CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filer)

2 Total pages filed:

OFFICE USE ONLY

Data Received

RECEIVED

APR 06 2023

3 CANDIDATE / OFFICEHOLDER NAME

FIRST NAME: Jo

MIDDLE INITIAL: K

LAST NAME: Kru ger

NICKNAME: Krueger

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 1220 Sea Secret Port Aransas

APT / SUITE #: TX 78373

CITY: Port Aransas

STATE: TX

ZIP CODE: 78373

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (361)

PHONE NUMBER: 332-1899

EXTENSION:

6 CAMPAIGN TREASURER NAME

FIRST NAME: Jo

MIDDLE INITIAL: K

LAST NAME: Kru ger

NICKNAME: Krueger

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS: 1220 Sea Secret Port Aransas

APT / SUITE #: TX 78373

CITY: Port Aransas

STATE: TX

ZIP CODE: 78373

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361)

PHONE NUMBER: 332-1899

EXTENSION:

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ July 15

☐ 8th day before election

☐ Exceeded Modified Reporting Limit

☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ Final Report (Attach C/OH-FR)

10 PERIOD COVERED

Month: 03

Day: 01

Year: 23

THROUGH

Month: 04

Day: 06

Year: 23

11 ELECTION

ELECTION DATE:

Month: 05

Day: 06

Year: 23

☐ Primary

☐ Runoff

☐ Other Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (If any):

13 OFFICE SOUGHT (If known):

14 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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

Revised 11/19/2022
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

<table>
<thead>
<tr>
<th>16 C/OH NAME</th>
<th>16 Filer ID (Ethics Commission Filers)</th>
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<tbody>
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</tbody>
</table>

### 17 CONTRIBUTION TOTALS

| 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ |
| 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $800.00 |

### EXPENDITURE TOTALS

| 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $221.18 |
| 4. TOTAL POLITICAL EXPENDITURES | $221.18 |

### CONTRIBUTION BALANCE

| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $578.82 |

### OUTSTANDING LOAN TOTALS

| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $0 |

### 18 SIGNATURE

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]

Please complete either option below:

(1) Affidavit

**NOTARY STAMP / SEAL**

Sworn to and subscribed before me by ____________________________ this the ______ day of ____________, 20 ______, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is ____________________________, and my date of birth is ____________________________.

My address is ___________________________________________ ___________________________________________.

(street) (city) (state) (zip code) (country)

Executed in ______________ County, State of ______________, on the ______ day of ____________, 20 ______.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

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## SUBTOTALS - C/OH

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<thead>
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<th>21</th>
<th>SCHEDULE SUBTOTALS</th>
<th>SUBTOTAL AMOUNT</th>
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<tr>
<td>1.</td>
<td>☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS</td>
<td>$800.00</td>
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<td>2.</td>
<td>☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS</td>
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<td>3.</td>
<td>☐ SCHEDULE B: PLEDGED CONTRIBUTIONS</td>
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<td>4.</td>
<td>☐ SCHEDULE E: LOANS</td>
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<td>5.</td>
<td>☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
<td>$221.18</td>
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<td>6.</td>
<td>☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS</td>
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<td>7.</td>
<td>☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS</td>
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<td>8.</td>
<td>☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD</td>
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<td>9.</td>
<td>☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS</td>
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<td>10.</td>
<td>☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH</td>
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<td>11.</td>
<td>☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS</td>
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<td>12.</td>
<td>☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER</td>
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### MONETARY POLITICAL CONTRIBUTIONS

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

<table>
<thead>
<tr>
<th>2 FILER NAME</th>
<th>1 Total pages Schedule A1:</th>
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<table>
<thead>
<tr>
<th>4 Date</th>
<th>5 Full name of contributor</th>
<th>6 Contributor address; City; State; Zip Code</th>
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<tbody>
<tr>
<td>8/8/2023</td>
<td>KERSTEN MARSH</td>
<td>356 BLUE HERON, PORT ARANSAS, TX 78373</td>
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<tr>
<th>7 Amount of contribution ($)</th>
<th>8 Principal occupation / Job title (See Instructions)</th>
<th>9 Employer (See Instructions)</th>
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<tr>
<td>$800.00</td>
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Principal occupation / Job title (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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