# 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 filed			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Kris		R R	OFFICE USE ONLY			
, , , , , , ,	NICKNAME	Drees	SUFFIX	Date Received			
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX.	APT / SUITE #	CITY. STATE, ZIP.CODE	JAN 1 6 2024			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST Jack	MI	Receipt # Amount \$  Date Processed			
NAME	NICKNAME	McCarty	Date Imaged				
CAMPAIGN TREASURER ADDRESS (Residence or Business)	8800 Rum NRH, Texa		UITE#, CITY,	STATE, ZIP CODE			
CAMPAIGN TREASURER PHONE	( 972 )	PHONE NUMBER 489-3165	EXTENSION				
REPORT TYPE	X January 15	30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
0 PERIOD COVERED	Month 07	Day Year 2023	THROUGH 12	Day Year / 31 / 2023			
1 ELECTION	ELECTION DAY	Year Primary General	Runoff Other Description Special				
2 OFFICE	OFFICE HELD (If any) Board of Tr	ustee Place 7	13 OFFICE SOUGHT (if known	(1)			
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPOR DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF THEY RECEIVE NOTICE OF SUCH EXPENDITURES			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS						
Colonies NO	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
	1	COMMITTEE CAMPAIGN TR	REASURER ADDRESS				

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	25 P. 1. 1985 Sept. 100 M. 2016 P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	r <sub>(C)</sub>			
Kris D	200	1	6 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	s 0.00		
	<ol> <li>TOTAL POLITICAL CONTRIBUTION</li> <li>(OTHER THAN PLEDGES, LOANS, OR</li> </ol>		\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURE	\$ 0.00			
CONTRIBUTION BALANCE	1 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL O     LAST DAY OF THE REPORTING PERIO		\$ 1670.00		
	Please complete e	Signature of Cand	idate or Officeholder		
Notary Po My Com NOTARY STAMP/ STAMP/ Sworn to and subscribed	da Rittenberry bblic, State of Texas m. Exp. 08/12/2026 ry ID 116691=8 before me by K213 D2ees	this the	6th day of Tenuary.		
	which, witness my hand and seal of office.  Denda Ritte	enbrery	Notary		
Signature of officer administe		inistering oath	Title of officer administering oath		
(2) Unsworn Declaration	on				
My name is		and my date of hirth is			
My address is		(city) (sta	ite) (zip code) (country)		
Executed in	(street), on	ATOMERA. MIRES	, 20		
		Signature of Candida	to/Officeholder (Declarant)		

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		S		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 1,000.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	INTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$		

#### **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

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

									· · · · · · · · · · · · · · · · · · ·
EXPENDITURE CATEGORIES FOR BOX 10(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	e Expense	Office Over Polling Exp Printing Exp Salartes/Wa	ense iges/Contract	xpense Labor	Transporta Travel In D Travel Out	District Of District	j Expense ent & Related Expense not listed above)
1 Total pages Schedule F2:	2 FILER	NAME Tris Drees					3 Filer ID	(Ethics Co	mmission Filers)
4 TOTAL OF UNITEN	1IZED UN	IPAID INCURRE	D OBLIG	ATIONS	<u> </u>		\$		
5 Date	6 Payee	name							
6/27/2022		raig Ownby							
7 Amount (\$)	8 Payee	address;			C	city;		State;	Zip Code
1000.00	Ar	lington, Texa	as						· 
9 TYPE OF EXPENDITURE	X	Politicat		Non-Poli	tical				
10	(a) Catego	ry (See Categories listed a	t the top of this sc	hedule)	(b) Descri	ption			
PURPOSE									_
OF Expenditure	Cons	sulting Expens	se		Ger	neral	Campa	aign C	Consulting
EN LIDITURE	(c)	Check if travel outside of Tex	····	ortida T		hack if Austi	ın, TX, officeho	elder lyggg e	vnente
11 Complete ONLY if direct expenditure to benefit C/OF		ndidate / Officeholder	name	O	fice sought			Office hel	d
Date	Payee	name					_		
Amount (\$)	Payee	address;			C	City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Pol	itical				
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed a	t the top of this so	thedule)	Desc	ription	<u> </u>		
		Check if travel outside of Te	exas. Complete Sc	hedule T.		Check if Aus	stin, TX, office	holder living	expanse
Complete ONLY if direct expenditure to benefit C/Of		ndidate / Officeholde	r name	0	ffice sought	t		Office he	ld
	ATTA	CH ADDITIONAL (	COPIES OF	THIS S	CHEDULE	AS NEI	EDED		