

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	
	NICKNAME	LAST	SUFFIX	
Mr. James Jim Klein			OFFICE USE ONLY Date Received Date Filed 10/11/22 Rebecca Huerta Rebecca Huerta City Secretary	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #		CITY
<input type="checkbox"/> Change of Address 3501 Monterrey St. Corpus Christi, TX 78411		STATE		ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION
(361) 334-3908			Date Held-Delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
Mr. David Bright			Receipt # Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 318 Barracuda Pl. Corpus Christi, TX 78411			Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(361) 960-3283			Date Imaged	
9 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)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 08 / 09 / 2022 10 / 11 / 2022			
11 ELECTION	ELECTION DATE Month Day Year 11 / 08 / 2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	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.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>James E. Klein</i>		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)	\$ <i>15.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>3080.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>40.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2314.37</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>3080.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>00.00</i>

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
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 *11* day of *October*, 20*22* to certify which, witness my hand and seal of office.
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

James E. Klein

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3080.00
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	\$ 2274.37
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 400.31
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: 7
2 FILER NAME James E. Klein		3 Filer ID (Ethics Commission Filers)
4 Date 09/02/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bucky Moeller	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 7217 Sparkle Sea Unit EE CC TX 78412	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 09/02/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lon Burnham	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1067 W. Magnolia Ave Fort Worth TX 76104	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peggy & Jose Duran	Amount of contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 4022 Congressional Dr. CC, TX 78413	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary Jo O'Rears	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3946 Kingston Dr. CC, TX 78415	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>09/13/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Weber</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>609 Naples St CC TX 78404</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>09/20/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dorothy Spann</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>502 Pel Mar Blvd CC, TX 78404</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>09/13/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Akbar Abba</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1037 Airline Rd CC TX 78412</i>		
Principal occupation / Job title (See Instructions) <i>businessman</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanne Adams</i>	Amount of contribution (\$) <i>\$40.00</i>
Contributor address; City; State; Zip Code <i>215 Louisiana Blvd CC TX 78404</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>09/27/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Gonzalez</i>	7 Amount of contribution (\$) <i>\$75.00</i>
6 Contributor address; City; State; Zip Code <i>8033 SP10, Apt C02 CC, TX 78412</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date <i>09/20/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mina Williams</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>141 Naples St CC TX 78404</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>09/20/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Venice Scheurich</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>5001 Calallen Dr. CC, TX 78410</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>10/11/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pat Gardner</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>14321 Scallup St CC, TX 78418</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/11/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Lipman</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; State; Zip Code <i>233 Mitchell St CC TX 78411</i>	
8 Principal occupation / Job title (See Instructions) <i>faculty member</i>		9 Employer (See Instructions) <i>Dcl Mar College</i>
Date <i>10/11/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Beatriz Alvarado</i>	Amount of contribution (\$) <i>\$60.00</i>
	Contributor address; City; State; Zip Code <i>5906 Regency CC, TX 78414</i>	
Principal occupation / Job title (See Instructions) <i>faculty member</i>		Employer (See Instructions) <i>Dcl Mar College</i>
Date <i>09/22/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Neil McQueen</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code <i>4213 Estates St. CC TX 78412</i>	
Principal occupation / Job title (See Instructions) <i>environmental consultant</i>		Employer (See Instructions)
Date <i>09/22/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nelda Martinez</i>	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; City; State; Zip Code <i>11314 Doris Creek Cir CC TX 78410</i> 1700 Roosevelt Blvd CC, TX	
Principal occupation / Job title (See Instructions) <i>real estate agent business owner</i>		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>09/27/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bruce Olson</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>231 Oleander Dr. CC, TX 78404</i>		
8 Principal occupation / Job title (See Instructions) <i>retired</i>		9 Employer (See Instructions)
Date <i>09/27/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Sally Farris</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>13043 Hunters Breeze San Antonio, TX 781230</i>		
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions)
Date <i>09/27/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Craig Rogers</i>	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code <i>15837 Grenadine CC, TX 78418</i>		
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Geico Insurance</i>
Date <i>09/27/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Fred Summerlin</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>1017 Diomedes Dr. Portland, TX 78374</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>09/27/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nye Holdings</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>802 N. Carancahua St CC, TX 78401</i> <i>suite 1840</i>		
8 Principal occupation / Job title (See Instructions) <i>landlord</i>		9 Employer (See Instructions)
Date <i>09/27/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nora Fazio</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>221 Ocean View Pl. CC, TX 78411</i>		
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)
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)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>James E Klein</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>09/20/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yolanda Canales</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; City; State; Zip Code <i>14 Hewitt Dr. CC TX 78404</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10-9-2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alice Hawkins</i>	Amount of contribution (\$) <i>\$40.00</i>
Contributor address; City; State; Zip Code <i>3605 Cottonwood St. CC, TX 78411</i>		
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)
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

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: 3	2 FILER NAME James E. Klein	3 Filer ID (Ethics Commission Filers)
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4 Date 8-23-2022	5 Payee name Arrow Display Signs
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6 Amount (\$) \$681.98	7 Payee address; 1343 S. Staples St.	City; CC	State; TX	Zip Code 78404
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description printed stickers
	(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
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Date 9-2-2022	Payee name Arrow Display Signs
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Amount (\$) \$227.33	Payee address; 1343 S. Staples St.	City; CC	State; TX	Zip Code 78404
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description printed stickers
	<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 9-4-2022	Payee name Larry Beldt
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Amount (\$) \$50.00	Payee address; 5057 Leavenworth St, #3	City; Omaha	State; NE	Zip Code 68106
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description campaign literature design
	<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:		2 FILER NAME <i>James E. Klein</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9-7-2022</i>		5 Payee name <i>Gulf Coast Mailing & Printing Services</i>			
6 Amount (\$) <i>\$321.50</i>		7 Payee address; <i>6901 S. Padre Island Dr.</i>		City; <i>CC</i>	State; Zip Code <i>TX 78412</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>printing expenses</i>		(b) Description <i>printing door hangers, push cards, business cards</i>		
	(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 <i>9-20-2022</i>		Payee name <i>Jon Guerra Productions</i>			
Amount (\$) <i>\$350.00</i>		Payee address; <i>1408 Windcrest St.</i>		City; <i>Kingsville</i>	State; Zip Code <i>TX 78363</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>political ad production</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>9-23-22</i>		Payee name <i>Arrow Display Signs</i>			
Amount (\$) <i>\$243.56</i>		Payee address; <i>1343 S. Staples St.</i>		City; <i>CC</i>	State; Zip Code <i>TX 78404</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>printing expense</i>		Description <i>printed stickers</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		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 FILER NAME <i>James E. Klein</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9-27-2022</i>	5 Payee name <i>Jon Guerra Productions</i>
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6 Amount (\$) <i>\$400.00</i>	7 Payee address; <i>1408 Windcrest St</i>	City; <i>Kingsville</i>	State; <i>TX</i>	Zip Code <i>78363</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>political ad production</i>
	(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
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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 <u>ONLY</u> 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 <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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 1	2 FILER NAME James E. Klein	3 Filer ID (Ethics Commission Filers)
4 Date 8-9-2022	5 Payee name City of Corpus Christi	
6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1201 Leopard St	City; State; Zip Code CC TX 78401
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description filing fee
	(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 James E. Klein	Office sought CC City Council, At Large
Date 9-21-2022	Payee name Prestige Printing	
Amount (\$) \$300.31 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 8 Burwood Lane	City; State; Zip Code San Antonio TX 78216
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description printing of campaign materials
	<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 James E. Klein	Office sought CC City Council, At Large
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED