

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

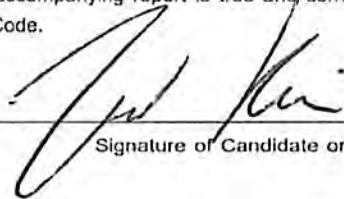
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>9</b>																		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Frederick</td> <td>R</td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: small;">LAST</td> <td style="border-top: 1px dashed black; font-size: small;">SUFFIX</td> </tr> <tr> <td>Fred</td> <td>Kaiser</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Frederick	R	NICKNAME	LAST	SUFFIX	Fred	Kaiser		<b>OFFICE USE ONLY</b>							
MS / MRS / MR	FIRST	MI																			
Mr.	Frederick	R																			
NICKNAME	LAST	SUFFIX																			
Fred	Kaiser																				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:35%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">12307 Ducks Landing Frisco, TX, 75033</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	12307 Ducks Landing Frisco, TX, 75033					Date Received									
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12307 Ducks Landing Frisco, TX, 75033																					
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:40%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(214 )</td> <td>471-3936</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(214 )	471-3936		Date Hand-delivered or Date Postmarked													
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<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td>Mr</td> <td>Frederick</td> <td>R</td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: small;">LAST</td> <td style="border-top: 1px dashed black; font-size: small;">SUFFIX</td> </tr> <tr> <td>Fred</td> <td>Kaiser</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr	Frederick	R	NICKNAME	LAST	SUFFIX	Fred	Kaiser		Receipt #	Amount \$						
MS / MRS / MR	FIRST	MI																			
Mr	Frederick	R																			
NICKNAME	LAST	SUFFIX																			
Fred	Kaiser																				
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:10%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">12307 Ducks Landing, Frisco, TX, 75033</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	12307 Ducks Landing, Frisco, TX, 75033												
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<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">Month</td> <td style="width:5%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> <td style="width:10%; text-align: center; font-size: small;">THROUGH</td> <td style="width:5%; font-size: small;">Month</td> <td style="width:5%; font-size: small;">Day</td> <td style="width:15%; font-size: small;">Year</td> </tr> <tr> <td>4</td> <td>/</td> <td>3</td> <td></td> <td>4</td> <td>/</td> <td>24</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	4	/	3		4	/	24				
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4	/	3		4	/	24															
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td>5</td> <td>/</td> <td>4</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	5	/	4	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
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5	/	4	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>None</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>Frisco ISD Board of Trustees Place 6</b>																			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<p style="font-size: x-small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
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	COMMITTEE CAMPAIGN TREASURER ADDRESS																				
<b>GO TO PAGE 2</b>																					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

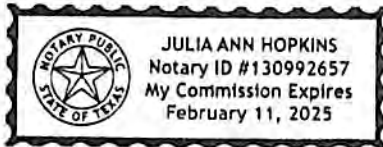
15 C/OH NAME Kaiser, Frederick		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,095.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,423.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,000.00

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 Frederick Kaiser this the 26 day of April, 2024, to certify which, witness my hand and seal of office.

Julia Ann Hopkins      Julie Hopkins      Administrative 2:05 PM  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Kaiser, Frederick		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 850.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 245.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 862.60
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 560.79
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: 2
2 FILER NAME Kaiser, Frederick		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Ajdukovich, Geoff 6 Contributor address; City; State; Zip Code 7908 Steppington Drive, Plano, TX 75025	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Holden, Denise Contributor address; City; State; Zip Code 6265 Tarlton Drive, Frisco, TX 75035	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2024	Full name of contributor out-of-state PAC (ID#: _____) Huffman, Kerry Contributor address; City; State; Zip Code 9423 Tanyard Lane, Frisco, TX 75033	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2024	Full name of contributor out-of-state PAC (ID#: _____) Miller, Amy Contributor address; City; State; Zip Code 6330 Ryworth Drive, Frisco, TX 75035	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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
2 FILER NAME Kaiser, Frederick		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Schackmann, David 6 Contributor address; City; State; Zip Code 1736 Garrison Drive, Frisco, TX 75033	7 Amount of contribution (\$) <b>300.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Sommers, John Contributor address; City; State; Zip Code 15597 Ridgewood Drive, Frisco, TX 75035	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) 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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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>2</b>	
2 FILER NAME <b>Kaiser, Frederick</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>04/22/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>McCausland, Anne</b>	8 Amount of Contribution \$ <b>70.00</b>	9 In-kind contribution description <b>Food and Drinks for Meet and Greet Event</b>
7 Contributor address; City; State; Zip Code <b>2209 Crowbridge Drive, Frisco, TX 75034</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Commercial Property Manager</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>DJA Properties</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 <b>04/21/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melancon, Marissa</b>	Amount of Contribution \$ <b>125.00</b>	In-kind contribution description <b>Food and Drinks for Meet and Greet Event</b>
Contributor address; City; State; Zip Code <b>1525 US Hwy 380 Suite 500, Frisco, TX 75033</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Federal Contractor</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Self</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# 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>2</b>	
2 FILER NAME <b>Kaiser, Frederick</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>04/07/2024</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Miller, Amy</b>	8 Amount of Contribution \$ <b>50.00</b>	9 In-kind contribution description <b>Food and Drinks for Meet and Greet Event</b>
7 Contributor address; City; State; Zip Code <b>6330 Ryworth Drive, Frisco, TX 75035</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Homemaker</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>NA</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#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Kaiser, Frederick	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/02/2024	<b>5</b> Payee name Community Impact	
<b>6</b> Amount (\$) 311.97	<b>7</b> Payee address; City; State; Zip Code 16225 Impact Way, Pflugerville, TX, 78660	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Adverstisment in Community Impact Newspaper (online)
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/15/2024	Payee name Hope Floats Creative LLC	
Amount (\$) 280.00	Payee address; City; State; Zip Code 1915 E. Victory Drive Suite E-1073, Savannah, GA 31404	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertisement in Frisco Lakes Magazine
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/24/2024	Payee name Signarama	
Amount (\$) 270.63	Payee address; City; State; Zip Code 9410 Dallas Parkway Ste 160, Frisco, TX, 75033	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Print Yard Signs
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense 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)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Kaiser, Frederick	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/11/2024	<b>5</b> Payee name Branding 365	
<b>6</b> Amount (\$) 550.79 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description T-shirts for poll greeters/block- walkers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/24/2024	Payee name Good Party, LLC	
Amount (\$) 10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 916 Silver Spur Rd #310, Rolling Hills Estates, CA	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Registered voter data collection fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED