#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR Mi CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Kerry NAME NICKNAME LAST SUFFIX Fossler 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** 1903 Main St. Bastrop, TX 78602 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713 882-7218 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST MI TREASURER Ms Elise М Date Processed NAME NICKNAME LAST SUFFIX Date Imaged DiNuzzo STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE TREASURER **ADDRESS** 313 Cedar St. Bastrop, TX 78602 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 503-1958 281 9 REPORT TYPE X 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Year COVERED 17 2024 03 THROUGH 2024 ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Other Month Day Year Description X General Special 2024 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE None Bastrop City Council, Place 4 14 NOTICE FROM 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kerry Fossler		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1692.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11642.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2511.07
	4. TOTAL POLITICAL EXPENDITURES	\$ 13796.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 307.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	(()/)	The second secon
	Signature of Ca	ndidate or Officeholder
	*	
	AMININI.	
HILLIE	DIANE	
ALL LANGE	ドドルテスプリー Please complete either option below	r:
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N N	X % 0	
1 1 1 次	OF TOP I	
(1) Affidavit	2003 to the state of the state	
"Million	10-26 min	
NOTARY STAMP/SEA	L 1)	and I is
Sworn to and subscribed	before me by KWW FOSSER this the	31 day of April
20 X , to certify	y phich, witness my hand and seal of office. MULLIFICE D. LIMA S	Notarn
Signature of officer administration	ering oath Printed name of officer administering oath	Tille of officer administering oath
and the second of the second o	PO.	
(2) Unsworn Declarat		
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(month	n) (year)
	Signature of Candi	date/Officeholder (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAM	ME	20 Filer ID (Ethics Con	nmission Filers)
Kerry	Fossler			
21		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	x	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9397.49
2.	х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 553.18
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	х	SCHEDULE E: LOANS		\$ 500
5.	x	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 8838.61
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	x	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 2446.76
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

### SCHEDULE A1

The	Instruction Guide explains how t	o complete this	form.		1 Total pages Schedule A1:
2 FILER NAME Kerry Fossler					3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Jodie Smith	out-of-state PAC			7 Amount of contribution (\$)
1/23/2024	6 Contributor address; 1909 Main Street	City: Bastrop, TX	State;	Zip Code 78602	3,123.69
8 Principal occ Attorney	upation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor  Gail Evans	out-of-state PAC		)	Amount of contribution (\$)
02/08/2024	Contributor address; 24520 Pomeroy Grove Dr. Por	City;	State;	Zip Code	2000
Principal occ	pation / Job title (See Instructions)		Empl Retired	oyer (See Instruc	l
Date	Full name of contributor  Marcia Erickson	out-of-state PAC			Amount of contribution (\$)
01/28/2024	Contributor address; PO Box 120, Bastrop, TX	City;		Zip Code	104.42
Principal occ	 upation / Job title (See Instructions)	ALAN TO THE STATE OF THE STATE	Empl	oyer (See Instru	ctions)
Dale	Full name of contributor Patricia A. Todd	out-of-state PAC	G (IO#:	)	Amount of contribution (\$)
01/29/2024	Contributor address; 608 Pecan St. Bastrop, TX 7860	City;	State;	Zip Code	260.59
Principal occ	upation / Job title (See Instructions)		Emp	oyer (See Instru	ctions)

### SCHEDULE A1

A Date   5 Full name of contributor   out-of-state PAC (IDIF:   )   7 Amount of contribution (\$)	Kerry Fossler  4 Date	Tł	ne Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
Addison Todd  6 Contributor address; City: State; Zip Code 608 Pecan St. Bastrop, TX 78602  8 Principal occupation / Job little (See Instructions)  Date Full name of contributor   out-of-state PAC (IDF:	Addison Todd  6 Contributor address; City: State; Zip Code 608 Pecan St. Bastrop, TX 78602  8 Principal occupation / Job title (See Instructions)  Date Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  02/01/2024   Contributor address; City: State; Zip Code   50  805 Spring St. Bastrop, TX 78602  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  02/03/2024   Contributor address; City: State; Zip Code   52.37  1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  02/03/2024   Contributor address; City: State; Zip Code   52.37  1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)   Employer (See Instructions)  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  Date   Full name of contributor   aut-of-state PAC (IDIF:   Amount of contribution   Sarah Rooney  Date   Full name of contributor   Amount of contribution   Sarah Rooney  Date   Full name of contributor   Amount of contribution   Sarah Rooney  Date   Full name of contributor   Sarah Roon	2 FILER NAM Kerry Fossler	ΙΕ		3 Filer ID (Ethics Commission Filers)
Bastrop, TX 78602  8 Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (ID): Amount of contribution (\$)  Sarah Rooney  D2/01/2024 Contributor address; City: State; Zip Code 50  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID): Anount of contribution (\$)  Jol Ross Moore  D2/03/2024 Contributor address; City: State; Zip Code 52.37  1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Lauren DeMates  O2/03/2024 Contributor out-of-state PAC (ID): Amount of contribution (\$)  Lauren DeMates  O2/03/2024 Contributor out-of-state PAC (ID): Amount of contribution (\$)	Bastrop, TX 78602  8 Principal occupation / Job title (See Instructions)  Date Full name of contributor out-of-state PAC (IDIF: Sarah Rooney  D2/01/2024 Contributor address; City: State; Zip Code 50  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (IDIF: Amount of contribution (\$)  Jol Ross Moore  D2/03/2024 Contributor address; City: State; Zip Code 52.37  1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Lauren DeMates  O2/03/2024 Contributor out-of-state PAC (IDIF: Amount of contribution)  Amount of contribution (\$)  Lauren DeMates  O2/03/2024 Contributor out-of-state PAC (IDIF: Amount of contribution (\$)	4 Date		C (ID#:)	7 Amount of contribution (\$)
B Principal occupation / Job title (See Instructions)  Date  Full name of contributor	B Principal occupation / Job title (See Instructions)  Date  Full name of contributor   out-of-state PAC (ID#:	1/29/2024	6 Contributor address; City;	State; Zip Code	104.42
Date  Full name of contributor   out-of-state PAC (IDIF:	Date  Full name of contributor   cut-of-state PAC (IDIF:		608 Pecan St. Bastrop, T	X 78602	
Sarah Rooney    Sarah Rooney	Sarah Rooney  D2/01/2024  Contributor address; City; State; Zip Code  805 Spring St. Bastrop, TX 78602  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Joi Ross Moore  D2/03/2024  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  1233 Allston, Houston, TX 77008  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Lauren DeMates  D2/03/2024  Contributor address; City; State; Zip Code  493 Cottletown Road, B, Smithville, TX 78957	8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instru	clions)
B05 Spring St. Bastrop, TX 78602   Employer (See Instructions)   Employer (See Instructions)	B05 Spring St. Bastrop, TX 78602   Employer (See Instructions)   Employer (See Instructions)	Date		GC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	02/01/2024	Contributor address; City;	State; Zip Code	50
Date  Full name of contributor   out-of-state PAC (ID#:	Date  Full name of contributor  Joi Ross Moore  02/03/2024  Contributor address; City; State; Zip Code 52.37  1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor    out-of-state PAC (ID#:		805 Spring St. Bastrop, TX 78602		
Joi Ross Moore  Contributor address; City; State; Zip Code  1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Lauren DeMates  Contributor address; City; State; Zip Code  493 Cottletown Road, B, Smithville, TX 78957	Joi Ross Moore  Contributor address; City; State; Zip Code  1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Lauren DeMates  Contributor address; City; State; Zip Code  493 Cottletown Road, B, Smithville, TX 78957	Principal occ	 cupation / Job title (See Instructions)	Employer (See Instru	L ctions)
1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:	1233 Allston, Houston, TX 77008  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:)  Lauren DeMates  02/03/2024 Contributor address; City; State; Zip Code 20.00  493 Cottletown Road, B, Smithville, TX 78957	Date		AC (ID#:)	Amount of contribution (\$)
Date  Full name of contributor  Contributor out-of-state PAC (ID#:)  Lauren DeMates  Contributor address;  City;  State;  Zip Code  20.00  493 Cottletown Road, B, Smithville, TX 78957	Date  Full name of contributor  Out-of-state PAC (ID#:)  Lauren DeMates  O2/03/2024  Contributor address;  City;  State; Zip Code  20.00  493 Cottletown Road, B, Smithville, TX 78957	02/03/2024		State; Zip Gode	52.37
Lauren DeMates  02/03/2024 Contributor address; City; State; Zip Code 20.00  493 Cottletown Road, B, Smithville, TX 78957	Lauren DeMates  02/03/2024 Contributor address; City; State; Zip Code 20.00  493 Cottletown Road, B, Smithville, TX 78957	Principal oc	cupation / Job title (See Instructions)	Employer (See Instru	ctions)
493 Cottletown Road, B, Smithville, TX 78957	493 Cottletown Road, B, Smithville, TX 78957	Dale		AC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions)  Employer (See Instructions)	02/03/2024		,	20.00
		Principal oc	cupation / Job title (See Instructions)	Employer (See Instru	lctions)
			•		

### SCHEDULE A1

The	Instruction Guide explains how to con	is form.  1 Total pages Schedule A1:
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 🔲 อนป	PAC (ID#:) 7 Amount of contribution (\$)
2/07/2024	6 Contributor address; C	State; Zip Code 78.40 TX 78602
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor 🔲 օս Priscilla Vigliante	PAC (ID#:) Amount of contribution (\$)
02/04/2024	Contributor address; C	State; Zip Code 104.42
Principal occu	 pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor 🔲 ou	PAC (ID#:) Amount of contribution (\$)
02/05/2024	Contributor address; C 12345 Lamplight Village Avenue. Ap	State; Zlp Code 52.37 Justin, TX 78758
Principal occu	 pation / Job title (See Instructions)	Employer (See Instructions)
Date	Priscilla Ruiz	PAC (ID#:) Amount of contribution (\$)
02/05/2024	Contributor address; C 198 Cibolo Creek Loop, Bastrop, TX 7	Slate; Zip Code 100
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

### SCHEDULE A1

TI	ne Instruction Guide explains how	v to complete this	s form.		1 Total pages Schedule A1:
FILER NAM Kerry Fossler	1E				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Rebecca Bennett	gut-of-state PA	C (ID#:	)	7 Amount of contribution (\$)
2/06/2024	6 Contributor address; 1605 Pecan St	City; Bastrop, T		p Code 8602	50
8 Principal oc	ccupation / Job title (See Instructions	)	9 Employe	r (See Instruc	tions)
Date	Full name of contributor  Jay Kennedy	uut-of-state PA	C (ID#:	)	Amount of contribution (\$)
2/08/2024	Contributor address; 801 W 5th St, Apt 251	City;	State; Z	ip Code	260.59
Principal oc	cupation / Job title (See Instructions		Employe	r (See Instruc	lions)
Date	Full name of contributor Heather Bredimus	out-of-state PA	AC (ID#:	)	Amount of contribution (\$)
02/11/2024	Contributor address; 4013 Fairwood Dr, Midland,	Clly;	State; Z	ip Code	52.37
Principal oc	Locupation / Job title (See Instructions	)	Employe	er (See Instruc	tions)
Date	Full name of contributor  Margaret Robinson	out-of-state P/	\G (ID#:	)	Amount of contribution (\$)
2/12/2024	Contributor address; 707 Jefferson St. Bastro	City;	State; Z	p Code	520.87
Principal oc	cupation / Job title (See Instructions	)	Employe	er (See Instruc	tions)

#### SCHEDULE A1

	e Instruction Guide explains hov	v to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Kerry Fossler				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Rita Coduto	Out-of-state PAC	5' (ID#:	7 Amount of contribution (\$)
2/13/2024	6 Contributor address; 302 Nicole Way	City; Bastrop, TX	State; Zip Code  78602	100
8 Principal occ	L upation / Job title (See Instructions	:)	9 Employer (See Instr	uctions)
Date	Full name of contributor Paul Jameson	out-of-state PAG	C (ID#:	Amount of contribution (\$)
02/13/2024	Contributor address; 117 Oak Ln, Cedar Creek, TX 7	City; 78612	Slate; Zip Code	52.37
Principal occi	 upation / Job title (See Instructions)	)	Employer (See Instr	uctions)
Date	Full name of contributor Jolene Jaehne		C (ID#:	Amount of contribution (\$)
02/26/2024	Contributor address; 350 FM 969, Bastrop, TX	City;	State; Zip Code	260.59
Principal occ	 upation / Job title (See Instructions	)	Employer (See Instr	ructions)
Date	Full name of contributor Elizabeth Martinez	out-of-state PA	C (ID#:	_} Amount of contribution (\$)
02/24/2024	Contributor address; 319 Gladstone, San Antonio, T	City; FX 78214	State; Zip Code	104.42
	 cupation / Job title (See Instructions	3)	Employer (See Inst	

### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Kerry Fossler			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Full name of contributor out-of-state PAC (ID Thea Setterbo	)拼:	7 Amount of contribution (\$)
02/24/2024	6 Contributor address; City;	State; Zip Code	52.37
	328 W 77th, Apt 7 New York, NY	10024	
8 Principal occi	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Heather Alden	D#:)	Amount of contribution (\$)
02/29/2024	Contributor address; City; 2407 S Congress Ave. Austin, TX 78704	State: Zip Code	104.42
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Ruth Todd		
03/03/2024	Contributor address; City; 100 Watercourse Way, Bastrop, TX 78602	State; Zip Code	50
Principal occu		Employer (See Instruc	tions)
Date		D#:)	Amount of contribution (\$)
03/03/2024	Contributor address; City; 323 Colorado Dr. Cedar Creek, TX 78612	State; Zip Code	104.42
			i e e e e e e e e e e e e e e e e e e e

#### SCHEDULE A1

Th	e Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
FILER NAM			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	ID#:)	7 Amount of contribution (\$)
3/03/2024	6 Contributor address; City; 1811 Main St. Bastrop, TX 78602	State; Zip Code	21.13
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/03/2024	Contributor address; City; 400 Oak, Bastrop, TX 78602	State; Zip Code	21
Principal occ	supation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Addison Todd	(ID#:)	Amount of contribution (\$)
3/03/2024	Contributor address; City; 608 Pecan St. Bastrop, TX 78602	State; Zip Code	104.42
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	David Adams	(ID#:)	Amount of contribution (\$)
03/03/2024	Contributor address; City; 103 Marina Rd. Smithville, TX 78957	State; Zip Code	20
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	ctions)
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#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filer
4 Date	5 Full name of contributor out-of-state PAC (IDII:	7 Amount of contribution (\$)
3/03/2024	Stephanie Lewis  6 Contributor address; City; State 1357 Old Highway 20, McDade, TX 78650	; Zip Code 104.42
Principal occu	pation / Job title (See Instructions)  9 En	nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/03/2024	Contributor address; City; State 1707 Pecan St. Bastrop, TX 78602	a; Zip Code 100
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
03/03/2024	Contributor address; City; State 1707 Pecan St. Bastrop, TX 78602	e; Zip Code 100
Principal occu	pation / Job title (See Instructions)	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
03/03/2024	Contributor address; City; Stat	e; Zip Code 26.34

#### SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAMI Kerry Fossler	<u> </u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	D#:)	7 Amount of contribution (\$)
3/03/2024	6 Contributor address; City; 178 Cibolo Creek Dr. Bastrop, TX 78602	State; Zip Code	21.13
8 Principal occ	supation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Marcia Erickson	IO#:)	Amount of contribution (\$)
03/04/2024	Contributor address; Clty; 380 Friendship Rd. Paige, TX 78659	State; Zip Code	50
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Darby Strong	10#:)	Amount of contribution (\$)
03/04/2024	Contributor address; City; 100 Llio Ct. Bastrop, TX 78602	State; Zip Code	100
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Stephanie Bazan	(ID#:)	Amount of contribution (\$)
03/05/2024	Contributor address; City; 7600 Clydesdale Dr. Austin, TX 78745	State; Zip Code	52.37
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruc	itions)

Revised 1/1/2024

### SCHEDULE A1

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

Th	e Instruction Guide explains how to compl	ite this form.	Total pages Schedule A1:
2 FILER NAM Kerry Fossler		3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	,	7 Amount of contribution (\$)
03/14/2024	6 Contributor address; City;	I	50
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Date	Gloria Perkins	state PAC (ID#:)	Amount of contribution (\$)
03/18/2024	Contributor address; City 105 Bush Cove, Bastrop, TX 78602		0
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Mary Scott Hagle	state PAC (ID#:)	Amount of contribution (\$)
03/24/2024	Contributor address; City 1304 Cortlandt St. Houston, TX, 7700		2.37
Principal oc	t cupation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-o	state PAC (ID#:)	Amount of contribution (\$)
03/24/2024	Contributor address; City. 1905 Juniper Ln. Lufkin, TX 75905	State; Zip Code	104.42
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructio	ns)
-			

Revised 1/1/2024

### SCHEDULE A1

Th	ne Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAM Kerry Fossler	E			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor  Peri Page	out-of-state PAC	{ID#:)	7 Amount of contribution (\$)
03/24/2024	6 Contributor address; P.O Box 1000, Huntingtor	City;	State; Zip Code	52.37
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor  Jennifer Hayes		(ID#:)	Amount of contribution (\$)
03/25/2024	Contributor address; 2451 Sunrise Dr SE, St. Peter	City;	State; Zip Code	104.42
Principal occ		1.	· Employer (See Instru	l ictions)
Date	Full name of contributor  Connie Shroeder	_	C (ID#:	Amount of contribution (\$)
02/24/2024	Contributor address; 238 Laura Lane, Bastrop, TX	City;	State; Zip Code	200
Principal oc	cupation / Job title (See Instructions)		Employer (See Instru	ıctione)
Date	Full name of contributor Charles Barrow	out-of-state PAC	C (ID#:	Amount of contribution (\$)
02/24/2024	Contributor address; 906 Pine St. Bastrop, TX 78602	City;	State; Zip Code	100
Principal oc	cupation / Job title (See Instructions)		Employer (See Instr	uctions)
		4.0.00		
	A 4500 A 541 A 14 14 14	TONAL COMPC	OF THIS SCHEDULE AS	MEEDED

### SCHEDULE A1

Charles Barrow  6 Contributor address; 906 Pine St.  Principal occupation / Job title (See Instru  Contributor address;  Principal occupation / Job title (See Instru  Contributor address;  Principal occupation / Job title (See Instru  Date  Full name of contributor	City; Bastrop, T actions)  City; City;	State; Zip Code  X 78602  9 Employer (See Instance   State; Zip Code  Employer (See Instance   State; Zip Code	
Charles Barrow  (19/2024 6 Contributor address; 906 Pine St.  Principal occupation / Job title (See Instru-  Contributor address;  Principal occupation / Job title (See Instru-  Contributor address;  Date Full name of contributor  Contributor address;	City; Bastrop, T  deficions)  City;  City;  City;  Citons)	State; Zip Code  X 78602  9 Employer (See Instance   State; Zip Code  Employer (See Instance   State; Zip Code	Tructions)  Amount of contribution (\$)  tructions)
### Principal occupation / Job title (See Instru-  Date Full name of contributor address;  Contributor address;  Principal occupation / Job title (See Instru-  Contributor address;  Date Full name of contributor  Contributor address;	City;  Bastrop, T  citions)  City;  City;	State; Zip Code  X 78602  9 Employer (See Instance   State; Zip Code  Employer (See Instance   State; Zip Code	Amount of contribution (\$)
Date  Full name of contributor  Contributor address;  Principal occupation / Job title (See Instruction)  Date  Full name of contributor  Contributor address;	City;  ctions)	State; Zip Code  Employer (See Ins	
Contributor address;  Principal occupation / Job title (See Instru- Date Full name of contributor  Contributor address;	City; ctions)  or	State; Zip Code  Employer (See Ins	tructions)
Principal occupation / Job title (See Instru-	City; ctions) or ☐ out-of-state P/	State; Zip Code  Employer (See Ins	
Date Full name of contributor  Contributor address;	Or   Out-of-state P/	AC (ID#:	
Contributor address;			Amount of contribution (\$)
Contributor address;			
Principal occupation / Job title (See Instru		State; Zip Code	,
	ictions)	Employer (See Ins	tructions)
Date Full name of contribute	Or	AC (ID#:	
Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instru	ictions)	Employer (See Ins	structions)

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

ii the reque	ested information is not applicable, DO NOT includ	e uns page	III the report.				
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedu 1	Ite A2:			
2 FILER NAMI Kerry Fossler			3 Filer ID (Ethics Co	mmission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 101.46				
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	_					
3/15/2024				Campaign party supplies and invitations.			
	1408 Wilson St. Bastrop, TX 78602		Check if travel outsi	de of Texas. Complete Schedule T			
•	of Coporate Administration	!	11 Employer (FOR NON-JUDICIAL)(See Instructions) Infinity Water Solutions				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL)(See Instructions)			
14 Contributor's	e employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)			
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor	Zip Code	Amount of Contribution \$	in-kind contribution description l			
			Check if travel outsi	i de of Texas. Complete Schedule T			
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	AL)(See Instructions)			
Contributor	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)			
Contributor	s employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spou	ise (if any) (FOR JUDICIAL)			
If contribute	ir is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
			The state of the s				
	11 11 11 11 11 11 11 11 11 11 11 11 11			www.comm.			
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED	g requirements.			

### LOANS SCHEDULE E

ii tiio requested	anomaton to not applicable, Do No.	. III was a second by the second seco		
The	1 Total pages Schedule E:			
2 FILER NAME Kerry Fossler	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	IITEMIZED LOANS		\$	
5 Date of loan 1/5/2024	7 Name of lender ☐ out-of-state F Kerry Fossler	9 Loan Amount (\$) 500		
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 1903 Main St, Bastrop, TX 78602		10 Interest rate 0 11 Maturity date None	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions) Self	.1	
14 Description of Coll	ateral open campaign checking account.	The Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION	17 Name of guarantor	,	19 Amount Guaranteed (\$)	
X not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	I tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution? Y N			Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	1	
Description of Coll	lateral	Check if personal fun account (See Instruc	ids were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
	ion (See Instructions)	Employer (See Instructions)		
1f I	ATTACH ADDITIONAL. COF ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NE struction guide for additional re		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethlos Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Kerry Fossler 4 Date 5 Payee name 02/08/2024 Isaac Lucas Zip Code City; State: 6 Amount (\$) 7 Payee address; 300 9036 Stoner Dr. Dayton, OH 45414 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Media/Campaign video Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY If direct Office sought Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 02/27/2024 Sign and Banner Texas Zip Code City; State: Amount (\$) Payee address; Bastrop, TX 78602 1103 Main St. 1786.13 Description Category (See Categories listed at the top of this schedule) PURPOSE Yard signs Printing Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expanse Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 02/01/2024 Kerry Fossler Zip Code City; State; Amount (\$) Payee address; Bastrop, TX 78602 1799 1903 Main St. Description Category (See Categories listed at the top of this schedule) PURPOSE Personal loan reimbursement Loan Reimbursement EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH

EVER

### **POLITICAL EXPENDITURES MADE** FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Soficitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District

Contributions/Dornations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Lebor	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	Model Pro	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payeename	00011,20	L		
03/02/2024	H-E-B				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
299.64	104 Hasler Blvd, Bastrop, TX 78602				
В	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	at Expense Food for Campaign			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
03/02/2024	Melissa Ross				
Amount (\$)	Payee address;	State; Zip Code			
2660.00	6704 Township Trall, Austin, TX 78759				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense Campaign Manager				
	Check if travel outside of Texas. Complete Schedule T.	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name				
03/12/2024	GotPrint				
Amount (\$)	Payee address;	City;	State; Zip Code		
469.84	Burbank Airport Center: 7651 N. San Fernando Rd. Burbank, CA 91505				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	Door Hangers and Stickers			
	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (extense extense untilisted chove)

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Lebor Other (enter a category not listed above)			
	The Instruction Guide explains how to c				
1 Total pages Schedule F1:		3 Filler ID (Ethics Commission Fillers			
3	Kerry Fossler	A characteristic description of the control of the			
4 Date	5 Payee name				
03/20/2024	Community Impact				
6 Amount (\$) 7 Payee address; City; State; Zip Co					
1524.00	16225 Impact Way, Pflugerville, TX 78660				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Mailers			
	(c) Check if travel outside of Texas. Complete Schedule T	Chack if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> 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			
	Category (See Calegories 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 expanse			
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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder fiving expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)	- All shows	1.1	
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Office Ove Polling Ex xpense Printing E Salaries/V	xpense Nages/Contract Labor	Solicitation/Fundralsin Transportation Equipm Travel in District Travel Out Of District Other (enter a category	ent & Related Expense	
4 T-4-1 0-5 dute 0:	9 54 50 814445			3 Filer ID (Ethics	Commission Filers)	
1 Total pages Schedule G:	2 FILER NAME Kerry Fossler			3 FIRST ID (EDITOS	Conninsaion Filotaj	
4 Date	5 Payee name					
01/26/2024	Sign and Banner Texas					
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
1299 Relmbursement from political contributions intended	1103 Main St. Bastrop, TX 78602					
8	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense		Yard Signs			
EXPENDITORE	(c) Check if travel outside of Texes.	Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	kpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	me	Office sought		Office held	
Date	Payee name					
03/18/2024	Kellie's Baking Co.					
Amount (\$)	Payee address;		City;	State;	Zip Code	
197.76  Reimbursement from political contributions intended	5245 Burnet Rd. Austin, TX 787	56				
	Category (See Categories listed at th	e top of this schedule)	Description			
PURPOSE OF	Food		Cookies			
EXPENDITURE	Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit Co	Candidate / Officeholder na		Office sought		Office held	
Date	Payee name					
03/18/2024	Community Impact	•	•			
Amount (\$)	Payee address;		City;	State;	Zip Code	
950 Reimbursement from political contributions intended						
	Category (See Categories listed at th	e top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising		Newpaper Ad			
EAFENDITURE	Check if travel outside of Texas	s. Complete Schedule T.	Check If Aust	In, TX, afficeholder living e	xpense	
	Candidale / Officeholder na	THE PERSON NAMED IN COLUMN TO THE PE	Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/OF			-			
	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS NEE	DED		