

# 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:

14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. James E.  
NICKNAME LAST SUFFIX  
Jim Klein

OFFICE USE ONLY

Date Received

Date Filed 10/28/24

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
3501 Monterrey St.  
Corpus Christi, TX 78411

Change of Address

Rebecca Huerta  
City Secretary

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 339-3908

Date Handled

Receipt # Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. David  
NICKNAME LAST SUFFIX  
Bright

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE  
318 Barracuda Pl.  
Corpus Christi, TX 78411

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(361) 960-3283

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
09 / 27 / 2024 THROUGH 10 / 26 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
11 / 05 / 2024  General  Special

12 OFFICE

OFFICE HELD (if any) CC City Council,  
At Large

13 OFFICE SOUGHT (if known) CC City Council,  
At Large

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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  
 SPECIFIC  
COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

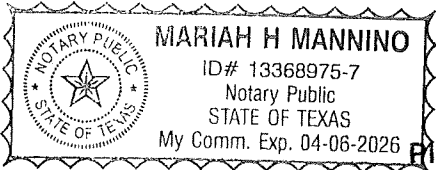
15 C/OH NAME James E. Klein 16 Filer ID: (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 80.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,095.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,220.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,155.06
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.

*James E. Klein*

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Klein this the 28 day of October, 2024, to certify which, witness my hand and seal of office.

*[Signature]* Mariah Mannino Notary public

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

19 FILER NAME <i>James E. Klein</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$6,015.04
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$14,220.38
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: <b>9</b>
2 FILER NAME <b>James E. Klein</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9-27-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martha Messer</b>	7 Amount of contribution (\$) <b>\$25</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>CC TX 78413</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9-27-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Miriam Horn</b>	Amount of contribution (\$) <b>\$5.56</b>
Contributor address; City; State; Zip Code [Redacted] <b>New York City, NY 10024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-27-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lynn Tatum</b>	Amount of contribution (\$) <b>\$49</b>
Contributor address; City; State; Zip Code [Redacted] <b>Robinson TX 76706</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-28-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kimberly Sharky</b>	Amount of contribution (\$) <b>\$13.89</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brooklyn NY 11201</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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# SCHEDULE A1

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2 FILER NAME <b>James E. Klein</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9-28-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Nina van Maltke</b>	7 Amount of contribution (\$) <b>\$27.78</b>
	6 Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10024</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9-28-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Ruby Lerner</b>	Amount of contribution (\$) <b>\$8.33</b>
	Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10016</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9-29-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Catherine Orentreich</b>	Amount of contribution (\$) <b>\$11.11</b>
	Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10028</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-1-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Amy Baxter</b>	Amount of contribution (\$) <b>\$5.56</b>
	Contributor address; City; State; Zip Code [Redacted] <b>Atlanta GA 30307</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <b>James E. Klein</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-2-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robin Scheines</b>	7 Amount of contribution (\$) <b>\$2.78</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Brooklyn NY 11216</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-2-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Fine</b>	Amount of contribution (\$) <b>\$55.56</b>
Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10003</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-7-24</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <b>26-4203364</b> ) <b>Democracy Engine, LLC</b>	Amount of contribution (\$) <b>\$480.47</b>
Contributor address; City; State; Zip Code [Redacted] <b>Washington DC 20001</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joshua Lachter</b>	Amount of contribution (\$) <b>\$6.67</b>
Contributor address; City; State; Zip Code [Redacted] <b>Stanfordville NY 12581</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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4 Date <b>10-8-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lucy Bates-Campbell</b>	7 Amount of contribution (\$) <b>\$3.33</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Northampton VA 01060</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lusine Galoyan</b>	Amount of contribution (\$) <b>\$3.33</b>
Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10019</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amber Sulesky</b>	Amount of contribution (\$) <b>\$6.67</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brooklyn NY 11215</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Anita Cooney</b>	Amount of contribution (\$) <b>\$33.33</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brooklyn NY 11205</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <b>10-8-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marc Weiss</b>	7 Amount of contribution (\$) <b>\$ 66.67</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10003</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lusine Galoyan</b>	Amount of contribution (\$) <b>\$ 3.33</b>
Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10019</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amber Salesky</b>	Amount of contribution (\$) <b>\$16.67</b>
Contributor address; City; State; Zip Code [Redacted] <b>Brooklyn NY 11215</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lucy Bates-Campbell</b>	Amount of contribution (\$) <b>\$1.67</b>
Contributor address; City; State; Zip Code [Redacted] <b>Coxsackie NY 12051</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <b>James E. Klein</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-8-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mina von Moltke</b>	7 Amount of contribution (\$) <b>\$23.33</b>
	6 Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10024</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeremy Orloff</b>	Amount of contribution (\$) <b>\$33.33</b>
	Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10026</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-8-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catherine Drentreich</b>	Amount of contribution (\$) <b>\$6.67</b>
	Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10028</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-9-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Margaret Bates</b>	Amount of contribution (\$) <b>\$666.67</b>
	Contributor address; City; State; Zip Code [Redacted] <b>Manhattan NY 10011</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>10-9-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Will Qua</b>	7 Amount of contribution (\$) <b>\$ 33.33</b>
	6 Contributor address; City; State; Zip Code [Redacted] <b>Brooklyn NY 11201</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-9-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kimberly Sharky</b>	Amount of contribution (\$) <b>\$ 33.33</b>
	Contributor address; City; State; Zip Code [Redacted] <b>Brooklyn NY 11201</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-9-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Craig Neville-Manning</b>	Amount of contribution (\$) <b>\$166.67</b>
	Contributor address; City; State; Zip Code [Redacted] <b>New York NY 10038</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-17-24</b>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# <b>C0002089</b> ) <b>CWA-COPE PCC</b>	Amount of contribution (\$) <b>\$1,500.00</b>
	Contributor address; City; State; Zip Code [Redacted] <b>washington DC 20001</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>10-17-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Sierra Club Political Committee of TX</b>	7 Amount of contribution (\$) <b>\$2,000.00</b>
	6 Contributor address; City; State; Zip Code [Redacted] <b>Austin TX 78765-0000</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-17-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mrs. Manfred Scheurich</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; City; State; Zip Code [Redacted] <b>CC TX 78460-0101</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-17-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Craig Rogers</b>	Amount of contribution (\$) <b>\$250.00</b>
	Contributor address; City; State; Zip Code [Redacted] <b>CC TX 78418</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-17-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Mina Williams</b>	Amount of contribution (\$) <b>\$100.00</b>
	Contributor address; City; State; Zip Code [Redacted] <b>CC TX 78404-1828</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <b>10-21-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Atlantis Johnson</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code [Redacted] <b>Robstown TX 78380</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10-24-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. Hunter Middleton</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>CC TX 78404</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10-26-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bruce Olson</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code [Redacted] <b>CC TX 78404</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>James E. Klein</b>	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------	---------------------------------------

4 Date <b>10-4-24</b>	5 Payee name <b>Grunwald Printing Co.</b>
--------------------------	--

6 Amount (\$) <b>\$595.38</b>	7 Payee address; <b>1418 Morgan Ave.</b>	City; <b>CC</b>	State; <b>TX</b>	Zip Code <b>78404</b>
----------------------------------	---	--------------------	---------------------	--------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>printing expense</b>	(b) Description <b>print yard signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>10-10-24</b>	Payee name <b>Tejana Y Gruperia News</b>
-------------------------	---

Amount (\$) <b>\$125.00</b>	Payee address; <b>2202 Andrews Dr.</b>	City; <b>CC</b>	State; <b>TX</b>	Zip Code <b>78415</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>advertisement</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-14-24</b>	Payee name <b>Dallas Stevens Media</b>
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Amount (\$) <b>\$3,150.00</b>	Payee address; <b>15718 Escapade st</b>	City; <b>CC</b>	State; <b>TX</b>	Zip Code <b>78418</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>radio spots</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>James E. Klein</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-19-24</b>	5 Payee name <b>Chairborne Solutions</b>
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6 Amount (\$) <b>\$9,350.00</b>	7 Payee address; <b>1502 18th St</b>	City; <b>CC</b>	State; <b>TX</b>	Zip Code <b>78404</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	(b) Description <b>media advertisements</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-20-24</b>	Payee name <b>Jon Guerra Productions</b>
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Amount (\$) <b>\$1,000.00</b>	Payee address; <b>1408 Windcrest St</b>	City; <b>Kingsville</b>	State; <b>TX</b>	Zip Code <b>78363</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>campaign ad production</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED