| | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
|---|--|--|---|--|
| The C/OH Instruction G | uide explains how to complete this form. | | | |
| 3 CANDIDATE/ OFFICEHOLDER | Ms / MRS / MR FIRST Ms. Kimberly | MI A. | OFFICE USE ONLY | |
| NAME | nickname last Menke | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; Constable Ln. Cat Spring, 7 | city; state; zip code Cexas 78933 | | |
| | 200 | CALCAGO | | |
| 6 CANDIDATE/ OFFICEHOLDER PHONE | (979) 732-7486 | Extension | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST Kimberly | MI | Receipt # Amount \$ | |
| NAME | NICKNAME LAST Menke | SUFFIX | Date Processed Date (maged) | |
| | | | Date illiaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SI 1046 Constable Ln. Cat Spring, T | | STATE; ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (979) 732-7486 | EXTENSION | | |
| 9 REPORT TYPE | January 15 30th day before a | lection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | |
| | July 15 Sth day before ele | ection Exceeded \$500 limit | Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year 11 15 2021 | THROUGH 11 | Day Year '30 / 2021 | |
| 11 ELECTION | ELECTION DATE Month Day Year 03 01 2022 General | ELECTION TYPE Runotf Other Description Special | | |
| 12 OFFICE | OFFICE HELD (If any) | 13 OFFICE SOUGHT (if known |) | |
| | County Clerk | County Clerk | | |
| | GO TO | PAGE 2 | | |

| 14 C/OH NAME | Kimberly M | enke 15 | 5 Filer ID | (Ethics Commission Filers) |
|---------------------------------------|--|---|------------|------------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CANE | OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES. | HOUT THE C | ANDIDATE'S OR OFFICEHOLDER'S |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | _ | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES. LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | N \$ | 0 |
| | East Hall Santagonia | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0 |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED | \$ | 0 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ | 0 |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD | DAY \$ | 0 |
| OUTSTANDING LOAN TOTALS | 1 450 LINESTER ST. LE | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD | HE \$ | 0 |
| 18 AFFIDAVIT | REBECKA KAY LAC Notary ID #1179 My Commission E May 8, 2023 | 9707 xpires | mation rec | quired to be reported by me |
| AFFIX NOTARY STAM | P/SEALABOVE | | | |
| Sworn to and subsc | ribed before me, b | by the said Kimberly Menke | , th | nis the 29th |
| day of Decemil | per 20 22 | to certify which, witness my hand and seal of office. Rebecka LaCourse | No | tary of Texas |
| Signature of officer a | administering oath | Printed name of officer administering oath | | f officer administering oath |

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

| See | e CTA Instruction Guide for detailed instructions. | 1 Total pages filed: |
|---|--|-------------------------------------|
| 2 CANDIDATE NAME | Ms. Kimberly | OFFICE USE ONLY |
| | NICKNAME LAST SUFFIX | NOV 1 5 2021 |
| 3 CANDIDATE MAILING ADDRESS | ADDRESS / PO BOX. APT / SUITE #; CITY; STATE. ZIP CODE 1046 Constable Lane Cat Spring, Texas 78933 | Date Hend-delivered or Postmarked |
| 4 CANDIDATE PHONE | AREA CODE PHONE NUMBER EXTENSION () 979-732-7486 | Receipt # Amount \$ Date Processed |
| 5 OFFICE HELD (if any) | County Clerk | Date Imaged |
| 6 OFFICE SOUGHT (if known) | County Clerk | |
| 7 CAMPAIGN TREASURER NAME | Ms. Kimberly | LAST SUFFIX Menke |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #. CITY, STATE: 1046 Constable Lane Cat Spring, Texas 78933 | ZIP CODE |
| 9 CAMPAIGN TREA\$URER PHONE | AREA CODE PHONE NUMBER EXTENSION 979-732-7486 | |
| 10 CANDIDATE SIGNATURE | I am aware of the Nepotism Law, Chapter 573 of the Tam aware of my responsibility to file timely reports a the Election Code. I am aware of the restrictions in title 15 of the Election from corporations and labor organizations. Signature of Candidate | as required by title 15 of |
| | GO TO PAGE 2 | |

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 Filer ID (Ethics Comm | Control process of the control process. | 2 Total pages filed: | OFFICE USE ONLY |
|--------------------------------|--|---|---|
| 3 CANDIDATE/ | MS/MRS/MR FIRST | MI | Date Received |
| OFFICEHOLDER NAME | Ms. Kin | mberly | |
| | NICKNAME LAST N | (enke | |
| 4 ORIGINAL REPORT | X January 15 Rur | off X Final repo | Date Hand-delivered or Date Postmarked |
| TYPE | July 15 Exc | eeded modified reporting | |
| | 30th day before election | Other (specify) | Receipt # Amount \$ |
| | 8th day before election app | ointment (officeholder only) | Date Processed |
| 5 ORIGINAL PERIOD COVERED | Month Day Year | Month Day | Year |
| 0012.125 | 02 /27 /2018 TH | ROUGH 01 /15 /201 | Date Imaged |
| 6 EXPLANATION OF CO | PRRECTION | | |
| Meant to fi | le as Final Report. | | |
| | | | |
| 7 01011471175 1 | | | |
| | ear, or affirm, under penalty of | perjury, that this corrected re | eport is true and correct. |
| | ck ONLY if applicable: | | |
| Semiannual mislead or to | reports: I swear, or affirm, that to misrepre-sent the information of | he original report was made in ontained in the report. | good faith and without an intent to |
| - date i learne | s: I swear, or affirm, that I am filed that the report as originally file the report as originally filed was in | d is inaccurate or incomplete. I | er than the 14th business day after the swear, or affirm, that any error or |
| | Black Control of the State of t | - Jalionadi | 710400 |
| nission Expires y 8, 2023 | | Signature of C | andidate/Officeholder |
| KAY LACOURSE 10 #11799707 | | / | |
| (1) Affidavit | Please co | emplete either option be | low: |
| (1) Allidavit | | | |
| NOTARY STAMP/SEA | | | the 11 1 |
| Sworn to and subscribed | before me by Minutery | 100 this | the day of Movember |
| 20, 20, to certify | which, witness my hand and seal of off | ce. | 1)/ |
| labert 6 | lourse De | beta Lalous F | Start Tell |
| Signature of officer administr | ering oath Printed name | of officer administering oath | Title of officer administering oath |
| | | OR | |
| (2) Unsworn Declarati | ion | | |
| | | | |
| My name is | | , and my date of birt | h is |
| My address is | | | |
| | (street) | (city) | (state) (zip code) (country) |
| Executed in | County, State of | , on the day of | onth) (year) |
| | | | (year) |
| | | Signature of Ca | andidate/Officeholder (Declarant) |
| Remember To Atta | ch Any Part Of The Campaign | Finance Penort Form Needed | To Penart And Explain Corrections |

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

- 11 CANDIDATE
- 12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE 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 \$500 in political contributions or make more than \$500 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 which declaration applies

Signature of Candidate

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 treasappoint@ethics.state.tx.us 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
DO NOT SEND TO TEC

For more information about where to file go to: http://204.65.203.6/filinginfo/QuickFileAReport.php

(512) 463-5800

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

P.O. Box 12070

FORM CTA PG 1

| Sec | e CTA | nstruction | Guide for | detail | ed instructions | | | | | 1 Total page | ges filed: | | |
|----------|-------------------|--|-------------|---------|-----------------------------|----------------|---------------------------------------|------|-------------|---------------|------------|-------------|---|
| 566 | O IA | | Cuido ioi | Journ | | | | | | | | | |
| 2 | ANIDIE | DATE | MS/MRS/M | | FIRST | | | MI | | OFF | ICE U | SE ONLY | |
| | CANDII NAME | DATE | Ms. | | Kimberly | | | Α. | 2 2 2 2 2 2 | Acct. # | | | |
| | | | NICKNAME | | LAST | | | SUF | FFIX | Date Receiv | ed | | |
| | | | | | Menke | | | | | FILED | Fr. | RECORT | |
| 3 | CANDI | DATE | ADDRESS / F | O BOX; | APT / SUITE #, | CITY, | STATE. | ZIP | CODE | COLORA | | | |
| N | MAILIN | G | 1046 | Cons | table Lane | Cat | Spring. | TX | 78933 | 2013 1111 | 10 | PM 2.55 | |
| <i>'</i> | ADDINE. | .55 | 1040 | COLIC | buble lane | | · · · · · · · · · · · · · · · · · · · | | | 20.0 001 | . 13 | 111 3- 33 | ١ |
| | | | | | | | | | | coi co | | - OF EDIT | V |
| 4 | CANDII | DATE | AREA CODE | | PHONE NUMBER | | EXTENS | SION | | HOTPM | | - LERN | T |
| 1155 | PHONE | The state of the s | (979 |) | 732-7486 | | | | | Date Processe | ed | | |
| 5 | | | | | | | | | | Date Imaged | | | _ |
| | OFFICE if any) | EHELD | | | | | | | | | | | |
| 6 | 255101 | SOUGHT | | | | | | | | | | | |
| | if known | for an experience of a particular com- | Count | y C1 | erk | | | | | | | | |
| 7 | CAMPA | JGN . | MS/MRS/MR | | FIRST | MI | NICKNA | ME | | LAST | | SUFFIX | |
| - | TREAS | | Ms. | | Kimberly | Α. | | | 1 | Menke | | | |
| • | VAIVIE | | | | | | | | | | | | |
| 8 | 0.110 | ION | STREET ADD | RESS (N | O PO BOX PLEASE); | APT / SUITE #; | CITY: | ST | ATE, | ZIP CODE | | | |
| - | CAMPA TREAS | URER | 10/6 | Conc | table Lane | Cat | Spring | Тоз | ras 78 | 933 | | | |
| 1 | STREE | SS | 1046 | COLIS | table Lane | Cat | opring, | 167 | 103 | ,,,, | | | |
| (| Residen | ce or business) | | | | | | | | | | | _ |
| 9 | CAMPA | NGN | AREA CODE | | PHONE NUMBER | | EXTENS | SION | | | | | |
| - | TREAS | URER | (979 |) | 732-7486 | | | | | | | | |
| ' | PHONE | | | | | | | | | | | | _ |
| 10 | CANDI | DATE | lam av | vare r | of the Nepotis | m Law C | hapter 57 | 3 of | the Tex | as Gove | rnmer | nt Code. | |
| 1 | SIGNA | | Taniav | , a. c. | or the repotte | | | | | | , 9, | om anasatan | |
| | | | I am av | vare o | of my respon | sibility to | file timely | repo | orts as | required | by titl | e 15 of | |
| | | | the Ele | | | | | | | | | | |
| | | | I am av | vare o | of the restrictions and lab | ons in title | e 15 of the | Elec | ction Co | ode on co | ntribu | ıtions | |
| | | | TOTT C | L | | | Lations. | | | 10 | 1 | | |
| | | | de | MAD | Reletal | ense | | | | 7/10 | 1/2 | 013 | |
| | | | 1 | | Signature of Can | didate | | | | Date 9 | Signed | | |
| | | | | | G | О ТО РА | GE 2 | | - | | | | |

| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
|---------------------------------------|---|---|--|
| 3 CANDIDATE / OFFICEHOLDER | MS MRS / MR FIRST | <i>y</i> ' | OFFICE USE ONLY |
| NAME | Pillbert | A. | Date Received |
| | NICKNAME LAST U | SUFFIX | FILED FOR RECORD |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT / SUITE#, CITY, | STATE; ZIP CODE | The second of th |
| MAILING ADDRESS | rothe Constable La Cod Spring | A TX. 78933 | Date Hand-delivered or Postmanded 8: 25 |
| change of address | 10.00 | d | Receipt.# Amount |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER 732-7480 | EXTENSION | Date Processed |
| 6 CAMPAIGN | MS MRS / MR FIRST | MI | Date Imaged |
| TREASURER NAME | Atubeles | A | |
| | NICKNAME LAST | SUFFIX | • |
| | Merke | | |
| 7 CAMPAIGN TREASURER | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; | CITY, STATE, | ZIP CODE |
| ADDRESS (residence or business) | 1046 Constable In Cot | Sociod TX | 78933 |
| | 1096 GIBAUCIO. CA | Springrin | |
| 8 CAMPAIGN | AREA CODE PHONE NUMBER 7480 | EXTENSION | |
| TREASURER PHONE | (919) 13d-1480 | | |
| | | | |
| 9 REPORT TYPE | January 15 30th day before election | Runoff | 15th day after campaign |
| | | | treasurer appointment (officeholder only) |
| | July 15 8th day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) |
| 10 PERIOD | Month Day Year | Month Day | Year / |
| COVERED | 7/16/14 THROUGH | 10/3/ | / 14 |
| | | | |
| 11 ELECTION | Month Day Year Primary | Runoff | General Special |
| | 11/4/14 - | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | | (Sucola) | Mod |
| | | Courted | UCIN |
| | COTORAG | E 2 | |
| | GO TO PAG |)L 2 | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

| 0011 0111 | a TOTAL | | • | OVER OHEET PO Z |
|---|--------------------|--|--|-----------------------------------|
| 14 C/OH NAME | aubede | f Menke. | 15 ACC | OUNT # (Ethics Commission Filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITH ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORM | OUT THE CANDIDATE'S | OR OFFICEHOLDER'S KNOWLEDGE OR |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (O SS, LOANS, OR GUARANTEES OF LOANS), UNLE | | \$ 6 |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF | LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL F | OLITICAL EXPENDITURES OF \$100 OR LESS, UN | NLESS ITEMIZED | \$ 0 |
| | 4. TOTAL | POLITICAL EXPENDITURES | | \$ 0 |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF DRTING PERIOD | THE LAST DAY | \$ 0 |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOA LY OF THE REPORTING PERIOD | NS AS OF THE | \$ 0 |
| AFFIX NOTARY STAM Sworn to and sub- | of Odeh | is true and correct and me under Title 15. Election is true and correct and me under Title 15. Election is signal and the said is true and correct and me under Title 15. Election is signal and the said is true and correct and me under Title 15. Election is signal and the said is true and correct and me under Title 15. Election is signal and the said is signal and t | includes all information Code. | this the and seal of office. |
| Signature of officer adm | inistering oath | Printed name of officer administering oath | The state of the s | le of officer administering oath |

| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
|-------------------------------|--|---|---|
| 3 CANDIDATE / | MS_MRS / MR FIRST | M | OFFICE USE ONLY |
| OFFICEHOLDER NAME | Kimberly | H. | Date Received. |
| | NICKNAME LAST | SUFFIX | COLORADICAUST |
| | Menke. | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT / SUITE#; CITY; | STATE; ZIP CODE | 2014 JUL 25 PM 2: 13 |
| MAILING | 1046 Constable Lane CotSp | oring TX. 78933 | Date Hand-delivered or Postmarked |
| ADDRESS | 1040 WIBIOUR SE GET SP | | COLORADO DE CLERK |
| change of address | ASSA CORE | EXTENSION | Receipt # Amount |
| 5 CANDIDATE/ OFFICEHOLDER | AREA CODE PHONE NUMBER | EXTENSION | Date Processed |
| PHONE | (917) 192-1480 | | 1 |
| 6 CAMPAIGN TREASURER | MS MRS / MR BIRST | MI | Date Imaged |
| NAME | KIMDERUG | 4. | Lacron and an analysis and a second |
| | NICKNAME LAST | SUFFIX | |
| | Menke | | |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE#; | CITY; STATE: | ZIPCODE |
| TREASURER ADDRESS | | | |
| (residence or business) | 1046 Constable have Ca | Laprina TX. | 78933 |
| | wiplant i see a | or ob. | |
| 8 CAMPAIGN | AREA CODE PHONE NUMBER | EXTENSION | |
| TREASURER PHONE | 979) 732-7486 | | |
| THOME | 11.7 | | |
| | | | |
| 9 REPORT TYPE | January 15 30th day before election | Runoff | 15th day after campaign treasurer appointment |
| | | | (officeholder only) |
| | July 15 8th day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) |
| | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH | Month Day | Year |
| | 3 21 14 THROUGH | 7 15 | 14 |
| | | | |
| 11 ELECTION | ELECTION DATE Month Day Year, Dimension | | |
| | 11 4 14 Primary | Runoff | General Special |
| | | | |
| 12 OFFICE | OFFICE HELD (ifany) | 13 OFFICE SOUGHT (if known |) |
| | | /1 | Leclande |
| | | (our | ty Clerk |
| | | | V |
| | GO TO PA | GE 2 | |
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| | | | |

| CANDIDATE / OFFICEHOLDER | REPORT: |
|--------------------------|---------|
| SUPPORT & TOTALS | |

FORM C/OH

| SUPPORT | & TOTAL | S | COVER SHEET PG 2 |
|---------------------------------------|--------------------|---|---|
| 14 C/OH NAME | Suberly | Menco | 15 ACCOUNT # (Ethics Commission Filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAT HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN. ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF | IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR |
| | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 7 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI | / / |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6 |
| EXPENDITURE TOTALS | 3. TOTAL P | OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM | MIZED \$ |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRING PERIOD | DAY \$ 0 |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD | THE \$ |
| AFFIX NOTARY STAM | ID I SEAL ADDIVE | is true and correct and includes all me under Title 15, Election Code. | f perjury, that the accompanying report information required to be reported by indidate or Officeholder |
| Sworn to and subs | r | | this the |
| day | serpino | IFAN PERKING Chie | my hand and seal of office. |
| Signature of officer admi | inistering oath | Printed name of officer administering oath | Tilte of officer administelling oath |

FORM C/OH

| G/11111 / 11 G | THANGE REPORT | | COVER SHEET PG 1 |
|---|--|---|---|
| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR FIRST | Δ | OFFICE USE ONLY |
| NAME | NICKNAME LAST | SUFFIX | Date Received |
| | Nenke | | GOLDRA SENSE |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX. APT / SUITE#. CITY. | STATE ZIP CODE | GUL 187 |
| MAILING ADDRESS | 1646 Constable Lane | | Date Hand delivered of Postmaned 10: 21 |
| change of address | Cat Spring, TX. 78933 | | Receipt # Amount Amount |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (179) 732-7486 | EXTENSION | Date Processed |
| 6 CAMPAIGN TREASURER NAME | MS/MRS/MR KIMDE/W | ₩ | Date Imaged |
| | NICKNAME LAST WENKE | SUFFIX | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE), APT/SUITE#, 1646 Constalok hourd Cot-Spring, TX.78933 | CITY. STATE. | ZIPCODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER 979) 732-7480 | EXTENSION | |
| 9 REPORT TYPE | January 15 30th day before election | Runoff | 15th day after campaign treasurer appointment (officeholder only) |
| | July 15 8th day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | North Day Year THROUGH | Month Day 3 20 | Year 14 |
| 11 ELECTION | Month ELECTION DATE Year Year Year Primary | Runoff | General Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if know | n) |
| | | | |
| | GOTOPAG | GE 2 | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

| | 1 | A - 1 | | | | |
|---------------------------------------|--------------------|---|------------------------------------|--|--|--|
| 14 C/OH NAME | wherely | Allenke 15 ACC | COUNT # (Ethics Commission Filers) | | | |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | 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. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| additional pages | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| | | | | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$75.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL F | POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 138.08 | | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD | \$ Ø | | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD | \$ \$ | | | |
| 18 AFFIDAVIT | 11-1-4 | | | | | |
| | | I swear, or affirm, under penalty of perjury | that the accompanying report | | | |
| | A | is true and correct and includes all informa- | ation required to be reported by | | | |
| 5 | | me under Title 15. Election Code. | , | | | |
| 13.00 | | Signature of €andidate of | or Officeholder | | | |
| AFFIX NOTARY STAN | | me, by the said Kindzaly MENK | this the | | | |
| 0:14 | of Mars | | | | | |
| day |) TARETE | | | | | |
| gnature of officer adm | ninistering oath | Printed name of officer administering oath | tle of officer administering eath | | | |
| | | | | | | |

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Date Amount of 8 In-kind contribution contribution (\$) description (if applicable) (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title 10 Employer (See Instructions) Date Full name of contributor ☐ out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City: State: Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; State: Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

| Texas Ethics Commi | ssion P.O. Box 12070 Austi | n, Texas 78711-2070 (512 |) 463-5800 (TDD 1-800 | -735-2989 |
|--|--|---|-----------------------------------|--------------|
| LOANS | Corrected Report | Ļ | SCHEDUI | LE E |
| The | Instruction Guide explains how to com | plete this form. | 1 Total pages Schedule E: | |
| 2 FILER NAME | Rimberly A. Nenke | | 3 ACCOUNT # (Ethics Commis | sion Filers) |
| 4 TOTA | AL OF UNITEMIZED LOANS: | t) t) t) t) | ⇒ \$ | |
| 5 Date of loan 9/5/31/3/2 6 Is lender a financial Institution? | 7 Name of lender 8 Lender address; City: State; 1046 Onstable Land | out-of-state PAC (ID# | 9 Loan Amount (1) 1,445 | \$) |
| Y (N) | Cat Spring, TX 78933 | 3 | 11 Maturit date | |
| 12 Principal occupat | ion / Job title (See Instructions) | 13 Employer (See Instructions | | |
| 14 Description of Col | lateral | 15 Check if personal funds wer | e deposited into political accour | nt |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor 18 Guarantor address; City; | State; Zip Code | 19 Amount Guarar | nteed (\$) |
| not applicable | Supplies the suppl | Oldic, Zip Olde | | |
| 20 Principal Occupat | tion (See Instructions) | 21 Employer (See Instructions) | | |
| Date of loan 12/3/13 | Name of lender VS. Tvan | out-of-state PAC (ID# | Loan Amount (\$ | \$) |
| Is lender a financial Institution? | Lender address; City; State; 1053 Constable Lane | Zip Code | Interestrate | |
| Y (N) | Cot Spring, TX. 7893 | | Maturity date | |
| Principal occupati | ion / Job title (See Instructions) | Employer (See Instructions) | | 2 |
| Description of Colling | ateral . | Check if personal funds were | deposited into political accoun | ıt |
| GUARANTOR INFORMATION not applicable | Name of guarantor This was a personal guarantor address; Acity: Was incorrectly filed u | lean from parents | Amount Guaran | nteed (\$) |
| Principal Occupat | cion (See Instructions) | Employer (See Instructions) | | |
| If len | ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst | ES OF THIS SCHEDULE AS NE ruction guide for additional re | | |

POLITICAL EXPENDITURES

SCHEDULE F

| Advertising Expense Accounting/Banking | EXPENDITUR Gift/Awards/Memorials Expense Legal Services | E CATEGORIES Salaries/Wages/Co Solicitation/Fundrai | ntract Labor | Loan Repayment/ | |
|---|---|--|-----------------|---|---|
| Consulting Expense | Food/Beverage Expense | Travel In District | sing Expense | Transportation Equal Contributions/Donate | uipment & Related Expense ations Made By |
| Event Expense Fees | Polling Expense Printing Expense | Travel Out Of Distr Office Overhead/R | | | ceholder/Political Committee ategory not listed above) |
| | The Instruction Guid | | | | ategory not listed above) |
| 1 Total pages Schedule F: | 2 FILER NAME KINDER | 1 A. Ne | nke | | # (Ethics Commission Filers) |
| 4 Date 31 14 | 5 Payee name Wart | | | | |
| 6 Amount (\$) | 7 Payee address; City; S | tate, Zip Code | | | |
| 23,78 | Colaneloca | STEXAS | 7893 | 4 | |
| 8 PURPOSE OF | (a) Category (See categories listed at the to | op of this schedule) | (b) Description | (If travel outside of Tex | as, complete Schedule T) |
| EXPENDITURE | Havertising E | Avense- | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | е | Office sough | ht | Office held |
| 315/14 | Payee name Danner Pres | s Newsp | aper | | |
| Amount (\$) | Payee address; City; S | tate; Zip Code | | | |
| 35.00 | Columbus, T | r. 78934 | / | | |
| PURPOSE | Category (See categories listed at the to | op of this schedule) | Description | (If travel outside of Texa | es. complete Schedule T) |
| OF EXPENDITURE | Howertising Z | coense. | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Office holder name | | Office sough | nt | Office held |
| P15/14 | Eagle Lake | Headlig | ht | | |
| Amount (\$) | Payee address; City; Si 230 E. Mai Eagle Lols, | tate: Zip Code U 774: | 34 | | |
| PURPOSE | Category (See Categories listed at the to | op of this schedule) | Description | (If travel outside of Texa | s complete Schedule T) |
| OF EXPENDITURE | Hovertzino I | xberse. | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholdername | | Office sough | nt | Office held |
| Date 3/17/14 | Payee Pame Cou | nty Citize | n | | |
| Amount (\$) | Payee address; City; S 513 Spring St Wundbus, TX | tate: Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the to | op of this schedule) | Description | (If travel outside of Texa | is, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name DH |) | Office sough | nt | Office held |
| | ATTACH ADDITIONAL O | COPIES OF THIS S | CHEDULEAS | NEEDED | |

POLITICAL EXPENDITURES

SCHEDULE F

| | EVERNOUS | | | |
|---|--|--|-----------------------------------|------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | CATEGORIES FOR BOX 8 Salaries/Wages/Contract Labor | (a) Loan Repayment/F | 2 almburan mant |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | 71207401 110 00 400 E 10 00 110 1 | |
| Consulting Expense | Food/Beverage Expense | Travel In District | | ipment & Related Expense |
| Event Expense | Polling Expense | Travel Out Of District | Contributions/Done | eholder/Political Committee |
| Fees | Printing Expense | | | |
| rees | SACTOR OF THE CONTRACTOR OF TH | Office Overhead/Rental Expense explains how to complete this | | ategory not listed above) |
| 1 Total pages Schedule F. | 2 FILER NAME CO. / / / | Manley | | # (Ethics Commission Filers) |
| 292 | Kinwerytt | Merke. | 3 ACCOUNT | # (Eurics Commission Filers) |
| 4 Dat 3/17/14 | 5 Payee name Wu Mar 1 | dercury | | |
| 6 Amount (\$) | 7 Payee address; West West | ate; Zip Code | | |
| 20 | Weimar, TX | . 78962 | | |
| 8 PURPOSE OF | (a) Category (See categories listed at the top | of this schedule) (b) Descript | ion (If travel outside of Texa | as, complete Schedule T) |
| EXPENDITURE | | | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office so | ught | Office held |
| Date | Payee name | | | |
| | | | | |
| Amount (\$) | Payee address; City; Sta | ate: Zip Code | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | and the same of th | | |
| | | | | |
| PURPOSE | Category (See categories listed at the top | of this schedule) Descript | ion (If travel outside of Texa | is complete Schedule T) |
| OF EXPENDITURE | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office so | ught | Office held |
| Dete | Payee name | | | |
| Date | rayee name | | | |
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| | | | | |
| | | | | |
| PURPOSE | Category (See categories listed at the top | of this schedule) Descript | ion (If travel outside of Texa | as, complete Schedule T) |
| OF | | | | |
| EXPENDITURE | | 200 | | 000 |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office so | ugnt | Office held |
| Date | Payee name | | | |
| Juli | . aj comunic | | | |
| Amount (\$) | Payee address; City; Sta | ate; Zip Code | | |
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| | | | | |
| PURPOSE | Category (See categories listed at the top | of this schedule) Descript | ion (If travel outside of Texa | as complete Schedule T) |
| OF EXPENDITURE | | | | |
| | Candidate / Officeholder name | Office so | ught | Office held |
| Complete ONLY if direct expenditure to benefit C/6 | | Office so | agric | Office field |
| | ATTACH ADDITIONAL C | OPIES OF THIS SCHEDULE | AS NEEDED | |

CANDIDATE / OFFICEHOLDER REPORT:

| | DES | SIGNATION OF FINAL REPORT | FORM C/OH - FR |
|---|-----------|--|--|
| | | The Instruction Guide explains how to complete this for the complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Final Comple | orm. I Report" •• |
| 1 | C/OH N | NAME Limberly A. Merike | 2 ACCOUNT # (Ethics Commission Filers) |
| 3 | SIGNA | ATURE | |
| | report as | t expect any further political contributions or political expenditures in connection with my cand as a final report terminates my campaign treasurer appointment. I also understand that I may reany campaign expenditures without a campaign treasurer appointment on file. Signature | idacy. I understand that designating a not accept any campaign contributions Of Candidate / Officeholder |
| 4 | | R WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. •• | |
| | Α. | CAMPAIGN FUNDS | |
| | Check | skonly one: | |
| | V | do not have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned from political contributions. | tical contributions. |
| | | I have unexpended contributions or unexpended interest or income earned from political connot convert unexpended political contributions or unexpended interest or income earned on use. I also understand that I must file an annual report of unexpended contributions and toontributions or unexpended interest or income earned on political contributions longer threport. Further, I understand that I must dispose of unexpended political contributions and earned on political contributions in accordance with the requirements of Election Code, § 254 | political contributions to personal that I may not retain unexpended than six years after filing this final dunexpended interest or income |
| | B. | ASSETS | |
| | Check | k only one: | |
| | Y | do not retain assets purchased with political contributions or interest or other income from | political contributions. |
| | | I do retain assets purchased with political contributions or interest or other income from politic I may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a of Election Code, § 254.204. | political contributions to personal |
| 5 | | DEHOLDER plete this section only if you are an officeholder •• | |
| | | I am aware that I remain subject to filing requirements applicable to an officeholder who does not I am also aware that I will be required to file reports of unexpended contributions if, after fil officeholder, I retain political contributions, interest or other income from political contributions, contributions or interest or other income from political contributions. | ing the last required report as an |
| | | Sign | ature of Officeholder |

| | | 1 ACCOUNT# | 2 Total same flad |
|-------------------------------|---|--|--|
| The C/OH Instruction | Guide explains how to complete this form. | (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / | MS MRS / MR FIRST | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | Kimberly | A | Date Received |
| | NICKNAME LAST | SUFFIX | COLORADO POR SER |
| | Menke | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX. APT / SUITE # CITY | STATE ZIP CODE | 2011, FER 21, PM 5: 32 |
| MAILING ADDRESS | 1046 Constable Lane | | Date Hand-delivered or Postmarked |
| change of address | Cat Spring, TX 789 | 133 | Receipt # Amount |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | This absolute day's strict (and the second) |
| OFFICEHOLDER PHONE | (979) 732-7484 | • | Date Processed |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST | MI | Date Imaged |
| NAME | Kimberly | /+ | |
| | NICKNAME LAST | SUFFIX | |
| | Menke | | |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # | CITY STATE. | ZIP CODE |
| TREASURER ADDRESS | 1046 constable L | ane | |
| (residence or business) | Cat Spring, Th | 78933 | |
| | car sping. | 70.00 | |
| 8 CAMPAIGN | AREA CODE PHONE NUMBER | EXTENSION | |
| TREASURER PHONE | (979) 732-7484 | | |
| | | | |
| | | | |
| 9 REPORT TYPE | January 15 30th day before election | Runoff | 15th day after campaign treasurer appointment |
| | Mark day before stration | Funnaded 6500 | (officeholder only) Final report (Attach C/OH - FR) |
| | July 15 8th day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) |
| 10 PERIOD | Month Day Year | Month Day | Year |
| COVERED | 02/05/2014 THROUGH | 02/24/ | 2014 |
| | 000, 00, 001 (| | 0011 |
| 11 ELECTION | ELECTION DATE ELECTION TYPE | | |
| TI ELECTION | Month Day Year Primary | Runoff | General Special |
| | 03/04/2014 | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| 112 OFFICE | | | |
| | | County | Oler 1. |
| | | Courty | |
| | 00.70.71 | 25.0 | |
| | GO TO PAG | 5E 2 | |
| | | and the same of th | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTAL S

| SUFFORT | & IOIAL | | COVER SHEET PG & | | |
|--|--------------------|---|---|--|--|
| 14 C/OH NAME | | 15 | 5 ACCOUNT # (Ethics Commission Filers) | | |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | 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. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL I | DOLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | o \$ | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 100.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL F | POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI | IZED \$ | | |
| | 4. TOTAL | L POLITICAL EXPENDITURES \$ 332.70 | | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA | AY \$ | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD | HE \$ | | |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. HOLLY JEAN GUZMAN Notary Public, State of Texas My Commission Expires April 14, 2015 Signature of Candidate or Officeholder | | | | | |
| Sworn to and sub | scribed before | me, by me date | LNU, this the my hand and seal of office. | | |
| Hally Jean Segma 1 Holly Jean Guzman Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE /

| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Sch | edule A: |
|-------------------|--|---------------------------------------|---------------------------------------|---|
| 2 FILER NAME | imberly A. Menke 5 Full name of contributor Out-of-state PAC(ID#_ | | 3 ACCOUNT# (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (IDN:_ Wr. & Wrs Robert | Berger | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 2/20/14 | Mr. & Mrs Robert 6 Contributor address; City; State; Zip Code 1231 Struss Lane | | 100.00 | |
| | Columbus, TX 7893. | 4 | (If travel outside o | of Texas, complete Schedule T) |
| 9 Principal occuj | pation / Job title (See Instructions) | 10 Employer (See I | nstructions) | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | į | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principal occuj | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor uut-of-state PAC (ID#_ | | Amount of contribution (\$) | tn-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | | | · · · · · · · · · · · · · · · · · · · | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See 1 | nstructions) | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | , , , , , , , , , , , , , , , , , , , | | |
| | | | (if travel outside | I of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See | Instructions) | |
| Date | Full name of contributor out-of-state PAC (#D#_ | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | |
| | A STATE OF THE STA | Employer (See | | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See | 11 13 (I GC(IO) 13) | |
| | ATTACH ADDITIONAL COPIES | OF THIS SCHEDUI F | AS NEEDED | |

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

(512) 463-5800

| | | | , | |
|--|---|--------------------------|--|---|
| | EXPENDITURE | CATEGORIES FO | | l |
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contra | | n Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising | | nsportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | | ntributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Renta | • | HER (enter a category not listed above) |
| | The Instruction Guide | explains how to com | plete this form. | |
| 1 Total pages Schedule F: | 2 FILER NAME | | | 3 ACCOUNT # (Ethics Commission Filers) |
| loti | Kimberly A | . Menke | | |
| 4 Date | 5 Payee name | | | |
| 2/21/14 | | Arrest | | · · |
| 0/21/19 | Weimar Me | cury | | |
| 6 Amount (\$) | 7 Payee address; City; St | ate; Zip Côde | | |
| 11000 | 200 W Mair | street | | |
| 4a.30 | late dispose TV | 78942 | | |
| | Weimar, D | | L Dead-time | average of Towns complete Schedule Ti |
| 8 PURPOSE | (a) Category (See categories listed at the to | p of this schedule) (D) | Description (If it | avel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | Advertising | Exnanco | | |
| CAPERDITURE | | urquer GE | Office payor | Office held |
| 9 Complete ONLY if direct | Candidate / Officeholder name |) . . | Office sought | Olasel/ |
| expenditure to benefit C/O | " himberly Al | Menice_ | courity 1 | Cleric |
| Dete | Payee name | 1 | | |
| Date | Essle Lalla | 14001 111 | aht | |
| 0/21/14 | cagle lake | | <u> 1/'' </u> | |
| Amount (\$) | Payee address; City; S | | - | |
| 11.12 | aao, E. Mai | n | | |
| 144.50 | _ \ | TO 771. | 2 (.) | |
| | tagle lake | TX 774: | | |
| PURPOSE | Category (See categories listed at the to | op of this schedule) | Description (If | rayal outside of Texas, complete Schedule T) |
| OF | Advanturing | 34.00000 | | |
| EXPENDITURE | Havenising E | XDEN DE | | Office held |
| Complete ONLY if direct | Candidate / Officeholder name | | Office sought | |
| expenditure to benefit C/C | H Mimberly A. | Menle | County | Cleric |
| | Day of page | | | |
| Date | Payee name | منتسلت س | Do .0 0 | • |
| 1 2/21/14 | Banner Pres | | paper | |
| Amount (\$) | Payee address; City; S | tate; Zip Code | • | |
| 1 21 00 | 1217 Bowie S | 러. | | |
| 84.00 | | | | |
| , | Columbus, TX | 76434 | | No. of Towns and the Cabadilla Ti |
| PURPOSE | Category (See categories listed at the t | op of this schedule) | Description (If | travel outside of Texas, complete Schedule T) |
| OF | 1 Adams Lines | CYANCA | | |
| EXPENDITURE | Advertising 1 | =>veroe | | Office held |
| Complete ONLY if direct | Candidate / Officeholder ram | e * | Office sought | |
| expenditure to benefit C/ | on himberly A. I | Menle | County | cleric |
| | | | | |
| Date | Payee name | unty Citi | zen | |
| 1 2/2/114 | Colorado Col | unia cili | | |
| Amount (\$) | 1 2/05 200.5551 | State; Zip Code | | |
| 1 | 513 Springs | 3H. | | |
| 1101.70 | | | | |
| 1021 | Columbus, T | 178934 | | |
| DUBBOSE | Category (See categories listed at the | top of this schedule) | Description (| f travel outside of Texas, complete Schedule T) |
| PURPOSE | 1 1 | | | |
| EXPENDITURE | Advertising E | x dense | | AM 11.4 |
| Complete Ohil V if direct | Candidate / Officeholder nan | ne | Office sought | - 1 |
| Complete ONLY if direct expenditure to benefit C | | 4. Menle | Counti | , Cleric |
| | Tillioe of s | CODIES OF THIS S | | |
| | ATTACH ADDITIONAL | COPIES OF THIS ST | OI IEDULE AS II | |

| OAIIII AIG | IN I MANGE REPORT | | COVER SHEET PG I |
|---|---|---|---|
| The C/OH Instruction | Guide explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed. |
| 3 CANDIDATE / | MS MRS/MR FIRST | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | NICKNAME Kimberly Menke | SUFFIX | COLORADO RECORDA |
| 4 CANDIDATE / | ADDRESS / PO BOX APT / SUITE #: CITY | STATE ZIP CODE | 2014 FEB -4 AM 8: 55 A |
| OFFICEHOLDER MAILING ADDRESS | 1046 Constable Lo | | Date Hand-delivered or Postmarked |
| change of address | Cat Spring , TX 7 | 18933 | Receipt # Amount |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (979) 732-7486 | EXTENSION | Date Processed |
| 6 CAMPAIGN TREASURER NAME | MS MRS/MR FIRST Kimberly NICKNAME LAST | MI A SUFFIX | Date Imaged |
| | Menke | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO POBOX PLEASE): APT/SUITE# | | ZIP CODE |
| | Cat Spring, TX | 78933 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (979) 732-7484 | EXTENSION | |
| 9 REPORT TYPE | January 15 X 30th day before election | Runoff | 15th day after campaign treasurer appointment (officeholder only) |
| | July 15 8th day before election | Exceeded \$500 limit | Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year THROUGH | Month Day 0 4 / 0 4 / | Year 2014 |
| 11 ELECTION | Month ELECTION DATE Primary O3 O4 2014 ELECTION TYPE Primary | Runoff | General Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | | County | ClerIL |
| | GO TO PAG | E 2 | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

| 14 C/OH NAME | | 15 ACCOUNT # (Ethics Commission Filers) | | |
|---|---|---|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS - | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 69.28 | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES \$ 1,200 | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD \$ | | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE SY OF THE REPORTING PERIOD | | |
| or in the second | IOLLY JEAN GUZMA ry Public, State of 1 y Commission Expir April 14, 2015 | I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Nexas es Signature of Candidate or Officeholder | | |
| Sworn to and subs | scribed before | me, by the said <u>Kimberly Menke</u> , this the, to certify which, witness my hand and seal of office. | | |
| Hally July Signature of office admin | lu Jujn nistering oath | an Holly Jean Guzman Notary Public Printed name of officer administering oath Title of officer administering oath | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Sch | edule A: |
|-------------------|---|--------------------|-------------------------------|---|
| 2 FILER NAME | nberly A. Menke | | 3 ACCOUNT # (E | thics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 01/17/14 | Mary Ellen Prause 6 Contributor address; City: State; Zip Code P. O. Box 87 | . | 500.00 | |
| | Columbus, TX 7893 | 4 | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occup | pation / Job title (See Instructions) | 10 Employer (See I | Instructions) | |
| Date | Full name of contributor out-of-state PAC (10#_ Dawn T. D.++mar | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 01/24/14 | P.O. Box 3185 | | 200.00 | |
| | Bryan, TX 77805 | | | of Texas, complete Schedule T) |
| Principal occur | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#_Mr + Mrs. Vauid Wilder Contributor address; City; State; Zip Code | 2 | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 01/30/14 | P.O. BOX 740 | ļ | 500.00 | |
| | East Bernard, TX | 77435 | (If travel outside o | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | ! | |
| | | | /If traval autoida a | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | in lexas, complete screenie 1) |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | <u> </u> | |
| | | | | of Texas, complete Schedule T) |
| Principal occup | pation / Job title (See Instructions) | Employer (See II | nstructions) | = |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

| | EXPENDITURE CATEGORIES | FOR BOX 8(a) | |
|--|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/6 The Instruction Guide explains how to | Contract Labor Loa alsing Expense Tra Cor atrict Rental Expense OTI | in Repayment/Reimbursement insportation Equipment & Related Expense intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above) |
| 4 Tatal annua Sahadata E | ************************************* | Complete this Iolia. | |
| 1 Total pages Schedule F: | Limberly A. Menke | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 1-23-14 | B&D Graphics | | |
| 6 Amount (\$) \$69.28 | 7 Payee address; City: State: Zip Code 731 Walnut Street Columbus, TX 78934 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If tra | ivel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | 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 (if tra | vel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | 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 (If trans | vel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | 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 (If trav | vel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS S | SCHEDULE AS NEE | DED |

| Texas Ethics Commissio | n P.O. Box 12070 | Austin, Texas 7 | 8711-2070 (512) 4 | 63-5800 (TDD 1-800-735-2989) |
|--|--|-------------------------------|--|--|
| 1 | TE / OFFICEH N FINANCE R | · | | FORM C/OH COVER SHEET PG 1 |
| The C/OH Instruction | Guide explains how to con | npiete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2. Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | THO THE STATE OF T | imberly LAST | MI PA SUFFIX | OFFICE USE ONLY Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: APT/SL 1046 Const | able Lan | | COLORA DO SECONO COLORA DE SOME A SE 15 |
| change of address 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE | 3 , TX 78 NUMBER 1-7486 | EXTENSION | Receirg: #ARLE IV Arisbury CR. COLORADO DO CLERK |
| 6 CAMPAIGN TREASURER NAME | NICKNAME | rimberly Lust Nenke | MI YA SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | 1044 Cons | table La | | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE (979) 73 | NUMBER 2 - 7484 | extension | |
| 9 REPORT TYPE | A | Olh day before election | Runoff Exceeded \$500 limit | 15th day after campaign Ireasurer appointment (officeholder only) Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 07 / 19 / 13 | THROUGH | Month Day O1 / 15 | 100r _ |
| 11 ELECTION | Month ELECTION DATE Year O3/04/2014 | ELECTION TYPE | Runoff | General Special |
| 12 OFFICE | OFFICE HELD (if any) | | County | |
| | | GO TO PAG | 6E 2 | |

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

| SUPPORT | & TOTAL | S | COVER SHE | ET PG 2 |
|---|--|---|-----------------------------|---|
| 14 C/OH NAME | | 1 | 5 ACCOUNT # (Ethics Co | mmission Filers) |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI | DATE'S OR OFFICEHOLDER'S KA | IOWLEDGE OR |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | \$ | M/#************************************ |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,7. | 50 |
| EXPENDITURE TOTALS | 3. TOTAL P | OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMI | ZED \$ | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 4,14 | 9.81 |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD | | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD | \$ | |
| 18 AFFIDAVIT | HOLLY JEAN GUZM, Iry Public, State of y Commission Exp April 14, 2015 | I swear, or affirm, under penalty of positive and correct and includes all in the under Title 15, Election Code. AN Texas ires | | |
| Sworn to and subs | scribed before r | me, by the said Kimberly Went , 20 14 , to certify which, witness m | | office. |
| Hally gea | en Glym | an Holly Jean Guzman | Notary Pub | slic |
| Signature of officer admir | nistering oath | Printed name of officer administering oath | Title of officer administ | ering oath |

| I | POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS | | | | | |
|-------------------|--|---------------------------------------|-------------------------------|---|--|--|
| The | instruction Guide explains how to complete this | form. | 1 Total pages Sci | nedule A: | | |
| 2 FILER NAME | nberly A. Menke | | 3 ACCOUNT # (E | Ethics Commission Filers) | | |
| 4 Date | 5 Full name of contributorout-of-state PAC(IDE |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) | | |
| 10/15/13 | Dwight Dittmar 6 Contributor address; City: State; Zip Code P.O. Box 1150 | | 100.00 | <u> </u> | | |
| | Columbus, TX 7893 | 4 | (If travel outside | of Texas, complete Schedule T) | | |
| 9 Principal occuj | pation / Job title (See Instructions) | 10 Employer (See ! | | | | |
| Date | Full name of contributor | | Amount of | In-kind contribution | | |
| | Mr. + Wrs. T. J. Menk Contributor address; City; State; Zip Code | د | contribution (\$) | description (if applicable) | | |
| 12/2/13 | 10772 FM 1094 | , | 250.00 | | | |
| | Sealy, TX 77474 | : | | <u> </u> | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See I | | of Texas, complete Schedule T) | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| Date | Full name of contributor out-of-state PAC (IDIN | | Amount of contribution (\$) | in-kind contribution description (if applicable) | | |
| | Mr. 4 Mrs, Ivan Mei Contributor address: City: State: Zip Code 1053 Constable La | nke | (•) | | | |
| 12/3/13 | 1053 Constable La | ne | 2,800 | | | |
| | Cat Spring, TX 78 | 3933 | (If travel outside o | of Texas, complete Schedule T) | | |
| Principal occup | eation / Job title (See Instructions) | Employer (See I | | 7 Total Company | | |
| | | | | μ | | |
| Date | Mr. & Mrs. Leon Dit | tmar Jr. | Amount of contribution (\$) | In-kind contribution description (if applicable) | | |
| 12/31/13 | Contributor address; City; State; Zip Code 102 Riverbend Dr. | | 100.00 | | | |
| | Columbus, TX 78934 | _ | | | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See in | | of Texas, complete Schedule T) | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of | In-kind contribution | | |
| : | Mr + Mrs. Steven Gla | eser | contribution (\$) | description (if applicable) | | |
| 1/10/14 | Contributor address; City: State: Zip Code 1606 Zimmerschei | at Ra | 500.00 | | | |
| · | Columbus, TX 7893 | 34 | (If travel outside o | of Texas, complete Schedule T) | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See In | | Carety Company Contocols 77 | | |
| if c | ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instri | · · · · · · · · · · · · · · · · · · · | | requirements. | | |

POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES FOR BOX 8(a) **Advertising Expense** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 of 3 Kimberly Weimar Mercury City: State; Zip Code 6 Amount (\$) 7 Payee address; 200 W Main Street Weimar, TX 78962 (a) Category (See categories listed at the top of this schedule) **PURPOSE** (b) Description (if travel outside of Texas, complete Schedule T) EXPENDITURE rising 9 Complete ONLY if direct Office held County Clerk expenditure to benefit C/OH Amount (\$) 220 E. Main PURPOSE Description (if travel outside of Texas, complete Schedule T) OF EXPENDITURE Advertising Expense Candidate / Officeholder nam Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name B 4 D

| Amount (\$) 96.34 | 731 Walnut Street Columbus, Tx 78934 | | |
|---|--|----------------------------|------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Advertising Expense | Description (#travel outsi | ide of Texas, complete Schedule T) |
| Complete ONLY if direct expanditure to benefit C/Oi | Candidate / Officeholder name | Office sought | Office held |
| 9/19/13 | Bad D Graphics | | |
| Amount (\$) | Payee address: City: State: Zip Code 731 Woulnut Street Columbus, TY 78930 | | |
| PURPOSE OF EXPENDITURE | Category (see categories listed at the top of this schedule) Advertising Expense | Description (#travel outsi | ide of Texas, complete Schedule T} |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Graphics

POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Gift/Awards/Memorials Expense Sateries/Wages/Contract Labor Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Legal Services Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense **Polling Expense** Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) Kimberly 2 of 3 10/29/13 6 Amount (\$) 129.90 (b) Description (If travel outside of Texas, complete Schedule T) EXPENDITURE advertising 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payes name Colorado County Republican Party ayee address: City: State: Zip Code Amount (\$) Double Creek Rd 756.00 PURPOSE Description (If travel outside of Texas, complete Schedule T) EXPENDITURE Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name 2,532. 객 Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Candidate / Officeholder na Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 6,38 4880 IHIO Columbus. PURPOSE Description: (If travel outside of Texas, complete Schedule T) Advertising 5 EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

POLITICAL EXPENDITURES SCHEDULE F EXPENDITURE CATEGORIES FOR BOX 8(a) Gift/Awards/Memorials Expense Advertising Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Polling Expense Travel Out Of District Fees Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schadule F: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 3 of 3 him berli H. Menke 4 Date 5 Payes name 6 Amount (3) PURPOSE (b) Description (If travel outside of Texas, complete Schedule T) EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name PURPOSE Description (If travel outside of Texas, complete Schedule T) OF EXPENDITURE Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Description (if travel outside of Texas, complete Schedule T) PURPOSE EXPENDITURE dvertising 6 Candidate / Officeholderwame Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this achedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| | | T T T T T T T T T T T T T T T T T T T | | _ |
|-------------------------|---|---------------------------------------|--|---|
| The C/OH Instruction (| Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
| 3 CANDIDATE/ | MS / MRS / MR FIRST | MI | | _ |
| OFFICEHOLDER NAME | Ms. Kimberl | .y A | OFFICE USE ONLY | |
| IVAIVIL | NICKNAME LAST | SUFFIX | Date Received | |
| | Menke | | FILED FOR ALCURU COLORADO COUNTY, TX | |
| 4 CANDIDATE/ | | CITY; STATE; ZIP CODE | DOCUMASS COOM IN IN | |
| OFFICEHOLDER MAILING | 1046 Constable Lane | | 2018 MAR - I AM 10: 57 | |
| ADDRESS | Cat Spring, Texas 7 | 8934 | SF | |
| Change of Address | | | KIMBERLY MENKE | |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | COUNTY CLERK | |
| OFFICEHOLDER PHONE | (979) 732-7486 | | Date Hand-delivered or Date Postmarked | 1 |
| 6 CAMPAIGN | MS / MRS / MR FIRST | MI | Receipt # Amount \$ | |
| TREASURER NAME | Ms. Holly | | Date Processed | |
| | NICKNAME LAST | SUFFIX | Annie Storia Articolous de Marche Lauce II o | |
| | Smith | | Date Imaged | |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE): APT / SL | JITE #; CITY; STATE; | ZIP CODE | |
| TREASURER ADDRESS | | 3.4 | | |
| (Residence or Business) | Columbus, Texas 7893 | 34 | | |
| | | | | |
| 8 CAMPAIGN | AREA CODE PHONE NUMBER | EXTENSION | | |
| TREASURER PHONE | (979) 732-4071 | | | |
| | | | | |
| | | | | |
| 9 REPORT TYPE | January 15 30th day before ele | ection Runoff | 15th day after campaign | |
| | Sandary 15 | - Nanan | treasurer appointment (Officeholder Only) | |
| | July 15 Sth day before elec | ction Exceeded \$500 limit | Final Report (Attach C/OH - FR) | |
| | | | 21 | |
| 10 PERIOD COVERED | Month Day Year | Month | Day Year | |
| 00,11,12 | 02 / 05 / 2018 | THROUGH | 26 / 2018 | |
| | | | | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | | |
| | Month Day Year X Primary 03 06 2018 General | Runoff Other Description | | |
| | General | Special | | _ |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known |) | |
| | County Clerk | County Clerk | | |
| | Journal of Clark | country creix | | |
| | | | | |
| | GO ТО | PAGE 2 | | |
| | | | | |

| 14 C/OH NAME | Kimberly | Menke | 15 Filer ID | (Ethics Commission Filers) | | | |
|---|-----------------------|---|--------------|----------------------------|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CANE | 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. | | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | | |
| | GENERAL | | | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| Additional Pages | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL P | OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | IN \$ | 0 | | | |
| | | | | | | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0 | | | |
| EXPENDITURE TOTALS | | OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED | \$ | 0 | | | |
| | 4. TOTAL F | POLITICAL EXPENDITURES | \$ | 0 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL P OF REPO | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I | DAY \$ | 0 | | | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD | HE \$ | 0 | | | |
| 18 AFFIDAVIT | | | | * | | | |
| CONTRACTOR OF THE PARTY OF THE | 606 | I swear, or affirm, under penalty of pertrue and correct and includes all information under Title 15, Election Code. | | | | | |
| AFFIX NOTARY STAMP | USEAL ABOVE | Signature of Cand | idate or Off | iceholder | | | |
| ULIVIANIALI PANIS | GEALABOVE | | | | | | |
| Sworn to and subscri | bed before me, b | the said Kimberly Menke | , this | the 1st | | | |
| day of March | , 20_18, to | certify which, witness my hand and seal of office. | | | | | |
| 1 | -0// | | | | | | |
| Mortey | 194 | Sterling Fling | Depu | ty | | | |
| Signature of officer ad | Iministering oath | Printed name of officer administering oath | Title of o | officer administering oath | | | |

| The C/OH Instruction G | Guide explains how to complete this form. | Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|---|-------------------------------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | Ms. FIRST Ms. Kimberly | М | OFFICE USE ONLY |
| | NICKNAME LAST | SUFFIX | Date Received ON NECUKU COLORADO COUNTY, TX |
| | Menke | | 2018 FEB 26 AM 11: 21 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #: CITY: 1046 Constable Lane Cat Spring, Texas 7893 | STATE; ZIP CODE | KIMBERLY MENKE COUNTY CLERK |
| Change of Address | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER 979 732-7486 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS/MRS/MR FIRST Holly | MI | Receipt # Amount \$ |
| NAME | NICKNAME LAST | SUFFIX | Date Processed |
| | Smith | | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | street address (NO PO BOX PLEASE); APT / SUITE #; 1706 Live Oak Columbus, Texas 78934 | CITY; STATE; | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (979) 732-4071 | EXTENSION | |
| 9 REPORT TYPE | January 15 30th day before election July 15 8th day before election | Runoff Exceeded \$500 limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD | Marile Barrell War | Month | Day Year |
| COVERED | Month Day Year 01/16/2018 T | | Day Year / 2018 |
| 11 ELECTION | Month Day Year Primary 03 06 2018 General | Runoff Other Description Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if know | n) |
| | County Clerk | County Clerk | |
| | GO TO PAG | GE 2 | |

| 14 C/OH NAME | Kimberly | y Menke | 15 Filer II | C (Ethics Commission Filers) | |
|---|---|---|--------------|-------------------------------|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | 15::::::11:: | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| | | COMMITTEE CAMPAGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION | 1. TOTAL F | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER | THAN | | |
| TOTALS | | ES, LOANS, OR GUARANTEES OF LOANS), UNLESS IT | | \$ 0 | |
| | A 2000 10 10 10 10 10 10 10 10 10 10 10 10 | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN | NS) | \$ 0 | |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, | | \$ 0 | |
| | 4. TOTAL | POLITICAL EXPENDITURES | | \$ 0 | |
| CONTRIBUTION BALANCE | [- 18급하 - 18급급(1911) [18급급(1911) [18급급(1911) [18급급(1911) [18급급(1911) [18급급(1911) [18] | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LORTING PERIOD | AST DAY | \$ 0 | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS AY OF THE REPORTING PERIOD | OF THE | \$ 0 | |
| 18 AFFIDAVIT | OLURA | | | | |
| AFFIX NOTARY STAM | P/SEALABOVE | I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code. Signature of | | equired to be reported by me | |
| Sworn to and subsci | ribed before me, t | by the saidKimberly Menke | 1 | this the26th | |
| day of Februa | 2077 | to certify which, witness my hand and seal of of | fice. | | |
| sterles ? | Ven? | Sterling Fling | D | eputy | |
| Signature of officer a | dministering oath | Printed name of officer administering oath | Title | of officer administering oath | |

| The C/OH Instruction C | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|---|---------------------------------------|---|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS / MRS / MR FIRST MS. Kimberly NICKNAME LAST Menke | A. SUFFIX | OFFICE USE ONLY Date Received FILED FOR RECORD COLORADO COUNTY, T |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE | ADDRESS / PO BOX: APT / SUITE #: 1046 Constable Lane Cat S AREA CODE PHONE NUMBER (979) 732-7486 | Spring, Texas 78933 EXTENSION | 2018 JAN 18 AM IO: 13 KIMBERLY MENKE COUNTY CLERK Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS. FIRST HOLLY NICKNAME Smith | SUFFIX | Receipt # Amount \$ Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE | STREET ADDRESS (NO PO BOX PLEASE): APT / S 1706 Live Oak Street Colur AREA CODE PHONE NUMBER (979) 732-4071 | | ZIP CODE |
| 9 REPORT TYPE | July 15 30th day before | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 08 / 02 / 2017 | THROUGH 01 | 15 2018 |
| 11 ELECTION | Month Day Year Primary O3 06 2018 General | Description | |
| 12 OFFICE | OFFICE HELD (If any) County Clerk | 13 OFFICE SOUGHT (if known | |
| | GO TO | PAGE 2 | |

| 14 C/OH NAME | Kimberly Me | enke | 15 Filer | D (Ethics Commission Filers) | | |
|---------------------------------------|----------------------------------|---|---------------------|---|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | SUPPORT THE CAND KNOWLEDGE OR CO | 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. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | GENERAL | | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| Additional Pages | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OT S, LOANS, OR GUARANTEES OF LOANS), UNLES | | \$ 0 | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF L | .OANS) | \$ 0 | | |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, | | \$ 0 | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | | \$ 0 | | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF T | HE LAST DAY | \$ 0 | | |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS BY OF THE REPORTING PERIOD | S AS OF THE | \$ 0 | | |
| 18 AFFIDAVIT | OLORA. | | | | | |
| 3000 | OLORADO | true and correct and include under Title 15. Election Co | des all information | at the accompanying report is required to be reported by me | | |
| AFFIX NOTARY STAM | P/SEALABOVE | t . | | | | |
| Sworn to and subsc | ribed before me, b | by the said Kimberly Menke | | this the16th | | |
| day of Janua | ry, 20 18, | to certify which, witness my hand and seal o | of office. | | | |
| Signature of officer a | administering oath | Printed name of officer administering oath | Title | of officer administering oath | | |

| The C/OH Instruction C | Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|---|---|--|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS. MRS/MR FIRST MS. Kimberly | мі А. | OFFICE USE ONLY |
| NAIVIE | NICKNAME LAST | | Date Received ED FUK RECURD |
| | Menke | COLO | RADO COUNTY, TX |
| 4 CANDIDATE/ | ADDRESS / PO BOX; APT / SUITE #; CITY | Y: STATE: ZIP CODE 17 | NOV -7 PM 12: 12 |
| OFFICEHOLDER MAILING ADDRESS | 1046 Constable Ln. Cat Sprin | ng, TX 7 8933 | MBERLY MENKE A |
| Change of Address | | C | DUNTY CLERK |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | |
| OFFICEHOLDER PHONE | (9 79) 732–7486 | | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST | MI | Receipt # Amount \$ |
| NAME | Ms. Holly | *** * * * * * * * * * * * * * * * * * * | Date Processed |
| | NICKNAME LAST Smith | SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE 1706 Live Oak Street Column | | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | (979) 732- 4071 | EXTENSION | |
| 9 REPORT TYPE | January 15 30th day before elect July 15 8th day before election | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD | Month Day Year | Month | Day Year |
| COVERED | 7 17 2017 | | 2017 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year X Primary | Runoff Other Description | |
| | 3 6 2018 General | Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known | 1) |
| | County Clerk | County Clerk | |
| | GO TO P | AGE 2 | |

| 14 C/OH NAME | imberly Menk | 1 | 5 Filer ID (Eth | nics Commission Filers) |
|---------------------------------------|--------------------|--|-------------------|--------------------------|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR IN | IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITIONS OF POLITICAL EXPENDITIONS OF POLITICAL EXPENDITIONS OF POLITICAL EXPENDITURES MAY HAVE BEEN MADE WINDITIONS OF THE PORT THE PORT OF THE PORT | THOUT THE CANDI | DATE'S OR OFFICEHOLDER'S |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ | 4 | 0 |
| | 1 | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0 |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS. | \$ | 0 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ | 0 |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD | DAY \$ | 0 |
| OUTSTANDING LOAN TOTALS | | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD | HE \$ | 0 |
| 18 AFFIDAVIT | Armon v | | | |
| STATE COURS | 1000 | I swear, or affirm, under penalty of protection true and correct and includes all information under Title 15, Election Code. Signature of Canonical Signature of Canonical Signature of Canonical Signature of Canonical Signature (Canonical S | public properties | ed to be reported by me |
| AFFIX NOTABY STAM | * | by the said Kimberly Menke | , this t | he 7th |
| day of November | | to certify which, witness my hand and seal of office. | | |
| Jan | Reckins | JEAN ROKINSCHIOT BOUTY | Easty | Jeting CHEK |
| Signature of officer a | administering oath | Printed name of officer administering oath | Title_of off | icer administering oath |

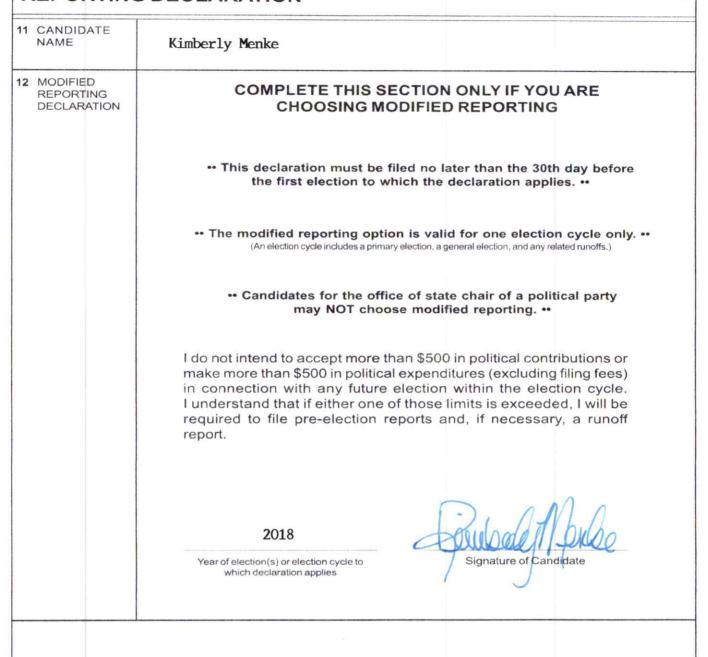
APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

| See | 1 Total pages filed: | | |
|---|--|-------------------|--|
| 2 CANDIDATE NAME | MS/MRS/MR FIRST MS. Kimberly NICKNAME LAST Menke | MI A. | OFFICE USE ONLY Acct. # FILED FOR RECORD CULORADO COUNTY, TX |
| 3 CANDIDATE MAILING ADDRESS | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: 1046 Constable Lane Cat Spring TX | ZIP CODE 78933 | 2017 JUL 17 PM 1: 34 KIMBERLY MENKE COUNTY CLERK |
| 4 CANDIDATE PHONE | (979) 732-7486 | N | Date Hand-delivered or Postmarked Date Processed |
| 5 OFFICE HELD (if any) | Colorado County Clerk | | Date Imaged |
| 6 OFFICE SOUGHT (if known) | Colorado County Clerk | | |
| 7 CAMPAIGN TREASURER NAME | MS/MRS/MR FIRST MI NICKNAME Ms. Holly | | Smith Suffix |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 1706 Live Oak Columbus | STATE: | 78934 |
| 9 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 732-4071 | V | |
| 10 CANDIDATE SIGNATURE | I am aware of the Nepotism Law, Chapter 573 I am aware of my responsibility to file timely responsible to the Election Code. I am aware of the restrictions in title 15 of the Election corporations and labor organizations. Signature of Candidate | eports a | s required by title 15 of |
| | GO TO PAGE 2 | | |

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA



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

FORM C/OH COVER SHEET PG 1

Revised 9/8/2015

| The C/OH Instruction G | uide explains how to complete this form. | Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|--|-------------------------------------|--|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS. Kimberly A NICKNAME LAST Menke | A. SUFFIX | OFFICE USE ONLY Date Received FOR RECORD COLORADO COUNTY, T |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 1046 Constable Lane Cat Sprin | | 2018 JAN 18 AM 10: 13 KIMBERLY MENKE A COUNTY CLERK |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (979) 732-7486 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST Holly NICKNAME Smith | MI | Receipt # Amount \$ Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | street address (NO PO BOX PLEASE); APT / SUITE # 1706 Live Oak Street Columbus | | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (979) 732-4071 | EXTENSION | |
| 9 REPORT TYPE | July 15 30th day before election 30th day before election | Runoff Exceeded \$500 limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 08 / 02 / 2017 | THROUGH Month | 7 15 Zen 18 |
| 11 ELECTION | BLECTION DATE Month Day Year Primary [03 06 2018 General [| Runoff Other Description Special | |
| 12 OFFICE | OFFICE HELD (if any) County Clerk | 13 OFFICE SOUGHT (if known | |
| | GO TO PA | GE 2 | COL |

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

| 14 C/OH NAME | Kimberly Me | enke 15 | Filer ID (Ethics Commission Filers) | | |
|---|---|--|---------------------------------------|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 | | |
| | 1 | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | | |
| EXPENDITURE TOTALS | | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | s 0 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL I | \$ 0 | | | |
| 18 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under penalty of perjutrue and correct and includes all informunder Talle-15. Election Code. | · · · · · · · · · · · · · · · · · · · | | |
| | | Signature of Candid | ite pr Officeholder | | |
| AFFIX NOTARY STAM | AP/SEALABOVE | | | | |
| Swom to and subscribed before me, by the said Kimberly Menke , this the, this the | | | | | |
| day of January, 20 18, to certify which, witness my hand and seal of office. | | | | | |
| pante | hino | JEAN ERKINS Chief Diput | Wandy United Work | | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of officer administering oath | | |

| The C/OH Instruction G | uide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|---|---------------------------------------|--|
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS / MRS / MR FIRST MS. Kimberly NICKNAME LAST Menke | MI | OFFICE USE ONLY Date Received COLORADO COUNTY, TA |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE | ADDRESS / PO BOX; APT / SUITE #; 1046 Constable Lane Cat Spring, Texas 78933 AREA CODE PHONE NUMBER (979) 732-7486 | CITY; STATE; ZIP CODE EXTENSION | 2019 JAN 17 AM 10: 00 KIMSEALY MERKE COUNTY CLERK Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS. Holly NICKNAME Smith | MI SUFFIX | Receipt # Amount \$ Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / S 1785 CR 151 Columbus, Texas 78934 AREA CODE PHONE NUMBER | BUITE #; CITY; STATE; EXTENSION | ZIP CODE |
| TREASURER PHONE 9 REPORT TYPE | (979) 732-4071 X January 15 30th day before July 15 8th day before e | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 02 27 2018 | THROUGH 1 | Day Year 15 2019 |
| 11 ELECTION | Month Day Year Primary 11 6 2018 Seneral | Description | E |
| 12 OFFICE | OFFICE HELD (if any) County Clerk | 13 OFFICE SOUGHT (if know | wn) |
| | GO TO | PAGE 2 | |

| 14 C/OH NAME | (IMBERLY I | MENKE | 15 Filer | r ID (Ethics Commission Filers) | |
|--|---|--|----------|---------------------------------|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS ES, LOANS, OR GUARANTEES OF LOANS), UNI | | \$ | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES C | F LOANS) | \$ | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | | \$ 78.45 | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 78.45 | | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | | \$ | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | \$ | |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder | | | | | |
| AFFIX NOTARY STAMP/SEALABOVE | | | | | |
| Sworn to and subscribed before me, by the said Kimberly Menke , this the 17th | | | | | |
| day of January, 20_19, to certify which, witness my hand and seal of office. | | | | | |
| Jean | Jean Perkins Chief Deputy Clerk | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Contributions/Donations Made Candidate/Officeholder/Politic | • | Glft/Awards/Memorials Expense Legal Services | Printing Exp Salaries/Wi | | Travel Out Of District Other (enter a category not listed above) |
|--|---|--|-----------------------------|----------------|---|
| Credit Card Payment | Sai Committee | The Instruction Guide explain | | • | Carol Carlos a catagory reactions and another |
| 1 Total pages Schedule G: | 2 FILER N | AME | <u>.</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date NOV 2018 | 5 Payee na T | HE COLORADO (| COUNT | Y CITIZEN | |
| 6 Amount (\$) 32.00 | 7 Payee address; City; State; Zip Code PO BOX 548 COLUMBUS, TEXAS 78934 | | | | |
| political contributions intended | | | | | |
| 8 PURPOSE OF EXPENDITURE | | (See Categories listed at the top of this so ERTISING EXPEN | , | \equiv | eide of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/0 | OH | date / Officeholder name | • | Office sought | Office held COUNTY CLERK |
| Date DEC 2018 | Payee na | me E EAGLE LAKE HE | ADLIC | ЭНТ | |
| Amount (\$) 23.70 | Payee ac 220 | Idress; City; State; Z E MAIN ST EAGL | - | E, TEXAS | 77434 |
| Reimbursement from political contributions intended | | | | | |
| PURPOSE OF EXPENDITURE | | (See Categories listed at the top of this s ERTISING EXPEN | . 1 | | side al Texas. Complete Schedule T. . TX, afficeholder living expense |
| Complete ONLY if direct Candidate / Officeholder name Office sought COUNTY CLERK COUNTY CLERK | | | | | |
| Date DEC 2018 | Payee na | WEIMAR MERC | URY | | |
| Amount (\$) | Payee a | ddress; City; State; 2 | Zip Code | | |
| 17.75 Reimbursement from political contributions intended | 200 |) W MAIN WEIMA | R, TEX | AS 78962 | |
| PURPOSE | Category | (See Categories listed at the top of this s | schedule) (| b) Description | |
| OF EXPENDITURE | ADV | ERTISING EXPE | NSE | | tside of Texes. Complete Schedule T. , TX, officeholder living expense |
| Complete <u>CNLY</u> if direct expenditure to benefit C/ | 10 14 | idate / Officeholder name BERLY MENKE | ····· | Office sought | Office held COUNTY CLERK |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |
| Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015 | | | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense

| Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi | By Gift/Awards/Memorials Expense Pr | oiling Expense Inting Expense plaries/Wages/Contract Labor | Travel in District Travel Out Of District Other (enter a category not listed above) | | |
|---|---|--|---|--|--|
| Credit Card Payment The Instruction Guide explains how to complete this form. | | | | | |
| 1 Total pages Schedule G: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | |
| JAN 2019 | 5 Payee name THE WEIMAR MERCURY | | | | |
| 6 Amount (\$) 5.00 Heimbursement from political contributions intended | 5.00 200 W MAIN WEIMAR, TEXAS 78962 Political contributions | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this scheduled ADVERTISING EXPENSE | Check If travel outsid | le of Taxas. Complete Schedule T. X, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/ | | Office sought | Office held COUNTY CLERK | | |
| Date | Payee name | | | | |
| Amount (\$) Reimbursement from political contributions intended | Payee address; City; State; Zip C | ode | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedu | Check if trevel outside | de of Texas. Complete Schedule T. IX, officeholder living expense | | |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip C | ode | | | |
| Reimburgement from political contributions intended | | IAN Description | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this sched | Check if travel outsi | ide of Texas. Complete Schedule T. TX, officeholder fiving expense | | |
| | Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |