

# 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: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs	FIRST Kerry	MI L	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Fossler	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  1903 Main St. Bastrop, TX 78602			Date Received <b>4/3/2024</b> <i>[Signature]</i>
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE      PHONE NUMBER      EXTENSION (713 )      882-7218			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms	FIRST Elise	MI M	Date Hand-delivered or Date Postmarked
	NICKNAME	LAST DiNuzzo	SUFFIX	Receipt #      Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 313 Cedar St.      Bastrop, TX      78602		
8 CAMPAIGN TREASURER PHONE		AREA CODE      PHONE NUMBER      EXTENSION (281 )      503-1958		
9 REPORT TYPE				
<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED				
Month      Day      Year      Month      Day      Year 01      /      17      /      2024      THROUGH      03      /      25      /      2024				
11 ELECTION				
ELECTION DATE Month      Day      Year 05      /      4      /      2024			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any) None		13 OFFICE SOUGHT (if known) Bastrop City Council, Place 4		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages				
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

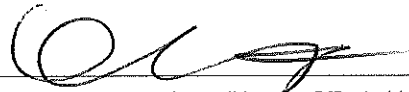
**GO TO PAGE 2**

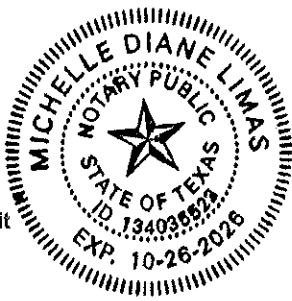
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Kerry Fossler		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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 LAST DAY OF REPORTING PERIOD	\$ 307.35
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 Kerry Fossler this the 3rd day of April, 2024, to certify which, witness my hand and seal of office.

Michelle Amos Signature of officer administering oath     
 Michelle D. Limas Printed name of officer administering oath     
 Notary 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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Kerry Fossler		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9397.49
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 553.18
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 500
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8838.61
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2446.76
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jodie Smith <hr/> 6 Contributor address; City; State; Zip Code 1909 Main Street Bastrop, TX 78602	7 Amount of contribution (\$)  3,123.69
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail Evans <hr/> Contributor address; City; State; Zip Code 24520 Pomeroy Grove Dr. Porter, TX 77365	Amount of contribution (\$)  2000
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcia Erickson <hr/> Contributor address; City; State; Zip Code PO Box 120, Bastrop, TX 78602	Amount of contribution (\$)  104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia A. Todd <hr/> Contributor address; City; State; Zip Code 608 Pecan St. Bastrop, TX 78602	Amount of contribution (\$)  260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addison Todd <hr/> 6 Contributor address; City; State; Zip Code 608 Pecan St. Bastrop, TX 78602	7 Amount of contribution (\$)  104.42
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Rooney <hr/> Contributor address; City; State; Zip Code 805 Spring St. Bastrop, TX 78602	Amount of contribution (\$)  50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joi Ross Moore <hr/> Contributor address; City; State; Zip Code 1233 Allston, Houston, TX 77008	Amount of contribution (\$)  52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren DeMates <hr/> Contributor address; City; State; Zip Code 493 Cottle town Road, B, Smithville, TX 78957	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 2/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Thompson <hr/> 6 Contributor address; City; State; Zip Code 603 Magnolia St. Bastrop, TX 78602	7 Amount of contribution (\$) 78.40
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Vigilante <hr/> Contributor address; City; State; Zip Code 1802 Green Oaks, Irving, TX 75061	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Bills <hr/> Contributor address; City; State; Zip Code 12345 Lamplight Village Avenue. Apt 212, Austin, TX 78758	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Ruiz <hr/> Contributor address; City; State; Zip Code 198 Cibolo Creek Loop, Bastrop, TX 78602	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# SCHEDULE A1

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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 2/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Bennett <hr/> 6 Contributor address; City; State; Zip Code 1605 Pecan St Bastrop, TX 78602	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Kennedy <hr/> Contributor address; City; State; Zip Code 801 W 5th St, Apt 2511, Austin, TX 78703	Amount of contribution (\$) 260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Bredimus <hr/> Contributor address; City; State; Zip Code 4013 Fairwood Dr, Midland, TX 79707	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Robinson <hr/> Contributor address; City; State; Zip Code 707 Jefferson St. Bastrop, TX 78602	Amount of contribution (\$) 520.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita Coduto <hr/> 6 Contributor address; City; State; Zip Code 302 Nicole Way Bastrop, TX 78602	7 Amount of contribution (\$)  100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Jameson <hr/> Contributor address; City; State; Zip Code 117 Oak Ln, Cedar Creek, TX 78612	Amount of contribution (\$)  52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jolene Jaehne <hr/> Contributor address; City; State; Zip Code 350 FM 969, Bastrop, TX 78602	Amount of contribution (\$)  260.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Martinez <hr/> Contributor address; City; State; Zip Code 319 Gladstone, San Antonio, TX 78214	Amount of contribution (\$)  104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thea Setterbo <hr/> 6 Contributor address; City; State; Zip Code 328 W 77th, Apt 7 New York, NY 10024	7 Amount of contribution (\$) 52.37
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Alden <hr/> Contributor address; City; State; Zip Code 2407 S Congress Ave. Austin, TX 78704	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth Todd <hr/> Contributor address; City; State; Zip Code 100 Watercourse Way, Bastrop, TX 78602	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeanne Pacatte <hr/> Contributor address; City; State; Zip Code 323 Colorado Dr. Cedar Creek, TX 78612	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emily Bolt <hr/> 6 Contributor address; City; State; Zip Code 1811 Main St. Bastrop, TX 78602	7 Amount of contribution (\$)  21.13
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marie Blazek <hr/> Contributor address; City; State; Zip Code 400 Oak, Bastrop, TX 78602	Amount of contribution (\$)  21
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addison Todd <hr/> Contributor address; City; State; Zip Code 608 Pecan St. Bastrop, TX 78602	Amount of contribution (\$)  104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Adams <hr/> Contributor address; City; State; Zip Code 103 Marina Rd. Smithville, TX 78957	Amount of contribution (\$)  20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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<b>2</b> FILER NAME Kerry Fossler		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Lewis <hr/> <b>6</b> Contributor address; City; State; Zip Code 1357 Old Highway 20, McDade, TX 78650	<b>7</b> Amount of contribution (\$) 104.42
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 03/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Stayton <hr/> <b>Contributor address;</b> City; State; Zip Code 1707 Pecan St. Bastrop, TX 78602	<b>Amount of contribution (\$)</b> 100
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Montoya <hr/> <b>Contributor address;</b> City; State; Zip Code 1707 Pecan St. Bastrop, TX 78602	<b>Amount of contribution (\$)</b> 100
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 03/03/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellen Tanner <hr/> <b>Contributor address;</b> City; State; Zip Code 1911 Main St. Bastrop, TX 78602	<b>Amount of contribution (\$)</b> 26.34
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moses Silblger <hr/> 6 Contributor address; City; State; Zip Code 178 Cibolo Creek Dr. Bastrop, TX 78602	7 Amount of contribution (\$)  21.13
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcia Erickson <hr/> Contributor address; City; State; Zip Code 380 Friendship Rd. Paige, TX 78659	Amount of contribution (\$)  50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby Strong <hr/> Contributor address; City; State; Zip Code 100 Llio Ct. Bastrop, TX 78602	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Bazan <hr/> Contributor address; City; State; Zip Code 7600 Clydesdale Dr. Austin, TX 78745	Amount of contribution (\$)  52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Herrington <hr/> 6 Contributor address; City; State; Zip Code 110 Big Horn Pass Bastrop, TX 78602	7 Amount of contribution (\$)  150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Perkins <hr/> Contributor address; City; State; Zip Code 105 Bush Cove, Bastrop, TX 78602	Amount of contribution (\$)  50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Scott Hagle <hr/> Contributor address; City; State; Zip Code 1304 Cortlandt St. Houston, TX, 77008	Amount of contribution (\$)  52.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Morehead <hr/> Contributor address; City; State; Zip Code 1905 Juniper Ln. Lufkin, TX 75905	Amount of contribution (\$)  104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peri Page <hr/> 6 Contributor address; City; State; Zip Code P.O Box 1000, Huntington, TX 75949	7 Amount of contribution (\$) 52.37
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Hayes <hr/> Contributor address; City; State; Zip Code 2451 Sunrise Dr SE, St. Petersburg, FL 33705	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Shroeder <hr/> Contributor address; City; State; Zip Code 238 Laura Lane, Bastrop, TX 78602	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Barrow <hr/> Contributor address; City; State; Zip Code 906 Pine St. Bastrop, TX 78602	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 Date 03/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Barrow <hr/> 6 Contributor address; City; State; Zip Code 906 Pine St. Bastrop, TX 78602	7 Amount of contribution (\$)  100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 101.46	
5 Date 3/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrie Caylor	8 Amount of Contribution \$ 451.72	9 In-kind contribution description Campaign party supplies and invitations.
	7 Contributor address; City; State; Zip Code 1408 Wilson St. Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Vice President of Corporate Administration		11 Employer (FOR NON-JUDICIAL)(See Instructions) Infinity Water Solutions	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			



# LOANS

# SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Kerry Fossler		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 1/5/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kerry Fossler	9 Loan Amount (\$) 500
6 Is lender a financial institution?  Y <input checked="" type="radio"/> 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 / Job title (See Instructions) Realtor		13 Employer (See Instructions) Self
14 Description of Collateral <input type="checkbox"/> none Funds to open campaign checking account.		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Kerry Fossler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/08/2024	<b>5</b> Payee name Isaac Lucas	
<b>6</b> Amount (\$) 300	<b>7</b> Payee address; City; State; Zip Code 9036 Stoner Dr. Dayton, OH 45414	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Media/Campaign video
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 02/27/2024	Payee name Sign and Banner Texas	
Amount (\$) 1786.13	Payee address; City; State; Zip Code 1103 Main St. Bastrop, TX 78602	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Yard signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 02/01/2024	Payee name Kerry Fossler	
Amount (\$) 1799	Payee address; City; State; Zip Code 1903 Main St. Bastrop, TX 78602	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Loan Reimbursement	Description Personal loan reimbursement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Kerry Fossler	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/02/2024	<b>5</b> Payee name H-E-B
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<b>6</b> Amount (\$) 299.64	<b>7</b> Payee address; 104 Hasler Blvd, Bastrop, TX 78602	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Food for Campaign kick off event
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/02/2024	Payee name Melissa Ross
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Amount (\$) 2660.00	Payee address; 6704 Township Trail, Austin, TX 78759	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Manager
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/12/2024	Payee name GotPrint
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Amount (\$) 469.84	Payee address; Burbank Airport Center: 7651 N. San Fernando Rd. Burbank, CA 91505	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door Hangers and Stickers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Kerry Fossler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/20/2024	<b>5</b> Payee name Community Impact	
<b>6</b> Amount (\$) 1524.00	<b>7</b> Payee address; City; State; Zip Code 16225 Impact Way, Pflugerville, TX 78660	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Mailers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Kerry Fossler	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/26/2024	<b>5</b> Payee name Sign and Banner Texas	
<b>6</b> Amount (\$) 1299 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1103 Main St. Bastrop, TX 78602	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Yard Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/18/2024	Payee name Kellie's Baking Co.	
Amount (\$) 197.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5245 Burnet Rd. Austin, TX 78756	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food	Description Cookies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/18/2024	Payee name Community Impact	
Amount (\$) 950 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3600 E Palm Valley Blvd, Box #3, Round Rock, TX 78665	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper Ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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