
(1)/111100011					
NOTARY STAMP/SEAL		ŀ			
Sworn to and subscribed	pefore me by this the	day of			
	Sworm to and subscribed before me by this the day of  20 , to certify which, witness my hand and seal of office.				
20, to certify t	which, withess my hand and seal of office.				
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath			
	, mind name of direct duministering data	Title of officer administering bath			
(2) Unavers 5 1 "	OR				
(2) Unsworn Declaration					
My name is 1556	Dabney Bottom Rd. Cleveland T	10 -8 - 82			
My address is 3151	Dabney Bottom Rd. Cleveland T	r 72228			
	(street) (city) (ct	ate) (zip code) (country)			
Executed in San Jac.	- 77	ULY, 20 24.			
	(month)	(year)			
	Signature of Candida	de/Officensider (Declarant)			