

**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	2 Total pages filed: 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kevin	MI
	NICKNAME	LAST Henry	SUFFIX
OFFICE USE ONLY Date Received <u>Kaleen</u> FILED JOYCE HUDMAN, COUNTY CLERK, BRAZORIA CO., TEXAS BY <u>10/11/2024</u> DEPUTY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4849 CR747A		ZIP CODE
	Brazoria, TX 77422		Date Hand-delivered or Date Postmarked
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lucinda	MI M
	NICKNAME	LAST Henry	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4849 CR 747A		APT / SUITE #; CITY; STATE; ZIP CODE Brazoria TX 77422
	AREA CODE	PHONE NUMBER (979) 236-8588	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 07/01/2024		THROUGH
	Month Day Year 09/26/2024		
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Brazoria County Sheriff

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 32

13 C / OH NAME Henry, Kevin	14 Filer ID
------------------------------------	--------------------


15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
--	--

16 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)	\$ 13,147.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,102.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28,668.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Kevin C Henry
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kevin C Henry, this the 7th day of October, 2024, to certify which, witness my hand and seal of office.

Gloricia Canard
Signature of officer administering

Gloricia Canard
Printed name of officer administering

Notary
Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Henry, Kevin		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,147.01
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 FROM POLITICAL CONTRIBUTIONS	\$ 4,178.69
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,727.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 13,702.56
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 494.01
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 730.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/32
2 FILER NAME Henry, Kevin		3 Filer ID
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelton Family Partnership	7 Amount of Contribution (\$) \$2,500.00
6 Contributor address; City; State; Zip Code Angleton, TX 77515		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnard, Cody	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code Richwood, TX 77531		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnard, Cody	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code Richwood, TX 77531		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnard, Cody	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code Richwood, TX 77531		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Joe	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code Brazoria, TX 77422-7884		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/32
2 FILER NAME Henry, Kevin		3 Filer ID
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Ashley	7 Amount of Contribution (\$) \$83.65
	6 Contributor address; City; State; Zip Code Angleton, TX 77515	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borne, Janice	Amount of Contribution (\$) \$140.00
	Contributor address; City; State; Zip Code Angleton, TX 77515	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Crystal	Amount of Contribution (\$) \$52.40
	Contributor address; City; State; Zip Code Brazoria, TX 77422	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest, Kim	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Janett	Amount of Contribution (\$) \$15.94
	Contributor address; City; State; Zip Code New Braunfels, TX 78130-7512	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/32
2 FILER NAME Henry, Kevin		3 Filer ID
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hundl, Donna	7 Amount of Contribution (\$) \$26.35
	6 Contributor address; City; State; Zip Code Angleton, TX 77515	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandler, Kendel	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Richwood, TX 77531-2829	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance, Lance	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Lake Jackson, TX 77566	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lively, Dana	Amount of Contribution (\$) \$52.40
	Contributor address; City; State; Zip Code Angleton, TX 77515	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucia, Richard	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/32
2 FILER NAME Henry, Kevin		3 Filer ID
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Brett	7 Amount of Contribution (\$) \$52.40
6 Contributor address; City; State; Zip Code West Columbia, TX 77486		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Patrick	Amount of Contribution (\$) \$521.15
Contributor address; City; State; Zip Code Houston, TX 77018		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NUHAA LLC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Stafford, TX 77477		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peltier, Joyce	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Angleton, TX 77515		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prestage, Charles	Amount of Contribution (\$) \$10.73
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/32
2 FILER NAME Henry, Kevin		3 Filer ID
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riojas, Aaron	7 Amount of Contribution (\$) \$21.15
6 Contributor address; City; State; Zip Code Brazoria, TX 77422		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Brent	Amount of Contribution (\$) \$52.40
Contributor address; City; State; Zip Code Angleton, TX 77515		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lisa	Amount of Contribution (\$) \$26.35
Contributor address; City; State; Zip Code West Columbia, TX 77486		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorn, David	Amount of Contribution (\$) \$104.48
Contributor address; City; State; Zip Code Angleton, TX 77516		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) V & D Pipe Company	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Damon, TX 77430		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/32
2 FILER NAME Henry, Kevin		3 Filer ID
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Victor	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Lake Jackson, TX 77566	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 10/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 Date 07/24/2024	5 Payee name 3 Gent LLC	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 331 Verde Dr Clute, TX 77531	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Adversting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2024	Payee name Anedot - August	
Amount (\$) \$54.28	Payee address; City; State; Zip Code 1340 Poydras St Ste 1170 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot hosting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Anedot- July	
Amount (\$) \$24.78	Payee address; City; State; Zip Code 1340 Poydras St Ste 1170 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot hosting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 11/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 Date 09/21/2024	5 Payee name Anedot- September	
6 Amount (\$) \$29.15	7 Payee address; City; State; Zip Code 1340 Poydras St Ste 1170 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot hosting fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/02/2024	Candidate/Officeholder name Office sought Office held	
Payee name CLEAR CHANNEL		
Amount (\$) \$2,825.48	Payee address; City; State; Zip Code PO Box 847247 Dallas, TX 75284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Adversting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/18/2024	Candidate/Officeholder name Office sought Office held	
Payee name STS Cyril & Methodius Catholic Church		
Amount (\$) \$200.00	Payee address; City; State; Zip Code 603 Mulcahy Ave Damon, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 12/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 Date 09/17/2024	5 Payee name STS Cyril & Methodius Catholic Church	
6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 603 Mulcahy Ave Damon, TX 77430	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 13/32	2 FILER NAME Henry, Kevin	3 Filer ID
---	------------------------------	------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date 09/26/2024	6 Payee name Outdoor Advertising Display Inc
----------------------	---

7 Amount (\$) \$1,727.00	8 Payee address; City, State; Zip Code PO BOX 58525 Houston , TX 77258-8528
-----------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboard Advertising
---------------------------	---	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 1/16 Rpt: 14/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution Barclays Credit Card		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$54.38	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Wal-Mart		(b) Payee address; City, State, Zip Code 121 TX-332 Lake Jackson, TX 77566	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Show Supplies		(b) Description Show Supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
PAYMENT		(a) Amount Charged \$622.87	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name ADDI, LLC		(b) Payee address; City, State, Zip Code 1339 E. Broadway Pearland, TX 77581	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
PAYMENT		(a) Amount Charged \$1,038.12	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name ADDI, LLC		(b) Payee address; City, State, Zip Code 1339 E. Broadway Pearland, TX 77581	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 2/16 Rpt: 15/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$2,076.24	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name ADDI, LLC		(b) Payee address; City, State, Zip Code 1339 E. Broadway Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
		(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	
PAYMENT		(a) Amount Charged \$622.87	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name ADDI, LLC		(b) Payee address; City, State, Zip Code 1339 E. Broadway Pearland, TX 77581	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
		(c) <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	
PAYMENT		(a) Amount Charged \$257.49	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name TRACTOR-SUPPLY-CO #0465		(b) Payee address; City, State, Zip Code 203 TX-322 Lake Jackson, TX 77566	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Sign Supplies		(b) Description Signs Supplies	
		(c) <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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 3/16 Rpt: 16/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$24.19	(b) Date of Charge 09/16/2024
7 PAYEE	(a) Payee name HARBOR FREIGHT TOOLS3351	(b) Payee address; City, State, Zip Code 165 OysterCreek Dr Lake Jackson, TX 77566
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Sign Supplies	(b) Description Signs Supplies
	(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
PAYMENT	(a) Amount Charged \$15.00	(b) Date of Charge 09/14/2024
PAYEE	(a) Payee name CANVA* I04274-12286216	(b) Payee address; City, State, Zip Code 3212 E Cesar Chavez St Austin, TX 78702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Adversting
	(c) <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
PAYMENT	(a) Amount Charged \$46.54	(b) Date of Charge 09/07/2024
PAYEE	(a) Payee name WIX.COM	(b) Payee address; City, State, Zip Code 500 Terry A Francios Blvd San Francisco, CA 94158
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Adversting
	(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 4/16 Rpt: 17/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$75.15	(b) Date of Charge 09/05/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name HARBOR FREIGHT TOOLS3351		(b) Payee address; City, State, Zip Code 165 OysterCree Dr Lake Jackson, TX 77566	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Sign Supplies		(b) Description Signs Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
PAYMENT		(a) Amount Charged \$54.07	(b) Date of Charge 08/27/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name FACEBK *UDTPE947K2		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
PAYMENT		(a) Amount Charged \$69.41	(b) Date of Charge 08/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name HARBOR FREIGHT TOOLS3351		(b) Payee address; City, State, Zip Code 165 OysterCree Dr Lake Jackson, TX 77566	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Sign Supplies		(b) Description Signs Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 5/16 Rpt: 18/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$125.00	(b) Date of Charge 08/26/2024
7 PAYEE	(a) Payee name SOUTHERN ELEGANCE	(b) Payee address; City, State, Zip Code 2614 E. Belgravia Dr Pearland, TX 77584
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Show Supplies	(b) Description Show expense
	(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
10 PAYMENT	(a) Amount Charged \$958.00	(b) Date of Charge 08/25/2024
11 PAYEE	(a) Payee name TRACTOR-SUPPLY-CO #0465	(b) Payee address; City, State, Zip Code 203 TX-322 Lake Jackson, TX 77566
12 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Sign Supplies	(b) Description Signs Supplies
	(c) <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
13 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 08/20/2024
14 PAYEE	(a) Payee name 2024 ANGLETON ARISTOCA	(b) Payee address; City, State, Zip Code Unkown Angleton, TX 77515
15 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Donation
	(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 6/16 Rpt: 19/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$52.06	(b) Date of Charge 08/19/2024
7 PAYEE	(a) Payee name HARBOR FREIGHT TOOLS3351	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	(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
PAYMENT	(a) Amount Charged \$53.79	(b) Date of Charge 08/16/2024
PAYEE	(a) Payee name ASIELS	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code 330 N Dixie Dr Lake Jackson, TX 77566
9 Complete ONLY if direct expenditure to benefit C/OH	(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
PAYMENT	(a) Amount Charged \$6.47	(b) Date of Charge 08/15/2024
PAYEE	(a) Payee name MCCOYS #03	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code 1308 Brooks St Brazoria, TX 77422
9 Complete ONLY if direct expenditure to benefit C/OH	(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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 7/16 Rpt: 20/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$25.84	(b) Date of Charge 08/15/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name MCCOYS #03		(b) Payee address; City, State, Zip Code 1309 Brooks St Brazoria, TX 77423	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 08/14/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name CANVA* I04243-17535082		(b) Payee address; City, State, Zip Code 3212 E Cesar Chavez St Austin, TX 78702	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
PAYMENT		(a) Amount Charged \$21.82	(b) Date of Charge 08/13/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Subway		(b) Payee address; City, State, Zip Code 1100 E Mulberry Angleton, TX 77515	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 8/16 Rpt: 21/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$61.63	(b) Date of Charge 08/13/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name LA MADELEINE LAKE		(b) Payee address; City, State, Zip Code 401-A This Way Lake Jackson, TX 77566	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for meeting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
PAYMENT		(a) Amount Charged \$14.02	(b) Date of Charge 08/12/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name MCCOYS #03		(b) Payee address; City, State, Zip Code 1309 Brooks St Brazoria, TX 77423	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
PAYMENT		(a) Amount Charged \$32.83	(b) Date of Charge 08/11/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name SHIPLEY DO-NUTS - FC6000		(b) Payee address; City, State, Zip Code 210 TX-332 Lake Jackson, TX 77566	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food for meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 9/16 Rpt: 22/32		2 FILER NAME Henry, Kevin		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 08/10/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name NO MATTER WHAT CLUB		(b) Payee address; City, State, Zip Code 403 Leeward Way Freeport, TX 77541	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Donation	
	(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
PAYMENT	(a) Amount Charged \$46.54	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name WIX.COM		(b) Payee address; City, State, Zip Code 500 Terry A Francios Blvd San Francisco, CA 94158	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Advertising	
	(c) <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
PAYMENT	(a) Amount Charged \$52.06	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name HARBOR FREIGHT TOOLS3351		(b) Payee address; City, State, Zip Code 165 OysterCreek Dr Lake Jackson, TX 77566	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description Supplies	
	(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 10/16 Rpt: 23/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$175.00	(b) Date of Charge 08/04/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name FACEBK *ZFV5R8U7K2		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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			
PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 08/02/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name LI DONATIO* GOTV WORKS		(b) Payee address; City, State, Zip Code 1101N Highland St Arlington, VA 22201	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Education		(b) Description Educaiotn	
		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <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			
PAYMENT		(a) Amount Charged \$162.38	(b) Date of Charge 07/31/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name ADDI, LLC		(b) Payee address; City, State, Zip Code 1339 E. Broadway Pearland, TX 77581	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(c) <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			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 11/16 Rpt: 24/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$1,244.88	(b) Date of Charge 07/31/2024
7 PAYEE	(a) Payee name ADDI, LLC	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Payee address; City, State, Zip Code 1339 E. Broadway Pearland, TX 77581
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
PAYMENT	(a) Amount Charged \$2,076.24	(b) Date of Charge 07/31/2024
PAYEE	(a) Payee name ADDI, LLC	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Payee address; City, State, Zip Code 1339 E. Broadway Pearland, TX 77581
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <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
PAYMENT	(a) Amount Charged \$1,768.81	(b) Date of Charge 07/31/2024
PAYEE	(a) Payee name ADDI, LLC	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Payee address; City, State, Zip Code 1339 E. Broadway Pearland, TX 77581
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 12/16 Rpt: 25/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 07/30/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name LI DONATIO* GOTV WORKS		(b) Payee address; City, State, Zip Code 1101N Highland St Arlington, VA 22201	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Educaiotn		(b) Description Educaiotn	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 07/30/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name LI DONATIO* GOTV WORKS		(b) Payee address; City, State, Zip Code 1101N Highland St Arlington, VA 22201	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Education		(b) Description Education	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	
PAYMENT		(a) Amount Charged \$59.70	(b) Date of Charge 07/28/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name OFFICE DEPOT #2691		(b) Payee address; City, State, Zip Code 104 TX-332 Ste 300 Lake Jackson, TX 77566	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 13/16 Rpt: 26/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$724.30	(b) Date of Charge 07/22/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name BULL SHIRTS		(b) Payee address; City, State, Zip Code 5485 W Sam Houston Houston, TX 77041	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Advertising Expense		(b) Description Shirts	
		(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	
PAYMENT		(a) Amount Charged \$160.11	(b) Date of Charge 07/22/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name AMAZON.COM*RJ3327B30		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Supplies		(b) Description Supplies	
		(c) <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	
PAYMENT		(a) Amount Charged \$15.00	(b) Date of Charge 07/14/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name CANVA* I04212-10140826		(b) Payee address; City, State, Zip Code 3212 E Cesar Chavez St Austin, TX 78702	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Advertising Expense		(b) Description Adversting	
		(c) <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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

1 Total pages Schedule F4: Sch: 14/16 Rpt: 27/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$46.54	(b) Date of Charge 07/07/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name WIX.COM 1125088319		(b) Payee address; City, State, Zip Code 500 Terry A Francios Blvd San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Adversting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$49.58	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name HARBOR FREIGHT TOOLS3351		(b) Payee address; City, State, Zip Code 165 OysterCreek Dr Lake Jackson, TX 77566	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$32.26	(b) Date of Charge 09/26/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name HARBOR FREIGHT TOOLS3351		(b) Payee address; City, State, Zip Code 165 OysterCreek Dr Lake Jackson, TX 77566	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description Supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental 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.

1 Total pages Schedule F4: Sch: 15/16 Rpt: 28/32		2 FILER NAME Henry, Kevin		3 Filer ID	
4 CREDIT CARD ISSUER		Name of financial institution Lowe's Credit Card		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$86.56	(b) Date of Charge 09/10/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Lowe's		(b) Payee address; City, State, Zip Code 200 Hwy 332 Lake Jackson, TX 77566	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Supplies		(b) Description Supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/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.

1 Total pages Schedule F4: Sch: 16/16 Rpt: 29/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution American Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$115.75	(b) Date of Charge 08/13/2024
7 PAYEE	(a) Payee name OFFICE DEPOT #2691	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	(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
6 PAYMENT	(a) Amount Charged \$119.06	(b) Date of Charge 08/13/2024
7 PAYEE	(a) Payee name OFFICE DEPOT #2691	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	(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

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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 G: Sch: 1/2 Rpt: 30/32	2 FILER NAME Henry, Kevin	3 Filer ID
--	------------------------------	------------

4 Date 09/10/2024	5 Payee name Lowe's
----------------------	------------------------

6 Amount (\$) \$86.56	7 Payee address; City; State; Zip Code 200 Hwy 332 Lake Jackson, TX 77566
------------------------------	---

Reimbursement from political contributions intended

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

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

Date 08/13/2024	Payee name OFFICE DEPOT #2691
--------------------	----------------------------------

Amount (\$) \$115.75	Payee address; City; State; Zip Code 104 TX-332 Ste 300 Lake Jackson, TX 77566
-----------------------------	--

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
------------------------	---	---

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

Date 08/13/2024	Payee name OFFICE DEPOT #2691
--------------------	----------------------------------

Amount (\$) \$119.06	Payee address; City; State; Zip Code 104 TX-332 Ste 300 Lake Jackson, TX 77566
-----------------------------	--

Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
------------------------	---	---

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

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 31/32	2 FILER NAME Henry, Kevin	3 Filer ID
4 Date 08/12/2024	5 Payee name Sam's Club	
6 Amount (\$) \$172.64	7 Payee address; City; State; Zip Code 15800 S Fwy Pearland, TX 77584	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Show Supplies
		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for trade shows
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 32/32
2 FILER NAME Henry, Kevin		3 Filer ID
4 Date 08/06/2024	5 Name of person from whom amount is received Brazoria Little League Inc	8 Amount (\$) \$300.00
	6 Address of person from whom amount is received; City; State; Zip Code PO Box 1180 Brazoria , TX 77422	
	7 Purpose for which amount is received Refund for sponsorship <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/13/2024	Name of person from whom amount is received Brazoria Little League Inc	Amount (\$) \$50.00
	Address of person from whom amount is received; City; State; Zip Code PO Box 1180 Brazoria , TX 77422	
	Purpose for which amount is received Refund of sponsorship <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/05/2024	Name of person from whom amount is received City of Clute	Amount (\$) \$380.00
	Address of person from whom amount is received; City; State; Zip Code 108 E Main St Clute , TX 77531	
	Purpose for which amount is received Refund for cancelled event fee <input type="checkbox"/> Check if political contribution returned to filer	