

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

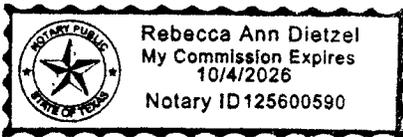
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,010.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,409.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,600.07
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.

Karissa Winters

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Karissa Winters this the 4 day of January,

20 24 to certify which, witness my hand and seal of office.

Rebecca Dietzel Rebecca Dietzel Notary
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	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,010.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,409.93
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 5
2 FILER NAME Karissa Winters		3 Filer ID (Ethics Commission Filers)
4 Date 11/29/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Karissa Winters 6 Contributor address; City; State; Zip Code 6001A Country Club Dr, Victoria, TX 77904	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Community Lead		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor out-of-state PAC (ID#: _____) Greg Spears Contributor address; City; State; Zip Code 507 Charleston Dr, Victoria, TX 77904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 12/04/2023	Full name of contributor out-of-state PAC (ID#: _____) Bryce Winters Contributor address; City; State; Zip Code 6001A Country Club Dr., Victoria, TX 77904	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) Petroleum Landman		Employer (See Instructions)
Date 12/13/2002	Full name of contributor out-of-state PAC (ID#: _____) Black Knight Operating Contributor address; City; State; Zip Code 110 S. Main St, Victoria, TX 77901	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Karissa Winters		3 Filer ID (Ethics Commission Filers)
4 Date 12/15/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kathryn & Kenny Huff 6 Contributor address; City; State; Zip Code 2707 Orion St, League City, TX 77573	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Jason Pruitt Contributor address; City; State; Zip Code 104 Rhodes Rd, Victoria, TX 77904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 12/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Kimberly Hashke Contributor address; City; State; Zip Code 29 Brook View, Victoria, TX 77904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 12/17/2023	Full name of contributor out-of-state PAC (ID#: _____) JE Struthers Contributor address; City; State; Zip Code 200 Hudson St., Denver, CO 80220	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Karissa Winters		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Donovan Huff 6 Contributor address; City; State; Zip Code 32 Cotswald, Victoria, TX 77904	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Marsha Williams & Hunter Behnke Contributor address; City; State; Zip Code 6006 Strasbourg, Corpus Christi, TX 78414	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 12/18/2023	Full name of contributor out-of-state PAC (ID#: _____) June Grigg Contributor address; City; State; Zip Code RR2, Box 861, Ava MO, 68608	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Walter R. & Barbara Winters Contributor address; City; State; Zip Code PO Box 3361, Alice, TX 78333	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Karissa Winters		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Russell Ybarra 6 Contributor address; City; State; Zip Code 3006 Sunset Blvd, Houston, TX 77005	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 12/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Jimmy Lee Huff Contributor address; City; State; Zip Code 1401 E. Park Ave, Victoria, TX 77901	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions)
Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Heather Montgomery Contributor address; City; State; Zip Code 3405 Redwood, Victoria, TX 77901	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 12/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Heather McQuiddy Contributor address; City; State; Zip Code 1202 Arizona Ash St, San Antonio, TX 78232	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Karissa Winters		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jill Blucher 6 Contributor address; City; State; Zip Code 801 E. Park Ave, Victoria, TX 77901	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Victim Advocate		9 Employer (See Instructions)
Date 12/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Donald Jirkovski Contributor address; City; State; Zip Code 118 Mandarin Dr, Victoria, TX 77901	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Regional Advisor		Employer (See Instructions)
Date 12/30/2023	Full name of contributor out-of-state PAC (ID#: _____) R. Bryan Gulley, DDS PLLC Contributor address; City; State; Zip Code 6421 Saratoga Blvd, Bldg 101, Corpus Christi, TX 78414	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 2	2 FILER NAME Karissa Winters	3 Filer ID (Ethics Commission Filers)
4 Date 12/05/2023	5 Payee name Guerilla Consulting	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 110 Pin Oak Ct, Victoria, TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Advisor
	(c) Check if travel outside of Texas. Complete Schedule T. 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 12/15/2023	Payee name Venmo	
Amount (\$) 19.20	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Money Transfer Fees
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/15/2023	Payee name Kurtz Printing	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code 110 Pin Oak Ct., Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 2	2 FILER NAME Karissa Winters	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/2023	5 Payee name Tractor Supply	
6 Amount (\$) 138.69	7 Payee address; City; State; Zip Code 9304 N. Navarro St, Victoria, TX 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sign Posting Supplies
	(c) Check if travel outside of Texas. Complete Schedule T. 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 01/03/2023	Payee name Kurtz Printing	
Amount (\$) 570.84	Payee address; City; State; Zip Code 110 Pin Oak Ct, Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Door Hangers and Handouts
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/03/2024	Payee name Building Brands Marketing	
Amount (\$) 1,181.20	Payee address; City; State; Zip Code 120 S. Main St., Ste 500, Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Graphic Design/Webhosting
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED