APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME MS/MRS/MR FIRST MI MCKNAME FIRST MI Keith E Newendorff NICKNAME LAST SUFFIX	OFFICE USE ONLY Filer ID # Date Received
3 CANDIDATE MAILING ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE 1296 Bernardo Rd Catspring Tx. 78933	
4 CANDIDATE PHONE NUMBER EXTENSION (979) 732-7998	Date Processed
5 OFFICE HELD (if any)	Date Imaged
6 OFFICE SOUGHT (if known) Colorado County Commissioner	
MIS. DIANE	LAST SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: 2809 FM 949 Cat Spring;	ZIP CODE 78933
9 CAMPAIGN TREASURER PHONE PHONE NUMBER EXTENSION (979) 733 - 4999	
10 CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Tolerand Law 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.	Code on contributions
New Mendon Signature of Candidate	9-19-2019 Date Signed
GO TO PAGE 2	

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Keith E. Neuendorff
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 which declaration applies

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

TEC Filers may send this form to the TEC electronically at 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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 Keith	MI	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 1296 Bernarda Cat Sp	CITY; STATE; ZIP CODE PRINCE, TX. >8933	JAN 14 2020
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 732 - 79	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Diane NICKNAME LAST McGrat	SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / ST	UITE #; CITY; STATE;	ZIP CODE , Tx. >8933
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 733-49	extension 99	
9 REPORT TYPE	July 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	11 / 11 / 2019	THROUGH Month	Day Year 14/2.020
11 ELECTION	Month Day Year Primary 03 03 2020 General	ELECTION TYPE Grant Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME/	ith N	evendorff 15 File	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	MADE BY POLITICAL COMMITTEES TO THE CANDIDATE'S OR OFFICEHOLDER'S MATION ONLY IF THEY RECEIVE NOTICE	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Keith Newandorf	A
	SPECIFIC	1296 Bernardo Rd Co	+ Spring, Tx 78933
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Diane McGrath	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		2809 FM 949 Cat Spri,	7, Tx. 78933
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3300.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 251.08
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4080.93
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 7350.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ Ø
18 AFFIDAVIT			
		I swear, or affirm, under penalty of perjury,	
yeare		true and correct and includes all informations under Title 15, Election Code.	on required to be reported by me
	EBECKA KAY LACOUI Notary ID #1179970 My Commission Expi	7	- It
West As	May 8, 2023	Signature of Candidate	or Officeholder
AFFIX NOTARY STAM		Keith Novandorff	14th
Sworn to and subscr	1 0.0	•	_, this the
day of Carlos	1,2000.	to certify which, witness my hand and seal of office.	Votosi
Signature of officer a	dministering oath	Printed name of officer administering oath Ti	itle of officer administering oath

SCHEDULE G

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Bentling Consulting Expense Contributione/Donations Media E Candidate/Officeholder/Politics Credt Card Payment	Event Expense Fees Food/Beverage Expense Gitt/Awards/Momorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor I how to complete this form,	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	Kaill Ma	aff	3 Filer ID (Ethics Commission Filers)
11-11-19	5 Payee name Cpublican 7 Payee address; City; State; Zip	Party	
6 Amount (\$) 750 mg	7 Payee address; City; State; Zip	Code	
Reimbuteement from political contributions intended			
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Filing Fee	1 [t of Texas. Complete Schedule T. C. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-28-19 Amount (\$) 7-00		ount	
Amount (\$) 7.00	Payee address; City; State; Zip	Code	
Pleimbusement from political contributions intended	/		
PURPOSE	Category (See Categories listed at the top of this ache	dule) (b) Description	
OF EXPENDITURE	Advertising Expens	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi		Office sought	Office held
Date	Payee name		
11-26-19	Designen C	oraphics	
Amount (\$)	Payon address.	Code	·
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this sched	(b) Description	
OF EXPENDITURE	Advertising Expen	_ 1 []	of Taxas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officebolder pame	Office sought	Office held
orma provided by Texas Ethi	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDE	iD .

SCHEDULE G

/Contract Labor Travel Out Of Dic Other (enter a cel	outprisent & Related Expensions strict tegory not listed above) hios Commission Filens)
Solicitation/Fund Transportation E Travel (In District Per In District Travel Out Of Dis Other (enter a cel	pulpment & Related Expension strict tegory not listed above) hids Commission Filens)
Transportation E Travel in District Travel Cut Or District Travel Cu	pulpment & Related Expension strict tegory not listed above) hide Commission Filens)
Transportation E Travel in District Travel Cut Or District Travel Cu	pulpment & Releted Expensifict tegory not listed above) hios Commission Filers)
Travel in District Travel Out of Discrete Contract Labor Other (enter a call lete this form. 3 Filer ID (Et) Check if ravel outside of Texas. Complete Sci Check if Austin, TX, officeholder living a sought	trict tegory not listed above) hios Commission Filers)
Contract Labor Other (enter a call lete this form. 3 Filer ID (Etill lete this form) Check if ravel outside of Texas. Complete Sci Check if Austin, TX, officeholder living a sought	strict tegory not listed above) hids Commission Filers)
Secription Check If Austin, TX, officeholder living as sought	hios Commission Filers)
S Filer ID (Et	hios Commission Filers)
Secription Check if ravel outside of Texas. Complete Sor Check if Austin, TX, officeholder living e	Pedule T.
Secription Check if ravel outside of Texas. Complete Sor Check if Austin, TX, officeholder living e	redule T.
Secription Check if ravel outside of Texas. Complete Sor Check if Austin, TX, officeholder living e	redule T.
Decription Check if ravel outside of Texas. Complete Scr Check if Austin, TX, officeholder living e	roonse
Decription Check if ravel outside of Texas. Complete Scr Check if Austin, TX, officeholder living e	reportee
Decription Check if ravel outside of Texas. Complete Scr Check if Austin, TX, officeholder living e	roense
Check if travel outside of Taxas. Complete Scr Check if Austin, TX, officeholder living e Bought	roense
Check if travel outside of Taxas. Complete Scr Check if Austin, TX, officeholder living e Bought	reportee
Check if travel outside of Taxas. Complete Scr Check if Austin, TX, officeholder living e Bought	reportee
Check if travel outside of Taxas. Complete Scr Check if Austin, TX, officeholder living e Bought	reportee
Check if travel outside of Taxas. Complete Scr Check if Austin, TX, officeholder living e Bought	roense
Check if travel outside of Taxas. Complete Scr Check if Austin, TX, officeholder living e Bought	reportee
Check if travel outside of Taxas. Complete Scr Check if Austin, TX, officeholder living e Bought	reportee
J Check If Austin, TX, officeholder living e sought	roense
J Check If Austin, TX, officeholder living e sought	roense
sought	
	Office held
· s	
· \$	
.5	
· S	
· S	
cription	
Check If travel outside of Texas. Complete Sche	
Chack if Access TV	COLLIE T,
Check if Austin, TX, officeholder living exp	Denae
sought	Office
	Office held
_	
-5 DA 11-1	
- Pay	
ription	
Complete Schedu	ulo T.
meak if Austin, TX, officeholder living expe	rnse
Qualit	
	Office held
E AS NEEDED	
	Bought Borlption Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expe

EXPENDITURES MADE BY CREDIT CARD

			SCHEDULE F4
Advertising Expense Accounting Banking Consulting Expense Contributions/Constions Made 8	The second secon	CORIES FOR BOX 10 Loan Repayment/Reimburer Office Overhead/Rental Exp Polling Expense Printing Expense	ornant Solicitation/Fundralising Expanse Transportation Equipment & Related Expanse Travel In District
Candidate/Officeholder/Politica	The instruction Guide explain	Salaries/Wages/Contract Li	(
1 Total pages Schedule F4:	1/2 ith Newand		3 Filer ID (Ethics Commission Filers)
5 Date	IZED EXPENDITURES CHARGED	TO A CREDIT CAR	D \$
12-16-19	6 Payee name Colorado Cou	ntx Crt	rzen
7 Amount (\$) 147.00	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) De	scription
PURPOSE OF EXPENDITURE	Advertising Ex	Tense	Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
12-22-19	Payee name	woly	
Amount (\$)	Payee address; City; State;		
425.93			
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of this	schedule) Dec	scription
OF EXPENDITURE	Advertising Exp	leuse	Check if travel outside of Texas, Complete Schedule 7. Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE A	S NEEDED

	ENSONAL FUN		SCHEDULE G
Advertising Expense Accounting/Bartierg Consulting Bispense Contribution/Donations May Candidate/Ottlosholder/Po Oredt Card Payment	Event Expense Fess Fess Food/Beverage Expense Gift/Awards/Viernorisis Expe Lagel Services	Salarine/Weons/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Cut Of District Other (enter a category not listed above)
1 Total pages Schedule G	2 FILER NAME	explains how to complete this form.	
4 Date 12-26-19	5 Payee name Bannen Pre	SS Newspay.	3 Filer ID (Ethics Commission Filers)
Amount (8) 20.00 Painturement from political contributions	7 Payee address; City; Stat	is; Zip Code	
PURPOSE OF EXPENDITURE	(A) Category (See Categories listed at the top of Advertising P	Check V travel outs	ide of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit Co		Check If Austin,	TX, officeholder living expense Office held
Date	Payee name		
12-20-19 Amount (8)	Banner Pr	ess Newspa	nes
96-25 Reimbusement from political contributions intended	Payee address; City: State	; Zip Code	8
PURPOSE OF EXPENDITURE	Category (See Categorise listed at the top of	this schedule) (b) Description	
Complete ONLY if direct expenditure to benefit C/O	Ad-extising Exp Candidate / Officeholder name	**************************************	ie of Texas. Complete Schedule T. X. officeholder living expense
	H marrie	Office sought	Office held
12-30-19	Payee name		
Amount (8) 36.12	Payee address; City; State;	Zip Code	
Pleimbursement from political contributions intended			
PURPORE	Category (See Categories listed at the top of th	is schedule) (b) Description	
OF EXPENDITURE	Advertising Exp	Check if travel outside	of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH		Office sought	office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEEDE	D

SCHEDULE G

Advertising Expense Accounting/Benking Consulting Byperse Constitutions/Constitute Med Candidate/Officeholder/Poli Cradt Card Payment	Mosil Committee Legal Services Printing Expense Sularise/Wagest Contract About 1 Travel Out Of District
1 Total pages Schedule G:	2 FILER NAME
4 Date 12-31-19	Keith Neuendonft 3 Filer ID (Ethica Commission Filers 5 Payee name A-Line Auto
11. 89	7 Payee address; City; State; Zip Code
Pelmbureament from political contributions intended	
PURPOSE OF EXPENDITURE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder the
Gamplete ONLY if direct expenditure to benefit CK	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE
Date 1-6-2000	Payee name
Amount (\$) 96.00	Now Ulm Enterprise Payee address; City; State; Zip Code
Petrousement from political contributions intended	
PURPOBE OF EXPENDITURE	Category (See Categories listed at the top of this echedule) (b) Description Check if rever outside of Taxas. Complete Schedule T. Check if Austin. TX. officebaldes listed.
Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office squart
Date	Payee name
/-)-2020 Amount (8)	Payee address; City; State; Zip Code
15.00 Reimbursement from political contributions intended	Sup Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achedule) Advertising Exerce Check if Austin, TX, officeholder their assessment
Complete ONLY it direct expenditure to benefit C/OH	Candidate / Officeholder name Office aought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE /
The Instruction Guide explains how to complete this form.	
	1 Total pages Schedule A1:
Keith Neuendonft	3 Filer ID (Ethics Commission File
Date 5 Full name of contributor	
10 17 David Meisell Dour-of-state MC (D)	7 Amount of contribution (\$)
Date Dete S Full name of contributor Out-of-state MC (IDE: 19 Gontributor address; City; State; Zip Code P.D. Box 129	
P.D. Box 129 > 1	100.00
Principal occupation / Job title (See instructions)	4
9 Employer (See Ins	tructione)
Date Full name of contributor	
Full name of contributor out-of-state PAG (108-)-17-19 MiketLoretta Berry Contributor address; City; State; Zip Code 1008 Tonk	Amount
Contributor address	Amount of contribution (8)
Principal occupation / Job this (See Instructions)	2000.00
Principal occupation / Job this (See Instructions)	200.00
Employer (See Instructions)	3
	octone)
Full name of contributor Cout-of-state PAC (TDe	
20-19 Paph en Sebesta	Amount of contribution (\$)
Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code	
Too Fifth Street Brenham, Tx 77833	50.00
Employer (See Instru	
Full name of contributor	
Contributor out-of-state PAC (IDS: -20-John Contributor address; City: State; Zip Code 073 Tonkaua Ln Cut Spring Tx 78933 Incipal cocupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (8)
Contributor acidraes; City: State: 71	(2)
1073 Tonkaug / La	1000.00
noticel occupation / Job title (See Instructions)	7000.00
Employer (See Instruc	tione)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED porting requirements.

	NETARY POLITICAL CON		SCHEDULE A
	The Instruction Guide explains how to complete		
2 FILER N	AME	mie form.	1 Total pages Schedule A1:
	Keith Nevendorfor		
	S Gull	_	3 Filer ID (Ethics Commission Filers
12-25-	5 Full name of contributor cut-of-state	# PAC (ID#:	7 Amount of season
	6 Contributor address		(8)
	Travis Nelson 6 Contributor address; City; 12841 FM 2183	State: Zip Code	200.00
Principal	12841 FM 218) Cat 5 occupation / Job title (See Instructions)	pring Tx. >893	a
	(Gas instructions)	9 Employer (See Instru	offenel
Date	E		
- 	Full name of contributor	PAC (IDIE:	
			Amount of contribution (8)
	Contributor address; City; S	tale; Zip Code	
Delmarina	Į		
Liniosbei oc	oupetion / Job title (See Instructions)		
		Employer (See Instruc	tione)
Date	Full name of contributor		
	O ont-of-state t	MC (IDI:	Amount of mark
	Contributor address:		Amount of contribution (8)
		te: Zip Code	
Principal cod	upation / Job title (See Instructions)		
		Employer (See Instructi	one)
Date	Full name of contributor		•
	Out-of-state PA	IC (ID#:	
	Contributor address:		Amount of contribution (6)
	City; State	e: Zip Code	
rincipal occu	pation / Job title (See Instructions)		
	use (see Instructions)	Employer (See Instruction	
		tuennotion	M)
		•	
	ATTACH ADDITIONAL COPIES OF if contributor is out-of-state PAC, please see instruces Ethios Commission www.athios.st		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/			- Labor (1997)
OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
	NICKNAME LAST	SUFFIX	Data Received
4 CANDIDATE/	Nevendor	· [[
OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: 0	STATE; ZIP CODE	
Change of Address	Cat Spring, Tx.	78933	
5 CANDIDATE/	AREA CODE PHONE NUMBER		
OFFICEHOLDER PHONE	(979) 732-7998	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR DIAne	MI	Receipt # Amount \$
NAME	NICKNAME		Date Processed
	McLorat	SUFFIX	
CAMPAIGN			Date Imaged
TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	- · · · - · · · - · · · - · · · · · - ·	ZIP CODE
(Residence or Business)	2809 FM 949	Cut Spring,	Tx. 78933
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 733-499	extension 9	
REPORT TYPE			
	January 15 Soth day before elect	ion Runoff	18th day after campaign treasurer appointment
	July 15 Str day before election	n Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year 01 / 15 / 2020	Month	Day Year
ELECTION		тняоц е н 02/6	05/2020
	ELECTION DATE Month Day Year Primary	ELECTION TYPE	
_	73 / 03 / 3-03-0 Coneral	Punoff Other Description Special	
OFFICE C	FFICE HELD (If any)	13 OFFICE POLICE	
		13 OFFICE SOUGHT (If known)	
		i	

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	1		
K	T		6 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I SUPPORT THE CAM KNOWLEDGE OF CO OF SUCH EXPENDIT	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON POLITICAL EXPENDITURES / OFFICENOLOGY. THESE EXPENDITURES MAY NAVE SEEN MADE WE CANDIDATES AND OFFICENOLOGYS ARE REQUIRED TO REPORT THE TURES.	TURES MADE BY POLITICAL COMMITTEES TO THOUT THE CANDIDATE'S OR OFFICEHOLDER'S IS INFORMATION ONLY IF THEY RECEIVE MOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Keith Nevendonft	(
	SPECIFIC	COMMITTEE ADDRESS	Lat Spring, Tx.
		1896 Bernardola	78933
Additional Pages		Diane McCorath	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	, 7
17 CONTRIBUTION		2809 FM 949 Cats	78933
17 CONTRIBUTION TOTALS	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	2. TOTAL I	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 550.00
EXPENDITURE TOTALS	3. TOTAL P UNLESS	OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 234.73
	4. TOTAL	POLITICAL EXPENDITURES	\$ 234.>3
CONTRIBUTION BALANCE	5. TOTAL P	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRYING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PI LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	* \$ D
18 AFFIDAVIT			
	EBECKA KAY LACOUI Notary ID #1179970	7 under Title 15. Election Code	rjury, that the accompanying report is nation required to be reported by me
	Ay Commission Expir May 8, 2023	- jeila	- Aller
A		Signature of Candid	iate or Officeholder
AFFIX NOTARY STAMP /	SEALABOVE	. 0	^
Sworn to and subscrib	1		this the SH
leba II	7 20 A C to	certify which witness my handland seal of office.	
Signature o officer adn	ninistering oath	Printed name of officer administering cath	lotory
orms provided by Texas Ethic	e Commission	www.ethics.state.tv.us	Title of officer administering oath

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Giff/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Keith Nevendonft 4 Date 6 Amount (\$) 80.00 Reimbursement from political contributions intended (b) Description A (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name New Ulm Enterprise -24-2020 Amount (\$) Payee address: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 70.00 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Adventising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense Fees	Loan Repayment/F Office Overhead/R		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made B	Food/Beverage Expense y Glft/Awards/Memorials Expense	Polling Expense		Travel In District
Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Co	ontract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	a how to complet	te this form.	
4 7 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	·			T =
1 Total pages Schedule F4:	Keith Neuen	donft	-	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		 	\$
				<u> </u>
5 Date 1-19-2020	8 Payee address; City; State;	0p)×		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	· · · · · · · · · · · · · · · · · · ·	
44.73	- •			
				· · · · · · · · · · · · · · · · · · ·
9 TYPE OF Expenditure	Political	Non-Political		
10	(a) Category (See Categories listed at the lop of this	s schedule)	(b) Description	on
PURPOSE OF	Advertising EXI	Dense	Check!	ftravel outside of Texas. Complete Schedule T.
EXPENDITURE	Haven ising with		Check	if Austin, TX, officeholder living expense
		į		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office s	ought	Office held
		·		
Date	Payee name			
Amount (\$)	Payee address; City; State;	Zip Code		
•,•······				
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this	s schedule)	Descripti	on
PURPOSE		:	Check i	f travel outside of Texas. Complete Schedule T.
OF			Check	if Austin, TX, officeholder living expense
EXPENDITURE				
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office s	ought	Office held
expenditure to benefit C/O	1			
			 	
***	ATTACH ADDITIONAL CODIES OF	E TUIC COURT	THE AC NO	ENEN

MONETARY POLITICAL CON		SCHEDULE A
The Instruction Guide explains how to complet	e this form.	1 Total
		1 Total pages Bohedule A1:
Keith Neuendon		8 Filer ID (Ethics Commission Filers
5 Full name of contributor out-of-sta	to PAC (ID¢:	
-10-good cours J. Strangs)	7 Amount of contribution (\$)
6 Contributor address; City;	State: Zip Code	200.00
	Ulm, Tx. 78950	0.0
Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	
	The little	otions)
Date Full name of contributor	PAC (IDe	
1-16-2000 Richard Hetsley		Amount of contribution (\$)
1-16-2020 Richard Heffley Contributor address; City; 8	Nate: Zin Code	100
	1 7 366 311	100.00
Principal cocupation / Job title (See Instructions)		
	Employer (See Instruct	ione)
Date Full name of contributor Contrat and		
21-2020 Alan Nevendon RC	MC (IDI:)	Amount of any
Full name of contributor Alan Newschanff Contributor address: City: St		Amount of contribution (8)
	ate; Zip Code	250.00
Principal cocupation / Job title (See Instructions)	149,1x.78933	
	Employer (See Instruction	one)
Pete Full name of contributor		•
aut-of-state P	NO (IDA)	
Contributor address;		Amount of contribution (\$)
City: Star	te; Zip Code	
rincipal occupation / Job title (See instructions)		
(manucache)	Employer (See Instruction	
	·	
	THIS SCHEDULE AS NEED!	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages t	filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	M1	OFFICI	E USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received		
	Nevendorf	£			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1296 Bernardo Rd.	CITY; STATE; ZIP CODE			
Change of Address	Cat Spring, TX	76933			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 732-799	EXTENSION	Date Hand-delivere	d or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt #	Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	McCora	th	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS	2809 FM 949	Cat Spring,	$\mathcal{T}_{\mathcal{X}}$.	78933	
(Residence or Business)	9.821 1 m 111		'		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 733-499	extension			
9 REPORT TYPE	January 15 30th day before e	election Runoff		ifter campaign appointment ler Only)	
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 2, / 5 / 2020	THROUGH //	Day Yes		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	or ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES (DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT IN WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOR URES.	THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	Keith Newandorff	
	SPECIFIC	COMMITTEE ADDRESS	stspring, Tx
	_		2+5 pring, Tx. 78933
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		Diane McGrath	
	:	COMMITTEE CAMPAIGN TREASURER ADDRESS Lat 3809 FM 949	HSpring, Tx.
17 CONTRIBUTION	1	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN	s
TOTALS	1	ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	* 0
	l	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1950.00
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 3224.17
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3224.15
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1950-00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ D
18 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·		
	REBECKA KAY LACOL Notary ID #117997 My Commission Exp	07	
	May 8, 2023	Signature of Candidate	or Officeholder
AFFIX NOTARY STAM		by the said Keith Neuman Ff	, this the 30
day of ADVENNY	- ^^	to certify which, witnessymy hand and seal of office.	
Wed la	Lous	Pereka Lalase	
Signature of officer a	druinistering oath	Printed name of officer administering oath Ti	tle of officer administering oath

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1;
2 FILER NAME	Keith Nevendorft	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instr	uctions)
Date	Full name of contributor	Amount of contribution (\$)
3-16-20	Contributor address; City; State; Zip Code >8934	\$100.00
	P.O. Box 129> Columbus, Tx	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3-16-200	Contributor address; City: State; Zip Code	\$ 100.00
Principal occur	227 Tait St. Columbus, Tx pation / Job title (See Instructions) Employer (See Instru	tuctions)
	Employer (See management)	00101107
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5-5-2020	Tonny Itahn Contributor address; City; State; Zip Code 7593	\$ 200.00
Pulmalmat	P.O. Box 423 Columbus, TX	diama)
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for addition	

MONE	TARY POLITICAL CONTRIBUT	rions	SCHEDULE A1
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	eith Newandorft		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
5-18-200	Janice McBride 6 Contributor address; City; State 1376 Cat Spring Rd. Cat Spring pation / Job title (See Instructions) 9 Em	; Zip Code	\$ 50.00
8 Principal occu	pation / Job title (See Instructions) 9 Em	1 78933 aployer (See Instruct	ions)
o i i i i i i i i i i i i i i i i i i i	3 Eli	ipioyer (Odd irialioci	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
6-14-2020	Full name of contributor out-of-state PAC (ID#: William Kersten Contributor address: City; State 1033 Tonkawa Rd. Lutyni	Zip Code	\$ 1000.00
	1-11 (011)	19, 1X.	·····
Principal occup	eation / Job title (See Instructions)	iployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
8-12-202	Full name of contributor out-of-state PAC (ID#	Zip Code	\$500.00
Principal occur	pation / Job title (See Instructions)	ployer (See Instruct	tions)
· ·			
Date	Full name of contributor put-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; State	ı; Zip Code	
Principal occup	Detion / Job title (See Instructions) Em	nployer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see Instruction g		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Date Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) City: State: Zip Code 40.00 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 2-17-2000 Amount (\$) Payee address Zip Code City: ZG6-00 political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF enertising Eyo. EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Colorado Lounty Litizen 3-21-2020 Amount (\$) State: Zip Code 80.00 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/AwardAMemorials Expense

Losn Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleries/Wages/Contract Labor

Solicitation/Fundraleing Expense Transportation Equipment & Related Expense Travel in Digitics Travel out of Digitale

Candidate/Officeholder/Politi Credit Card Payment	icai Committee	Legal Services	•	Salarice/	Nages/Contract Labor	Other (enter a catego	
		The instructi	on Guide explair	ns how to (complete this form.		
1 Total pages Schedule G:	2 FILER NA	HE NO	enendo	rff		3 Filer ID (Ethic	Commission Filers)
2-21-2020		nev f	Press				
6 Amount (\$) 70.00	7 Payee add	iress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
8 PURPOSE	(a) Category	(See Categories list	ed at the top of this so	chedule)	(b) Description		
OF EXPENDITURE			g Expe				
9			of Texas. Complete Sch	hedule T.	Check if Austin	n, TX, officeholder living (expense
Complete ONLY If direct expenditure to benefit C/OH	Candida	ate / Officehold	er name		Office sought		Office held
Date	Payee nam	16					
3-10-2020	Colora	edo La	oun ty	· Li	tizen		
Amount (\$) 72-10	Payee add	ress;			City;	State;	Zip Code
Flaimbursement from political contributions intended							
PURPOSE			ed at the top of this so	1	Description		
OF EXPENDITURE	_		Exper				
			Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expanditure to benefit C/C		ite / Officehold	er name		Office sought		Office held
Date ,	Payee nam						
3-10-2020			m Ent	erpr	ise		
Amount (\$) 40.00	Payee add	ress;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE	Category	See Categories liste	d at the top of this sch	hedule)	Description		
OF EXPENDITURE	Adu	ev tisin	a Pype	use			
		neck if travel outside of	Texas. Complete Sche	odule T.	Check if Austin	TX, officeholder thring ex	(Dense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholde	er name	•	Office sought		Office held
	ATTAC	H ADDITION/	AL COPIES OF	THIS SC	HEDULE AS NEED	ED	
						•	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense GM/Awards/Memorials Expense Legal Services

Loss Repsyment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor Solicitation/Fundraising Expense Transportation Equipment & Reteted Expense 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Keith Neverdorff

Date

5 Payee name

4-17-2020 Colorado County Citizen

5 Amount (\$)8000 7 Payee address; 4 Date State: Zip Code political contributions handed (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE EXPENDITURE Check if travel outside of Tlocks, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date State: Zip Code 691.62 political contributions Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 5-27-2020 Designer Grapics City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Beniding

Event Expense Fees

Loan Repsyment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraleing Expense Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made I Candidata/Officsholder/Politic	By Gift/Awards/Memorials Expense Printin		
Credit Card Payment	The instruction Guide explains how	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME Keith Newendorft	?	3 Filer ID (Ethics Commission Filers)
4 Dete 6-70-2020	Keith Newandorft 5 Payor name Colorado County C	itizeu	
6 Amount (\$) 60,00	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
8 PURPOSE	(a) Cartegory (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	1	
	(c) Check if travel outside of Texas, Complete Schedule T.		n, TX, officeholder tiving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 6-16-2020	Now Wim Enter	Duice	
Amount (\$)40.00	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description ,	
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
6-16-2020	Banner Press		
Amount (\$) 70.00	Payee address;	City:	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this achedule)	Description	•
OF EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Medie By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Severage Expense GR/Awards/Memorials Expense Loan Repayment/Reimbursement. Office Overhead/Rental Expense Polling Expense Printing Expense

Salarine/Wannel/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Keith Newendorff Payor pame Banner Press 4 Dets 6-23-2020 6 Amount (\$) 70.00 Zip Code political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Colorado Lounty Citizen 6-23-2020 Amount (\$) Citv: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date New Ulm Enterprise Zip Code Reimbureement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if Austin, TX, officeholder living expense Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH Office sought

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking		fice Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense		Wing Expense	Travel In District Travel Out Of District
Contributions/Donations Made I Candidate/Officeholder/Politic	· •	inting Expense igries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains he		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
t Total pages achequie G.	Keith Nevendof	+	C . NO. 13 (23/00 CC)
4 Dete	5 Payee name		
6-25-2020	Keith Nevendof 5 Payor name KULM Radia	•	
6 Amount (\$) +G -D Reimbursement from political contributions	7 Payee address;	City:	State: Zip Code
intended		· · · · · · · · · · · · · · · · · · ·	
8 PURPOSE OF EXPENDITURE	Advertising Expense	111	
	(c) Check if travel cutside of Texas, Complete Schedul	e T. Check if Austi	n, TX, officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Caracate / Oricarous / Airo		J
Date	Payee name		
6-70-2020 Amount (\$)80.00	New Ulm Enter	prise	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this sched	ule) Description	
PURPOSE OF EXPENDITURE	Advertising Expens	e	
	Check if travel outside of Texas, Complete Schedu		in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
7-1-2020	Banner Press		
Amount (\$) /40.00 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this sched	kie) Description	
PURPOSE OF		_	
EXPENDITURE	Advertising Expens	<u> </u>	
	Check if travel outside of Texas. Complete Schedu	de T. Check if Aust	in, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	· ·	Onice adugite	
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEE	DED
		<u> </u>	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel to District

1 Total pages Schoolie G: 2 FILER NAME A Date	Confributions/Donations Made Candidate/Officeholder/Politic Credit Card Psyment		Git/Awards/Memorials Expense Legal Services The Instruction Guide explain	Printing Expense Selectes/Wages/Contractins how to complete this	Tra ct Labor Of	rvei in District svei Out Of District her (enter a callegory :	not listed above)
Amount (5) A	1 Total pages Schedule G:	2 FILER N	th Nevend	lentt	3	Filer ID (Ethics C	ommission Filers)
Purpose OF	7-2-2020	5 Payee na	orado Loun.	ty Litize	en		
PURPOSE EXPENDITURE Advertising Expenses Schedule T	Reimbursement from political contributions	7 Payes ad	dress;		City:	State;	Zip Code
9 Candidate / Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit CIOH Date 7-92-2090 Barner Press Amount (\$) Payee address: City: State: Zip Code PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held	PURPOSE OF	Adve	Hising Eyper	·sc			
Amount (\$) Category (See Casegories listed at the top of this schedule) Description	Complete ONLY if direct			 _			
Category (See Categories listed at the top of this schedule) Description	~	Payee na	ne Press				
PURPOSE OF EXPENDITURE Check if revet outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	/69.00 Reimbursement from political contributions	Payes ad	dress;		City;	State;	Zip Code
Complete ONLY if direct expenditure to benefit C/OH Date 7-32-3030 Amount (\$) Payee name Colorado Lounty Citizen Payee address: City: State: Zip Code PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held	OF	Ad	vertising Expe	ense			
Amount (\$) Colorado County Citizen Amount (\$) Payee address; City; State; Zip Code	· ——-	Candio					
Amount (\$) Complete QNLY if direct expenditure to benefit C/OH Amount (\$) Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description				y Litizen			
PURPOSE OF EXPENDITURE Adventising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held	/68.00 Reimbursement from political contributions					State;	Zip Code
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF		**		iption		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		Candi		bound			
		ATT/	ACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Benking Consulting Expense

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made / Candidate/Officeholder/Politic			Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide expisins i	now to complete this form.		
1 Total pages Schedule G:	2 FILER NAME Keith Newendo	-tc	3 Filer ID (Ethics Commission Filers)	
4 Date フー22-2020	Keith Newards 5 Payor name New Ulm Enter	prise		
6 Amount (\$) SD-DO Reimbursement from political contributions intended	7 Payee address;	City:	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheen	e		
	(c) Check if travel outside of Texas. Complete Schedu		n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ache	dule) Description		
EXPENDITURE	Check if travel outside of Taxas. Complete Sched	lule T. Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimburgement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	dule) Description		
	Check if travel outside of Texas. Complete School	lule T. Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
<u> </u>		<u> </u>		