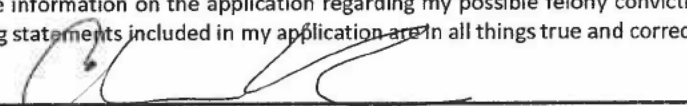


## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

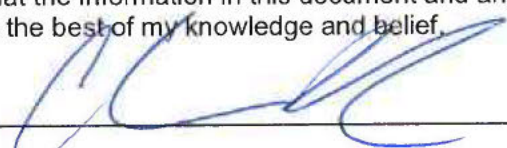
ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>4</sup> Failure to provide required information may result in rejection of application.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>APPLICATION FOR A PLACE ON THE <u>Keller ISD School Board</u> GENERAL ELECTION BALLOT</b>   |  |   |  |  |  |
| TO: City Secretary/Secretary of Board (name of election)   |  |   |  |  |  |
| I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.   |  |   |  |  |  |
| OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)<br><u>Keller ISD Trustee Place 6</u>  |  |   |  | INDICATE TERM<br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |  |
| FULL NAME (First, Middle, Last)<br><u>Charles Robert Randklev</u>  |  |   | PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*<br><u>Charles Randklev</u>  |  |  |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)<br>[REDACTED]  |  |   | PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)<br>[REDACTED]   |  |  |
| STATE<br>[REDACTED]  |  | ZIP<br>[REDACTED]                                   | CITY<br>[REDACTED]   |  | STATE<br>[REDACTED]                                    |
| ZIP<br>[REDACTED]  |  | STATE<br>[REDACTED]                                 |  | ZIP<br>[REDACTED]  |  |
| PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)<br><u>Charles.Randklev@gmail.com</u>  |  | OCCUPATION (Do not leave blank)<br><u>Scientist</u> |  | DATE OF BIRTH<br>[REDACTED]  | VOTER REGISTRATION VOID NUMBER <sup>2</sup> (Optional) |
| TELEPHONE CONTACT INFORMATION (Optional)<br>Home: [REDACTED] Office: [REDACTED] Cell: [REDACTED]   |  |   |  |  |  |
| FELONY CONVICTION STATUS (You MUST check one)<br><input checked="" type="checkbox"/> I have not been finally convicted of a felony.<br><input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>   |  |   | LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN<br>IN THE STATE OF TEXAS<br><u>28</u> year(s)<br>____ month(s)  |  |  |
|  |  |   | IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED<br><u>21</u> year(s)<br>____ month(s)   |  |  |
| *If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.   |  |   |  |  |  |
| Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Charles Randklev</u> , who being by me here and now duly sworn, upon oath says:<br>"I, (name of candidate) <u>Charles Randklev</u> , of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>KISD Board Place 6</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct." |  |   |  |  |  |
| <b>X</b> <br>SIGNATURE OF CANDIDATE  |  |   |  |  |  |
| Sworn to and subscribed before me this the <u>17th</u> day of <u>January</u> , <u>2024</u> by <u>Charles Randklev</u> (name of candidate)  |  |   |  |  |  |
| Signature of Officer Authorized to Administer Oath <sup>4</sup><br><u>Catherine Whitte</u><br>Notary   |  |   | Signature of Officer Authorized to Administer Oath<br><u>Catherine Whitte</u><br>Printed Name of Officer Authorized to Administer Oath<br><b>CATHERINE WHITTE</b><br>My Notary ID # 6447598<br>Expires June 17, 2026 |  |  |
| Title of Officer Authorized to Administer Oath   |  |   |  |  |  |
| TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <u>N/A</u>  |  |   |  |  |  |
| <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.  |  |   |  |  |  |
| This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>N/A</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified   |  |   |  |  |  |
| Date Received<br><u>01/17/2024</u>   |  | Date Accepted<br><u>01/18/2024</u>                  |  | (See Section 1.007) <u>Catherine Whitte</u><br>Signature of Filing Officer or Designee       |  |

**REQUEST FOR CONFIDENTIALITY FOR CANDIDATES UNDER TEXAS GOVERNMENT CODE**

Pursuant to Section 552.1175 of the Texas Government Code, if you are one of the qualifying individuals listed in Step 2 below, you may request that information from your candidate application which identifies your home address, home telephone number, emergency contact information, date of birth, social security number, or whether you have family members be restricted from public access. By completing and submitting this form to the filing authority with whom you filed your candidate application, you are requesting the confidentiality of the information as stated above. You must attach a photocopy of documentation showing that you are eligible for confidentiality. If you want to rescind this confidentiality request, you must do so in writing to the filing authority with whom you filed your candidate application.

|  |   |                                   |
|--|---|-----------------------------------|
| <b>Step 1:<br/>Identify<br/>Candidate<br/>Requesting<br/>Confidentiality</b> | Name<br><i>Charles Randolph</i>   | Date of Birth<br>[REDACTED]       |
|  | Residence Address (number and street)<br>[REDACTED]   |                                   |
|  | City<br>[REDACTED]  |                                   |
|  | VUID Number (Optional)  | County of Residence<br>[REDACTED] |
| <b>Step 2:<br/>Qualification<br/>(check one)</b>                             | <input type="checkbox"/> Current or honorably retired peace officers, as defined by Article 2.12, Code of Criminal Procedure, or special investigators as described by Article 2.122, Code of Criminal Procedure;<br><input type="checkbox"/> Current or honorably retired county jailers as defined by §1701.001, Occupations Code;<br><input type="checkbox"/> Current or former employees of the Texas Department of Criminal Justice or of the predecessor in function of the department or any division of the department;<br><input type="checkbox"/> Commissioned security officers as defined by §1702.002, Occupations Code;<br><input type="checkbox"/> A current or former district attorney, criminal district attorney, or county or municipal attorney whose jurisdiction includes any criminal law or child protective services matters;<br><input type="checkbox"/> A current or former employee of a district attorney, criminal district attorney, or county or municipal attorney whose jurisdiction includes any criminal law or child protective services matters;<br><input type="checkbox"/> Officers and employees of a community supervision and corrections department established under Chapter 76 who perform a duty described by §76.004(b), Government Code;<br><input type="checkbox"/> Criminal investigators of the U.S. as described by Article 2.122(a), Code of Criminal Procedure;<br><input type="checkbox"/> Current or honorably retired police officers and inspectors of the United States Federal Protective Service;<br><input type="checkbox"/> Current and former employees of the office of the attorney general who are or were assigned to a division of that office the duties of which involve law enforcement or are performed under Chapter 231, Family Code;<br><input type="checkbox"/> Current or former juvenile probation and detention officers certified by the Texas Juvenile Justice Department, or the predecessors in function of the department, under Title 12, Human Resources Code;<br><input type="checkbox"/> Current or former employees of a juvenile justice program or facility, as defined by §261.405, Family Code; |                                   |

|   |   |
|---|---|
| <b>Step 2:<br/>Qualification<br/>(Continued)</b>          | <input type="checkbox"/> Current or former employees of the Texas Juvenile Justice Department or the predecessors in function of the department;<br><input type="checkbox"/> Current or former employees of the Texas Civil Commitment Office or of the predecessor in function of the office or a division of the office;<br><input type="checkbox"/> Current or former child protective services caseworker, adult protective services caseworker, or investigator for the Department of Family and Protective Services or a current or former employee of a department contractor performing child protective services caseworker, adult protective services caseworker, or investigator functions for the contractor on behalf of the department;<br><input type="checkbox"/> A firefighter, volunteer firefighter, or emergency medical services personnel as defined by Section 773.003, Health and Safety Code;<br><input type="checkbox"/> Current or former member of the United States Army, Navy, Air Force, Coast Guard, or Marine Corps, an auxiliary service of one of those branches of the armed forces, or the Texas military forces as defined by Section 437.001, Government Code;<br><input type="checkbox"/> Current or former United States attorney, assistant United States attorney, federal public defender, deputy federal public defender, or assistant federal public defender and the spouse or child of the current or former attorney or public defender;<br><input type="checkbox"/> Federal judges and state judges as defined by §1.005, Election Code (and the family member as defined under Section 31.006 of the Finance Code) of a federal or state judge;<br><input checked="" type="checkbox"/> An elected public officer |
| <b>Step 3:<br/>Candidate's<br/>Evidence of<br/>Status</b> | I have attached a photocopy of documentation showing evidence of my qualification (proof of the qualification claimed above on Step 2).   |
| <b>Step 4:<br/>Sign and Date</b>                          | I certify that the information in this document and any information attached are true and correct to the best of my knowledge and belief.<br>Sign Here ►  Date ► <u>Jan 17 2024</u><br>Making a false statement on this form is a Class A misdemeanor or a state jail felony. Texas Penal Code §37.10  |
| <b>Step 5:<br/>Return this form</b>                       | Return this form to: Candidate Filing Authority<br>_____<br>_____<br>Or fax/email to _____  |
| <b>For Office<br/>Use Only</b>                            | VOID # <u>1510487</u> Documentation received? <input checked="" type="checkbox"/> Yes No<br>Confidentiality Approved? <input checked="" type="checkbox"/> Yes No<br>Signature of Filing Authority <u>Catherine M. [unclear]</u> Date: <u>01/17/24</u><br>Comments: _____  |



# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA  
PG 1

|   |                     |                                  |
|---|---------------------|----------------------------------|
| <b>1 CANDIDATE NAME</b><br>Charles Randklev | <b>2 FILER ID #</b> | <b>3 Total pages filed:</b><br>2 |
|---|---------------------|----------------------------------|

**See ACTA Instruction Guide for detailed instructions.  
Use this form for changes to existing information only. Do not provide information previously disclosed.**

|                                    |   |   |
|------------------------------------|---|---|
| <b>4 CANDIDATE NAME</b>            | <input type="checkbox"/> NEW MS / MRS / MR FIRST MI<br>Mr. Charles<br>.....<br>NICKNAME LAST SUFFIX<br>Randklev | <b>OFFICE USE ONLY</b><br>Date Received<br><br>Date Hand-delivered or Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |
| <b>5 CANDIDATE MAILING ADDRESS</b> | <input type="checkbox"/> NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>[REDACTED]               |   |
| <b>6 CANDIDATE PHONE</b>           | <input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION<br>- [REDACTED]                                   |   |

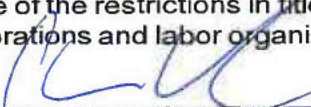
|                               |  |
|-------------------------------|--|
| <b>7 OFFICE HELD (if any)</b> | <input type="checkbox"/> NEW<br>Keller ISD Trustee Place 6 |
|-------------------------------|--|

|                                   |                              |
|-----------------------------------|------------------------------|
| <b>8 OFFICE SOUGHT (if known)</b> | <input type="checkbox"/> NEW |
|-----------------------------------|------------------------------|

|                                  |  |
|----------------------------------|--|
| <b>9 CAMPAIGN TREASURER NAME</b> | <input type="checkbox"/> NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX<br>Mrs. Jennifer Randklev |
|----------------------------------|--|

|   |   |
|---|---|
| <b>10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)</b> | <input type="checkbox"/> NEW STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE<br>[REDACTED] |
|---|---|

|                                    |   |
|------------------------------------|---|
| <b>11 CAMPAIGN TREASURER PHONE</b> | <input type="checkbox"/> NEW AREA CODE PHONE NUMBER EXTENSION<br>[REDACTED] |
|------------------------------------|---|

|                               |  |
|-------------------------------|--|
| <b>12 CANDIDATE SIGNATURE</b> | I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.<br><br>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.<br><br>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.<br><br><div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <br/>                     _____<br/>                     Signature of Candidate                 </div> <div style="text-align: center;">                     16-Jan-2024<br/>                     _____<br/>                     Date Signed                 </div> </div> |
|-------------------------------|--|

**GO TO PAGE 2**

# 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:<br><b>4</b>  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                         | MS / MRS / MR<br>Mr.   | FIRST<br>Charles                      | MI  | <b>OFFICE USE ONLY</b>                 |
|  | NICKNAME   | LAST<br>Randklev                      | SUFFIX  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>              | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>[REDACTED]   |                                       |   | Date Received                          |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                        | AREA CODE  | PHONE NUMBER                          | EXTENSION   | Date Hand-delivered or Date Postmarked |
| <b>6 CAMPAIGN TREASURER NAME</b>                               | MS / MRS / MR<br>Mrs.  | FIRST<br>Jennifer                     | MI  | Receipt #                              |
|  | NICKNAME   | LAST<br>Randklev                      | SUFFIX  | Amount \$                              |
| <b>7 CAMPAIGN TREASURER ADDRESS</b>                            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>[REDACTED]  |                                       |   | Date Processed                         |
| <b>8 CAMPAIGN TREASURER PHONE</b>                              | AREA CODE  | PHONE NUMBER                          | EXTENSION   | Date Imaged                            |
| <b>9 REPORT TYPE</b>   | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><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) |                                       |   |  |
| <b>10 PERIOD COVERED</b>                                       | Month    Day    Year<br>7 / 1 / 23   |                                       |   | THROUGH                                |
| <b>11 ELECTION</b>   | ELECTION DATE<br>Month    Day    Year<br>5 / 1 / 21  |                                       | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Municipal |  |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)<br>Keller ISD Trustee Place 6   |                                       | <b>13 OFFICE SOUGHT (if known)</b>  |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>                   | 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.  |                                       |   |  |
| Additional Pages   | COMMITTEE TYPE   | COMMITTEE NAME                        |   |  |
|  | GENERAL  | COMMITTEE ADDRESS                     |   |  |
|  | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME     |   |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |  |

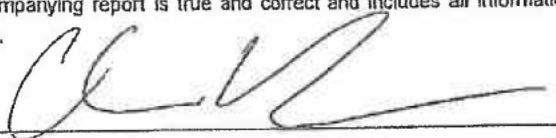
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

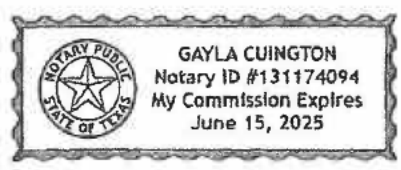
|                                  |   |  |
|----------------------------------|---|--|
| 15 C/OH NAME<br>Charles Randklev |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS           | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                |
|                                  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 6,071.00                            |
| EXPENDITURE TOTALS               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                |
|                                  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0.00                                |
| CONTRIBUTION BALANCE             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 6,071.00                            |
| OUTSTANDING LOAN TOTALS          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |

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 Gayla Cuington this the 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.  
Gayla Cuington Gayla Cuington Gayla Cuington  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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**

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Charles Randklev   |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                       |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 6,071.00                                   |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$  |
| 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. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$  |
| 12. 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: <b>1</b>                  |
| 2 FILER NAME<br><b>Charles Randkelv</b>   |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>12/18/2023</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jennifer Randklev</b>                     | 7 Amount of contribution (\$)<br><br><b>6,071.00</b> |
| 6 Contributor address; City; State; Zip Code<br><div style="background-color: black; height: 20px; width: 100%;"></div> |  |  |
| 8 Principal occupation / Job title (See Instructions)   |  | 9 Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                          |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br><br>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.



# 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:                                    |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR   | FIRST<br><u>Charles</u>  | MI  |
|   | NICKNAME  | LAST<br><u>Randklev</u>  | SUFFIX  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>                             | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  |   |
|   | <u>1925 Spring Dr Keller, TX 76262</u>  |  |   |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                                       | AREA CODE   | PHONE NUMBER   | EXTENSION   |
|   | <u>(817)</u>  | <u>966-3233</u>  |   |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR   | FIRST<br><u>Jennifer</u>   | MI  |
|   | NICKNAME  | LAST<br><u>Randklev</u>  | SUFFIX  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |   |
|   | <u>1925 Spring Dr Keller, TX 76262</u>  |  |   |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE   | PHONE NUMBER   | EXTENSION   |
|   | <u>(817)</u>  | <u>966-3233</u>  |   |
| <b>9 REPORT TYPE</b>  | <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)   |  |   |
| <b>10 PERIOD COVERED</b>  | Month   | Day  | Year  |
|   | <u>01</u>   | <u>01</u>  | <u>2024</u> THROUGH <u>03</u> / <u>25</u> / <u>2024</u> |
| <b>11 ELECTION</b>  | ELECTION DATE   |  | ELECTION TYPE   |
|   | Month   | Day  | Year  |
|   | <u>5</u>  | <u>4</u>   | <u>24</u>   |
|   |   | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special <u>local</u> |   |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)  | <b>13 OFFICE SOUGHT (if known)</b>   |   |
|   | <u>Place Keller ISD Trustee 6</u>   | <u>Keller ISD Trustee Place 6</u>  |   |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>                                  | 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  | COMMITTEE NAME   |   |
|   | <input type="checkbox"/> GENERAL  |  |   |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE ADDRESS  |   |
|   |   | COMMITTEE CAMPAIGN TREASURER NAME  |   |
| <input type="checkbox"/> Additional Pages                                     | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                               |   |   |
|-------------------------------|---|---|
| <b>15</b> C/OH NAME           |   | <b>16</b> Filer ID (Ethics Commission Filers) |
| <b>17</b> 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)  | \$ 26,875.18                                  |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ 742.31                                     |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 32,203.87                                  |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

**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 Charles Rankin, and my date of birth is 2/2/77

My address is 1925 Spans Drive, Keller, TX, 76262, Tarrant  
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of TEXAS, on the 4th day of April, 2024  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Charles Randklev</i>  |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>26,875.18</i>                    |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ <i>425.00</i>                       |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 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: |
|---|----------------------------|

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| 2 FILER NAME <u>Charles Randklev</u> | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|---------------------------------------|

|   |   |   |
|---|---|---|
| 4 Date<br><u>1-18-24</u>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Ross McMullin</u> | 7 Amount of contribution (\$)<br><u>\$ 250<sup>00</sup></u> |
| 6 Contributor address; City; State; Zip Code<br><u>P.O. Box 1444 Keller, TX 76248</u> |   |   |

|   |                               |
|---|-------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|-------------------------------|

|   |   |   |
|---|---|---|
| Date<br><u>1-18-24</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Ross McMullin</u> | Amount of contribution (\$)<br><u>\$ 250<sup>00</sup></u> |
| Contributor address; City; State; Zip Code<br><u>P.O. Box 1444 Keller, TX 76248</u> |   |   |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |   |   |
|---|---|---|
| Date<br><u>2-8-24</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Nick Malamura</u> | Amount of contribution (\$)<br><u>\$ 250<sup>00</sup></u> |
| Contributor address; City; State; Zip Code<br><u>204 Bear Hollow Keller, TX 76248</u> |   |   |

|   |                             |
|---|-----------------------------|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|-----------------------------|

|   |   |   |
|---|---|---|
| Date<br><u>2-9-24</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Robert Slattery</u> | Amount of contribution (\$)<br><u>\$ 250<sup>00</sup></u> |
| Contributor address; City; State; Zip Code<br><u>812 Gallant Fox Trl Keller, TX 76248</u> |   |   |

|   |                             |
|---|-----------------------------|
| 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.



# 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: _____                  |
| 2 FILER NAME<br><b>Charles Randklev</b>   |  | 3 Filer ID (Ethics Commission Filers) _____       |
| 4 Date<br><b>2-9-24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Michael Ross</b> | 7 Amount of contribution (\$)<br><b>\$ 100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>1101 Baurland Keller, TX 76248</b> |  |   |
| 8 Principal occupation / Job title (See Instructions)                                 |  | 9 Employer (See Instructions)                     |
| Date<br><b>2-15-24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Paul Alvarado</b>  | Amount of contribution (\$)<br><b>\$ 300.00</b>   |
| Contributor address; City; State; Zip Code<br><b>221 Redwood Ct Keller, TX 76248</b>  |  |   |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                       |
| Date<br><b>2-15-24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Paul Alvarado</b>  | Amount of contribution (\$)<br><b>\$ 200.00</b>   |
| Contributor address; City; State; Zip Code<br><b>221 Redwood Ct Keller, TX 76248</b>  |  |   |
| Principal occupation / Job title (See Instructions)                                   |  | Employer (See Instructions)                       |
| Date<br><b>2-19-24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kyle McCaw</b>     | Amount of contribution (\$)<br><b>\$ 2500.00</b>  |
| Contributor address; City; State; Zip Code<br><b>332 Longview Dr Keller, TX 76248</b> |  |   |
| Principal occupation / Job title (See Instructions)<br><b>Business Owner</b>          |  | 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.

# 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:                                 |
| 2 FILER NAME<br><b>Charles Randklev</b>                   |  | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date<br><b>2.22.24</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Vera Sweet</b><br>6 Contributor address; City; State; Zip Code<br><b>328 Park North Ln Keller, TX 76248</b>    | 7 Amount of contribution (\$)<br><b>\$ 50<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                              |
| Date<br><b>2.22.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Holly Rakovan</b><br>Contributor address; City; State; Zip Code<br><b>11916 Lostwood Trl Ft. Worth, TX 76244</b> | Amount of contribution (\$)<br><b>\$ 250<sup>00</sup></b>  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                                |
| Date<br><b>2.22.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Garrett Gatlin</b><br>Contributor address; City; State; Zip Code<br><b>1403 Haddington Ln Keller, TX 76248</b>   | Amount of contribution (\$)<br><b>\$ 25<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                                |
| Date<br><b>2.22.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kimberly Mills</b><br>Contributor address; City; State; Zip Code<br><b>416-B Keller Pkwy Keller, TX 76248</b>    | Amount of contribution (\$)<br><b>\$ 250<sup>00</sup></b>  |
| 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.

# 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:                        |
| 2 FILER NAME<br><b>Charles Randklev</b>   |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>2-22-24</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Summer &amp; Donny Crow</b> | 7 Amount of contribution (\$)<br><b>\$ 100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>9741 Armour Dr Ft. Worth, TX 76244</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)                                     |   | 9 Employer (See Instructions)                     |

|  |  |  |
|--|--|--|
| Date<br><b>2-22-24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Angela McFarland</b> | Amount of contribution (\$)<br><b>\$ 25.00</b> |
| Contributor address; City; State; Zip Code<br><b>10309 Grayhawk Ln Ft. Worth 76244</b> |  |  |
| Principal occupation / Job title (See Instructions)                                    |  | Employer (See Instructions)                    |

|   |   |  |
|---|---|--|
| Date<br><b>2-22-24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ross McMullin</b> | Amount of contribution (\$)<br><b>\$ 10.18</b> |
| Contributor address; City; State; Zip Code<br><b>P.O. Box 1444 Keller, TX 76248</b> |   |  |
| Principal occupation / Job title (See Instructions)                                 |   | Employer (See Instructions)                    |

|   |   |   |
|---|---|---|
| Date<br><b>2-22-24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lisa Groene</b> | Amount of contribution (\$)<br><b>\$ 100.00</b> |
| Contributor address; City; State; Zip Code<br><b>10317 Grayhawk Ln Keller, TX 76244</b> |   |   |
| 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.

# 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:                                  |
| 2 FILER NAME<br><b>Charles Randklev</b>                   |   | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>2-22-24</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lisa Greene</b> | 7 Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>10317 Grayhawk Ln Keller, TX 76244</b>               |   |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                               |
| Date<br><b>2-22-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cyndi Lawson</b>  | Amount of contribution (\$)<br><b>\$ 25<sup>00</sup></b>    |
|   | Contributor address; City; State; Zip Code<br><b>321 Eiten Hollow Keller, TX 76248</b>                  |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                                 |
| Date<br><b>2-22-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kyle McNutt</b>   | Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b>   |
|   | Contributor address; City; State; Zip Code<br><b>4024 Vernon Way Ft. Worth, TX 76244</b>                |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                                 |
| Date<br><b>2-22-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Laura Scheel</b>  | Amount of contribution (\$)<br><b>\$ 50<sup>00</sup></b>    |
|   | Contributor address; City; State; Zip Code<br><b>501 Dale Ct Keller, TX 76248</b>                       |   |
| 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.



# 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:                                  |
| 2 FILER NAME<br><b>Charles Randklev</b>  |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>2.22.24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>William Knight</b> | 7 Amount of contribution (\$)<br><b>\$ 25 <sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>401 W. Belknap St Ft. Worth, TX 76196</b> |  |   |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)                               |

|   |   |  |
|---|---|--|
| Date<br><b>2.23.24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jimmy Pollozani</b> | Amount of contribution (\$)<br><b>\$ 100 <sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>8640 N. Beach St Ft. Worth, TX 76244</b> |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                |

|   |  |   |
|---|--|---|
| Date<br><b>2.23.24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Valerie Eads</b> | Amount of contribution (\$)<br><b>\$ 25 <sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>1712 Sterling Trace Keller, TX 76248</b> |  |   |
| Principal occupation / Job title (See Instructions)                                       |  | Employer (See Instructions)                               |

|   |  |  |
|---|--|--|
| Date<br><b>2.24.24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Liza Sharkey</b> | Amount of contribution (\$)<br><b>\$ 100 <sup>00</sup></b> |
| Contributor address; City; State; Zip Code<br><b>1528 Hawthorne Ln Keller, TX 76262</b> |  |  |
| 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.

# 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:

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

2.24.24

5 Full name of contributor

Ju Moore

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 50<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

9540 Tomahawk Trl Keller, TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2.24.24

Full name of contributor

Robert Slattery

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 1000<sup>00</sup>

Contributor address;

City;

State;

Zip Code

812 Gallant Fox Trl Keller, TX 76248

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

SELF

Date

2.26.24

Full name of contributor

Terri Loddick

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100<sup>00</sup>

Contributor address;

City;

State;

Zip Code

P.O. Box 432 Keller, TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.27.24

Full name of contributor

Stephen Braly

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50<sup>00</sup>

Contributor address;

City;

State;

Zip Code

3765 Lucy Trimble<sup>rd</sup> Burleson TX 76028

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.

# 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:

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

2-27-24

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Paul Bowman

7 Amount of contribution (\$)

\$ 50<sup>00</sup>

6 Contributor address; City; State; Zip Code

1914 Spring Dr Roanoke, TX 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-27-24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carol Young

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code

1521 Spanish Bay Dr Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-27-24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Carlos Marroquin

Amount of contribution (\$)

\$ 250<sup>00</sup>

Contributor address; City; State; Zip Code

7905 Main St #400 Keller, TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-27-24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Karen Grabow

Amount of contribution (\$)

\$ 500<sup>00</sup>

Contributor address; City; State; Zip Code

1865 Barrington Ct Roanoke, TX 76262

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.

# 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:

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

2.27.24

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Katy Whidden

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

1809 Kinsale Roanoke, TX 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2.29.29

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer Banning

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

11501 Maddie Ave Ft. Worth 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.29.29

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Brent & Christine Malloy

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

4916 Bob Wills Dr Fort Worth, TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2.29.29

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Chris Coker

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

1323 Briar Ridge Dr Keller, TX 76248

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.



# 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:

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

3.1.24

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tamara McKamy

7 Amount of contribution (\$)

\$ 25.00

6 Contributor address; City; State; Zip Code

3020 HighRanchViewRd Cresson, TX 76035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.1.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Patrick Bauchebel

Amount of contribution (\$)

\$ 500.00

Contributor address; City; State; Zip Code

1540 Keller Pkwy Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.1.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Matt & Cassie Matthews

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

1612 Bellechase Dr Roanoke, TX 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.3.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Debbie Sterling

Amount of contribution (\$)

\$ 25.00

Contributor address; City; State; Zip Code

9832 Crawford Farms Dr Ft Worth, TX 76244

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.

# 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:                                   |
| 2 FILER NAME<br><b>Charles Randklev</b>   |   | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><b>3.7.24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Keith Pearson</b>           | 7 Amount of contribution (\$)<br><b>\$ 1000<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>1620 Village Trl Keller, TX 76248</b>  |   |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>                   |   | 9 Employer (See Instructions)<br><b>retired</b>              |
| Date<br><b>3.7.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Tom &amp; Donna Cobb</b>      | Amount of contribution (\$)<br><b>\$ 5000<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>Colleyville, TX</b>                      |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br><b>3.7.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Casey &amp; Mike Thompson</b> | Amount of contribution (\$)<br><b>\$ 1000<sup>00</sup></b>   |
| Contributor address; City; State; Zip Code<br><b>1864 Barrington Ct. Keller, TX 76248</b> |   |  |
| Principal occupation / Job title (See Instructions)                                       |   | Employer (See Instructions)                                  |
| Date<br><b>3.24.24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brittany Fink</b>             | Amount of contribution (\$)<br><b>\$ 50<sup>00</sup></b>     |
| Contributor address; City; State; Zip Code<br><b>313 Sioux St Keller, TX 76248</b>        |   |  |
| 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.

# 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:

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

3.5.24

5 Full name of contributor

Sarah Page

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address; City; State; Zip Code

314 Crossing Ct Keller TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.8.24

Full name of contributor

Kenneth Slough

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

640 Bancroft Rd Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.8.24

Full name of contributor

Don PhiFer

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

P.O. Box 820825 NRH, TX 76182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.8.24

Full name of contributor

Justin Fickle

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

12324 Green Ash Dr Keller, TX 76244

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.

# 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:

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

3.9.24

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Katja Kaijalainen

7 Amount of contribution (\$)

\$ 200 <sup>00</sup>

6 Contributor address; City; State; Zip Code

603 Warrington Ln Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.9.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Debra Koonce

Amount of contribution (\$)

\$ 25 <sup>00</sup>

Contributor address; City; State; Zip Code

1424 San Isabel Ct Ft. Worth, TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.10.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Chad Campbell

Amount of contribution (\$)

\$ 25 <sup>00</sup>

Contributor address; City; State; Zip Code

1911 Pearson Crossing Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.10.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amanda Gatlin

Amount of contribution (\$)

\$ 100 <sup>00</sup>

Contributor address; City; State; Zip Code

1403 Haddington Ln Keller, TX 76248

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.



# 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:                               |
| 2 FILER NAME<br><b>Charles Randklev</b>  |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>3.10.24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Chris Walker</b> | 7 Amount of contribution (\$)<br><b>\$ 500 <u>00</u></b> |
| 6 Contributor address; City; State; Zip Code<br><b>553 Unbridled Ln Keller, TX 76248</b>   |  |  |
| 8 Principal occupation / Job title (See Instructions)                                      |  | 9 Employer (See Instructions)                            |
| Date<br><b>3.11.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>David DeWald</b>   | Amount of contribution (\$)<br><b>\$ 100 <u>00</u></b>   |
| Contributor address; City; State; Zip Code<br><b>208 Harper Ln Keller, TX 76248</b>        |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                              |
| Date<br><b>3.14.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Andrea Gaszak</b>  | Amount of contribution (\$)<br><b>\$ 100 <u>00</u></b>   |
| Contributor address; City; State; Zip Code<br><b>818 Placid View Ct Keller, TX 76248</b>   |  |  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)                              |
| Date<br><b>3.15.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Chris Zafiriou</b> | Amount of contribution (\$)<br><b>\$ 50 <u>00</u></b>    |
| Contributor address; City; State; Zip Code<br><b>9732 Sam Bass Trl Ft. Worth, TX 76244</b> |  |  |
| 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.

# 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:

2 FILER NAME Charles Randklev 3 Filer ID (Ethics Commission Filers)

|                          |   |   |
|--------------------------|---|---|
| 4 Date<br><u>3.15.24</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Betty K. Pierce</u> | 7 Amount of contribution (\$)<br><u>\$ 250.00</u> |
|                          | 6 Contributor address; City; State; Zip Code<br><u>5709 Braewood Ln Keller TX 76244</u>                     |   |

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

|                        |   |  |
|------------------------|---|--|
| Date<br><u>3.15.24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Amber Fox</u> | Amount of contribution (\$)<br><u>\$ 25.00</u> |
|                        | Contributor address; City; State; Zip Code<br><u>1117 Manor Way Roanoke, TX 76262</u>               |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|                        |  |   |
|------------------------|--|---|
| Date<br><u>3.17.24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Armin Mizani</u> | Amount of contribution (\$)<br><u>\$ 400.00</u> |
|                        | Contributor address; City; State; Zip Code<br><u>896 Randol Mill Ave Roanoke, TX 76262</u>             |   |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|                        |  |   |
|------------------------|--|---|
| Date<br><u>3.18.24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>Tammy Nakamura</u> | Amount of contribution (\$)<br><u>\$ 200.00</u> |
|                        | Contributor address; City; State; Zip Code<br><u>1104 Tinker Rd Colleyville, TX 76034</u>                |   |

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.

# 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:                        |
| 2 FILER NAME<br><b>Charles Randklev</b>  |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>3-18-24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lesley Madsen</b> | 7 Amount of contribution (\$)<br><b>\$ 250 00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>1814 Talon Ct Keller TX 76248</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)                                |   | 9 Employer (See Instructions)                     |

|  |  |  |
|--|--|--|
| Date<br><b>3-19-24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Samantha Rey</b> | Amount of contribution (\$)<br><b>\$ 25 00</b> |
| Contributor address; City; State; Zip Code<br><b>2421 Rooster Ln Northlake, TX 76247</b> |  |  |
| Principal occupation / Job title (See Instructions)                                      |  | Employer (See Instructions)                    |

|  |  |  |
|--|--|--|
| Date<br><b>3-19-24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Samantha Preston</b> | Amount of contribution (\$)<br><b>\$ 25 00</b> |
| Contributor address; City; State; Zip Code<br><b>409 Deer Run Keller, TX 76248</b> |  |  |
| Principal occupation / Job title (See Instructions)                                |  | Employer (See Instructions)                    |

|   |   |   |
|---|---|---|
| Date<br><b>3-20-24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Matt Krause</b> | Amount of contribution (\$)<br><b>\$ 500 00</b> |
| Contributor address; City; State; Zip Code<br><b>8901 Tehama Rdg Pkwy #127 Ft Worth, TX</b> |   |   |
| 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.

# 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:                       |
| 2 FILER NAME<br><b>Charles Randklev</b>                   |  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>3-20-24</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Corrie Long</b><br>6 Contributor address; City; State; Zip Code<br><b>10109 Starfish St Keller, TX 76244</b>     | 7 Amount of contribution (\$)<br><b>\$ 25 00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                    |
| Date<br><b>3-20-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Alex Kim</b><br>Contributor address; City; State; Zip Code<br><b>3005 E. Belknap St FtWorth, TX 76111</b>          | Amount of contribution (\$)<br><b>\$ 500 00</b>  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                      |
| Date<br><b>3-20-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Vincent Giardino</b><br>Contributor address; City; State; Zip Code<br><b>8548 Woodridge Ct Ft. Worth, TX 76179</b> | Amount of contribution (\$)<br><b>\$ 100 00</b>  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                      |
| Date<br><b>3-21-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Shannon Dubberly</b><br>Contributor address; City; State; Zip Code<br><b>2119 Alma Dr Keller, TX 76248</b>         | Amount of contribution (\$)<br><b>\$ 500 00</b>  |
| 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.

# 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:                                   |
| 2 FILER NAME<br><b>Charles Randklev</b>                   |  | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><b>3-21-24</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John Bullard</b><br>6 Contributor address; City; State; Zip Code<br><b>P.O. Box 1119 Keller, TX 76244</b>          | 7 Amount of contribution (\$)<br><b>\$ 100 <sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                                |
| Date<br><b>3-21-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Joel &amp; Jenny Sawyer</b><br>Contributor address; City; State; Zip Code<br><b>1541 Lost Trail Keller, TX 76248</b> | Amount of contribution (\$)<br><b>\$ 300 <sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                                  |
| Date<br><b>3-21-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Ashley Montana</b><br>Contributor address; City; State; Zip Code<br><b>1315 Sarah Brooks Dr Keller, TX 76248</b>     | Amount of contribution (\$)<br><b>\$ 25 <sup>00</sup></b>    |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                                  |
| Date<br><b>3-21-24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Micheal Garabedian</b><br>Contributor address; City; State; Zip Code<br><b>P.O. Box 93984 Southlake, TX 76092</b>    | Amount of contribution (\$)<br><b>\$ 500 <sup>00</sup></b>   |
| 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.



# 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:

2 FILER NAME

Charles Randklev

3 Filer ID (Ethics Commission Filers)

4 Date

3.21.24

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sharon Lambert

7 Amount of contribution (\$)

\$ 50 <sup>00</sup>

6 Contributor address; City; State; Zip Code

1716 Lawther Ft. Worth, TX 76114

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3.22.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Meena Poonja

Amount of contribution (\$)

\$ 100 <sup>00</sup>

Contributor address; City; State; Zip Code

1304 Crimson Glory Ln Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.22.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ashley Fisher

Amount of contribution (\$)

\$ 100 <sup>00</sup>

Contributor address; City; State; Zip Code

1712 Castle Cove Ct Roanoke, TX 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3.22.24

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Richard Rose

Amount of contribution (\$)

\$ 100 <sup>00</sup>

Contributor address; City; State; Zip Code

P.O. Box 1372 NRH, TX 76182

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.

# 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:                        |
| 2 FILER NAME<br><b>Charles Randklev</b>  |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>3.22.24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Linda &amp; Joe Metcalf</b>         | 7 Amount of contribution (\$)<br><b>\$ 100.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>1601 Brentwood Trl Keller, TX 76248</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)                                      |   | 9 Employer (See Instructions)                     |
| Date<br><b>3.22.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Shane &amp; Stephaine O'Dell</b>      | Amount of contribution (\$)<br><b>\$ 1000.00</b>  |
| Contributor address; City; State; Zip Code<br><b>201 Longview Ct Keller, TX 76248</b>      |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |
| Date<br><b>3.22.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>E. R. &amp; Patricia Collinsworth</b> | Amount of contribution (\$)<br><b>\$ 50.00</b>    |
| Contributor address; City; State; Zip Code<br><b>3520 Texas Trail Hurst, TX 76054</b>      |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |
| Date<br><b>3.22.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kemp Hoop</b>                         | Amount of contribution (\$)<br><b>\$ 100.00</b>   |
| Contributor address; City; State; Zip Code<br><b>2014 Hayley Dr Keller, TX 76248</b>       |   |   |
| 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.

# 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:                                   |
| 2 FILER NAME<br><b>Charles Randklev</b>                   |   | 3 Filer ID (Ethics Commission Filers)                        |
| 4 Date<br><b>3.22.24</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Deborah Johnson</b> | 7 Amount of contribution (\$)<br><b>\$ 100 <sup>00</sup></b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>1467 Grape Arbor Ct Roanoke, TX 76262</b>                |  |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                                |
| Date<br><b>3.22.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brian Harlan</b>      | Amount of contribution (\$)<br><b>\$ 500 <sup>00</sup></b>   |
|   | Contributor address; City; State; Zip Code<br><b>1605 Forest Bend Ln Keller, TX 76248</b>                   |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                                  |
| Date<br><b>3.22.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Stacey Nordan</b>     | Amount of contribution (\$)<br><b>\$ 50 <sup>00</sup></b>    |
|   | Contributor address; City; State; Zip Code<br><b>2111 Rustic Rdg Dr Keller, TX 76248</b>                    |  |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                                  |
| Date<br><b>3.23.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lisa Smith</b>        | Amount of contribution (\$)<br><b>\$ 150 <sup>00</sup></b>   |
|   | Contributor address; City; State; Zip Code<br><b>1436 Chase Oaks Dr Keller, TX 76248</b>                    |  |
| 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.

# 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:                      |
| 2 FILER NAME<br><b>Charles Randklev</b>   |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>3.23.24</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Katherine Kirkpatrick</b> | 7 Amount of contribution (\$)<br><b>\$50.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>211 Mineral Springs Dr Keller, TX 76248</b>    |   |   |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                   |
| Date<br><b>3.23.24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jennifer Donlon</b>         | Amount of contribution (\$)<br><b>\$250.00</b>  |
| Contributor address; City; State; Zip Code<br><b>904 Venice Ave. Southlake, TX 76092</b>          |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                     |
| Date<br><b>3.23.24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Andrea Sedlemeyer</b>       | Amount of contribution (\$)<br><b>\$50.00</b>   |
| Contributor address; City; State; Zip Code<br><b>1201 Old Decatur Rd #1003 Ft Worth, TX 76244</b> |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                     |
| Date<br><b>3.23.24</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Cyndi Lawson</b>            | Amount of contribution (\$)<br><b>\$100.00</b>  |
| Contributor address; City; State; Zip Code<br><b>321 Glen Hollow Keller, TX 76248</b>             |   |   |
| 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.

# 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:                       |
| 2 FILER NAME<br><b>Charles Randklev</b>   |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>3.23.24</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Alana Dickson</b> | 7 Amount of contribution (\$)<br><b>\$ 40 00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>212 Anita Keller, TX 76248</b> |   |  |
| 8 Principal occupation / Job title (See Instructions)                             |   | 9 Employer (See Instructions)                    |

|  |   |   |
|--|---|---|
| Date<br><b>3.23.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jennifer Alvarado</b> | Amount of contribution (\$)<br><b>\$ 200 00</b> |
| Contributor address; City; State; Zip Code<br><b>221 Redwood Ct Keller, TX 76248</b> |   |   |
| Principal occupation / Job title (See Instructions)                                  |   | Employer (See Instructions)                     |

|  |  |  |
|--|--|--|
| Date<br><b>3.23.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rebecca Stokes</b> | Amount of contribution (\$)<br><b>\$ 50 00</b> |
| Contributor address; City; State; Zip Code<br><b>1541 Lakeview Dr Keller, TX 76248</b> |  |  |
| Principal occupation / Job title (See Instructions)                                    |  | Employer (See Instructions)                    |

|  |   |   |
|--|---|---|
| Date<br><b>3.23.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kenya Alu</b> | Amount of contribution (\$)<br><b>\$ 100 00</b> |
| Contributor address; City; State; Zip Code<br><b>12624 Steadman Farms Dr Ft. Worth, TX 76244</b> |   |   |
| 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.



# 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:                                  |
| 2 FILER NAME<br><b>Charles Randklev</b>                   |   | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>3.23.24</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>James Wright</b><br>6 Contributor address; City; State; Zip Code<br><b>9152 Hawley Dr Keller, TX 76244</b>    | 7 Amount of contribution (\$)<br><b>\$ 200<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                               |
| Date<br><b>3.23.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Matt Payne</b><br>Contributor address; City; State; Zip Code<br><b>9128 Steiner St Keller, TX 76244</b>         | Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                                 |
| Date<br><b>3.23.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Stephen Hendricks</b><br>Contributor address; City; State; Zip Code<br><b>1534 Lakeview Dr Keller, TX 76248</b> | Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                                 |
| Date<br><b>3.23.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Douglas Hinds</b><br>Contributor address; City; State; Zip Code<br><b>1500 Sage Canyon Dr Keller, TX 76248</b>  | Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b>   |
| 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.

# 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:                                  |
| 2 FILER NAME<br><b>Charles Randklev</b>  |   | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>3.22.24</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>David Gerda</b> | 7 Amount of contribution (\$)<br><b>\$ 500<sup>00</sup></b> |
| 6 Contributor address; City; State; Zip Code<br><b>700 Northern Trace Keller, TX 76248</b>   |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                               |
| Date<br><b>3.22.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Kerry Kneise</b>  | Amount of contribution (\$)<br><b>\$ 40<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>12413 Yellow Wood Ft. Worth, TX 76244</b>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                 |
| Date<br><b>3.22.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>John Lyons</b>    | Amount of contribution (\$)<br><b>\$ 20<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>7212 Strawberry Way Ft. Worth, TX 76137</b> |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                                 |
| Date<br><b>3.22.24</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Allen Decker</b>  | Amount of contribution (\$)<br><b>\$ 20<sup>00</sup></b>    |
| Contributor address; City; State; Zip Code<br><b>1934 Spring Dr Keller TX 76262</b>          |   |   |
| 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.

# 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:                                  |
| 2 FILER NAME<br><b>Charles Randklev</b>                   |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>3.23.24</b>                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jason Howard</b><br>6 Contributor address; City; State; Zip Code<br><b>1012 Briar Ridge Dr Keller, TX 76248</b>    | 7 Amount of contribution (\$)<br><b>\$ 200<sup>00</sup></b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                               |
| Date<br><b>3.23.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Bryon Arita</b><br>Contributor address; City; State; Zip Code<br><b>1416 Bellechase Dr Keller, TX 76262</b>          | Amount of contribution (\$)<br><b>\$ 100<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                                 |
| Date<br><b>3.24.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Heather Haschke</b><br>Contributor address; City; State; Zip Code<br><b>2031 Meadowview Dr Keller, TX 76262</b>      | Amount of contribution (\$)<br><b>\$ 200<sup>00</sup></b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                                 |
| Date<br><b>3.22.24</b>                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Alexander Zafiriou</b><br>Contributor address; City; State; Zip Code<br><b>9732 Sam Bass Trl Ft. Worth, TX 76244</b> | Amount of contribution (\$)<br><b>\$ 70<sup>00</sup></b>    |
| 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: <b>1</b>                             |
| 2 FILER NAME<br><b>Charles Randklev</b>  |   | 3 Filer ID (Ethics Commission Filers)                           |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                  |   | \$  |
| 5 Date<br><b>3/22/24</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jennifer Randklev</b> | 8 Amount of Contribution \$<br><b>\$425<sup>00</sup></b>        |
| 7 Contributor address; City; State; Zip Code<br><b>1925 Springpr. Keller Tx 76262</b>  |   | 9 In-kind contribution description<br><b>Kick-off Event</b>     |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>CEO</b> |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>SELF</b> |
| 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#: _____) | Amount of Contribution \$   | In-kind contribution description |
|--|---|---|----------------------------------|
|  | Contributor address; City; State; Zip Code                                      | <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) |   |   |                                  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME<br><i>Charles Randklev</i>   | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date   | <b>5</b> Payee name<br><i>Revv</i>   |  |
| <b>6</b> Amount (\$)<br><i>\$ 742.31</i>                            | <b>7</b> Payee address; City; State; Zip Code<br><i>1101 K Street NW Washington DC 20005</i>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Banking Fees</i>   | <b>(b)</b> Description<br><i>CC Fee Platform</i> |
|   | <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  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                      |
|   | <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  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)   | Description                                      |
|   | <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



# 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                        | 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)  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F2:<br><u>1</u>                        | <b>2</b> FILER NAME<br><u>Charles Rondklev</u>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |  | \$ <u>8180.66</u>                            |
| <b>5</b> Date<br><u>03/15/2024</u>                                   | <b>6</b> Payee name<br><u>Edgerton Strategies, LLC</u>   |  |
| <b>7</b> Amount (\$)<br><u>8180.66</u>                               | <b>8</b> Payee address; City; State; Zip Code<br><u>150 Keller Pkwy Ste 108-402 Keller, TX, 76248</u>  |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                       |
|  | <u>Consulting, Printing Expense</u> <u>signs, cards</u>  |  |
|  | <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>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held               |
| Date   | Payee name   |  |
| Amount (\$)  | Payee address; City; State; Zip Code   |  |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)   | Description                                  |
|  | <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