CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 22 MS / MRS : MR 3 CANDIDATE/ MI OFFICE USE ONLY OFFICEHOLDER Mr. Sames NAME Data Received NICKNAME LAST SUFFIX Date File Jim Klein ADDRESS / PO BOX; APT / SUITE #. 3501 Monterrey St 4 CANDIDATE / STATE. ZIP CODE **OFFICEHOLDER** MAILING ADDRESS Curpus Christi, TX 78411 Change of Address AREA CODE 5 CANDIDATE/ EXTENSION Date Galt Vali Secnetary arked OFFICEHOLDER (361)334-3908 PHONE Amount \$ MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Mr. Date Processed NAME SUFFIX Date Imaged Bright STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; ZIP CODE CITY: STATE: 7 CAMPAIGN TREASURER ADDRESS Corpus Christi, TX 78411 (Residence or Business) EXTENSION AREA CODE CAMPAIGN TREASURER PHONE (361) 960-3283 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR); 8th day before election Reporting Limit 10 PERIOD COVERED 07/01/2024 26 /2024 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Other Month General 11 / 05/2024 Spacial OFFICE HELD (Fany) CC City Council, 13 OFFICE SOUGHT (IT KNOWN) CC City Council) 12 OFFICE At Large + Large THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REREQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT	COVER GILLETT G 2
15 C/OH NAME		6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 301,08
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,015,12
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$2111.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	BAY \$13340,15
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a uired to be reported by me under Title 15, Election Code.	and correct and includes all information

MARIAH H MANNINO ID# 13368975-7 Notary Public STATE OF TEXAS My Comm. Exp. 04-06-2026

Signature of Candidate or Officeholder

Please complete either option below:

	1 10400 0	ompioto omio.	- p				
(1) Affidavit					/b		
	which, witness my hand end seal of of	ffice.	ino	the	otanz	Gober public	<u>ر</u>
		OR					
(2) Unsworn Declarati	on						
My name is		, and a	my date of bi	rth is			
3000 - 300 300 VIOLANO 300	(street)	\(\frac{1}{2}\)	(aity)	(state)	(zip code)	(country)	
Executed in	County, State of	, on the	day of	nonth)	20		
			Signature of C	andidate/Of	ficeholder (Decl	arant)	
		and albies alola by a				Revised 9/17	2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Commission Filers)				
	James E.Klein				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	s12714.12			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 427.06			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s			
4	SCHEDULE E: LOANS	S .			
5.	SCHEDULE F1. POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2111,87			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	3			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	vs \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	ED \$			

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 т	otal pages Schedule A1:
2 FILER NAME	James E.Klein		iller ID (Ethics Cammission Filers)
4 Date	5 Full name of contributor Sout-of-state PAC (ID#:26-4203	364 , 7 A	Amount of contribution (\$)
7-9-24	Pemocracy Engine, LLC 6 Contributor address; City; State; Zip Washington OC 200	Code	\$42.35
8 Principal occu		See Instructions)	
	J Linguist	oss madellona,	*
Date	Full name of contributor Sout-of-state PAC (ID#26-420)	3364	Amount of contribution (\$)
7-9-24	Democracy Engine, LLC. Contributor address: City: State: Zip Washington DC 200	Code	\$48.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	CHI.
	*		
	00 1/04	7764	
Date	Full name of contributor Sout-of-state PAC (ID# 26-420	2267	Amount of contribution (\$)
7-9-24	Democisix Engine LLC Contributor address: City: State: Zip: Washington DC 20	Code 06 /	\$64.79
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor Sout-of-state PAC (ID# 26 - 420	3364,	Amount of contribution (\$)
7-9-24	Octobrille addense City: State: Zipo Washington DC 200		\$15.24
Principal occu	pation / Job title (See Instructions) Employer	See Instructions)	
	100		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

	**		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	James E. Klein		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	; (ID#:)	7 Amount of contribution (\$)
7-9-24	6 Contributor address; City;	State; Zip Code	\$75.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	: (ID#)	Amount of contribution (\$)
7-11-24	Contributor address; City;	State; Zip Code sfi, TX 78411	\$2,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		: (ID#)	Amount of contribution (\$)
7-24-24	Contrad Mossis Contributor address; Corpus Christi	State; Zip Code TX 78412	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		; (ID#)	Amount of contribution (\$)
8-1-24	Vickie Natalie Contributor address; City: Corpus Christi	State; Zip Code	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see Instr		

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	James E.Klein		3 Filer ID (Ethics Commission Filers)		
4 Date		; (ID#:)	7 Amount of contribution (\$)		
	James & Sylvia Whitworth				
8-1-24	6 Contributor address; City;	State; Zip Code	\$100.00		
	Corpus Christi	TX 78413	#100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ions)		
			,		
Date	Full name of contributor out-of-state PAC	: (10#)	Amount of contribution (\$)		
	Teresa Klein		Amount of contribution (4)		
8-5-24	Contributor address; City;	State; Zip Code	dition ad		
0-5	CC	TX 78411	\$50.00		
			-		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		: (ID#)	Amount of contribution (\$)		
- 04	Ann Smith		•		
8-6-24	Contributor address; City;	State; Zip Code	\$100.00		
	cc 1	78412			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor Out-of-state PAG	(ID#)	Amount of contribution (\$)		
	Mikell Smith		,		
8-6-24	Contributor address; City;	State; Zip Code	#0 :: 0 0 0		
8-6-21		78412	\$300.00		
Principal occu	pation / Job title (See Instructions)				
rindpar occu	padon / Job due (See Instructions)	Employer (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	•	3 Filer ID (Ethics Commission Filers)
	James E. Klein	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Ron Graban	
8-6-24	6 Contributor address; City; State; Zip Code	dia a a a
0.00	E TV 700374	\$200,00
	Portland TX 784374	
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state_PAC (ID#)	Amount of contribution (f)
		Amount of contribution (\$)
8-6-24	Contributor address: City: State: Zin Code	
8-6-91	only, oute, zip code	\$100.00
	CC TX 78411	-
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
	•	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
	Jeanne Adams	Allocate of contribution (5)
2 6 24		
8-6-24		\$ 100.00
	cc TX 78404	
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Jeanne Leonard	valued in contribution (a)
8-6-24		
8671		\$100.00
	Cc Tx 78412	
Principal occi	upation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IFFDED

SCHEDULE A1

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

The	Instruction Guide explains how	1 Total pages Schedule A1:		
2 FILER NAME	James E. Klein			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	> (HD#:)	7 Amount of contribution (\$)
8-6-24	Juan F. Santos 6 Contributor address;	city; CC T)	State; Zip Code	\$250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	ut-of-state PAC	: (10#)	Amount of contribution (\$)
8-6-24	Mary Jo O'Rear Contributor address;	city; ÇC - 7	State; Zip Code	\$100,00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor Becky Moeller	out-of-state PAC	: (ID#)	Amount of contribution (\$)
8-6-24	Contributor address;	City;	State; Zip Code	\$ 50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	÷ {IO#)	Amount of contribution (\$)
8-6-24	Contributor address;	City;	State; Zip Code	\$100-00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDIT	TONAL CODIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE A1

Th	e Instruction Guide explains hov	w to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	James E.Klein			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Out-of-state PA	.C (ID#:)	7 Amount of contribution (\$)
8-6-24	Virginia Oler 6 Contributor address;		State; Zip Code	\$ 100.00
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
8-6-24	Contributor address;	City;	State; Zip Code	\$500.00
Principal occu	upation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Bill Hoelscher	Cut-of-state PA	C (ID#)	Amount of contribution (\$)
8-6-24	Contributor address;	City;	State; Zip Code TX 78404	\$200.00
Principal occi	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Phyllis Finley	☐ cut-of-state PA	C (10#	Amount of contribution (\$)
8-6-24	Contributes added	City;	State; Zip Code	\$100.00
Principal occi	upation / Job title (See Instructions)		Employer (See Instruc	tions)
	·			
	ATTACH ADDI' If contributor is out-of-state PA		OF THIS SCHEDULE AS N	

SCHEDULE A1

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

Th∈	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME	James E.Kl	e) n		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
8-6-24	Barbara Welder 6 Contributor address;	city;	State; Zip Code	\$100.00	
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor Diane + John La		C (ID#)	Amount of contribution (\$)	
8-6-24	Contributor address;	City;	State; Zip Code TX 78463	\$250,00	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor Mork La Rue	aut-of-stale PA	C (ID#)	Amount of contribution (\$)	
8-6-24	Contributor address;	City;	State; Zip Code TX 78412	\$ 250.00	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor		C (ID#)	Amount of contribution (\$)	
8-6-24	Julie and Barry Ro Contributor address;	City;	State; Zip Code	\$200,00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		,			
	ATTACH ADDIT	HONAL CODIES	OF THIS SCHEDING A CA	IEEOEO	

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

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	James E. Klein	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8-6-24	6 Contributor address; City; State; Zip Code CC TX 78404	\$ 100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
8-6-24	Contributor address; City; State; Zip Code	\$50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#) Dora Wilburn	Amount of contribution (\$)
8-6-24	Contributor address; City; State; Zip Code	\$10.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor aut-of-state PAC (ID#)	Amount of contribution (\$)
8-7-24	Contributor address; City; State; Zip Code Austin, TX 78741	\$500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

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The Instruction Guide exp	1 Total pages Schedule A1:				
2 FILER NAME James E.	Klein		3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contrib	outor out-of-state PAC) (ID#:)	7 Amount of contribution (\$)		
Tony Villa	nueva	•••••			
8-7-24 6 Contributor address		State; Zip Code	\$100.00		
	SanAntonio	TX 78209	••		
8 Principal occupation / Job title (See Inc	structions)	9 Employer (See Instruc	l tions)		
Date Full name of contrib	utor Out-of-state PAC	: (10#)	Amount of contribution (\$)		
Brigh Exa	n c		Allocate of contabation (4)		
8-7-24 Contributor address	***************************************	State; Zip Code	\$100.00		
8 7 5-1	Austin	TX 78759	#P1005 = C		
Principal occupation / Job title (See Ins			#		
Timopal occupation 7 doo due (dee ma	a acaons)	Employer (See Instruc	tions)		
Date Full name of contrib	utos Daniela are	102			
	1 -	: (ID#)	Amount of contribution (\$)		
Cathy Mc A			4010		
8-7-24 Contributor address	1	State; Zip Code	\$25.00		
	ROCKPORT	TX 78382	-		
Principal occupation / Job title (See Ins	tructions)	Employer (See Instruc	tions)		

Date Full name of contrib	out-of-stata PAC	\$ (ID#)	Amount of contribution (\$)		
Neil McQue	en				
8-8-24 Contributor address	s; City;	State; Zip Code	\$100.00		
	CC	TX 78412	B100.00		
Principal occupation / Job title (See Ins	tions)				

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SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
James E. Klein	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#) Bay front Maring Investments	7 Amount of contribution (\$)
8-12-24 6 Contributor address; City; State; Zip Code CC, TX 78401	\$1000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor	Amount of contribution (\$)
8-12-24 Contributor address; City; State; Zip Code Hill TX 76053	\$250,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (10+)	Amount of contribution (\$)
8-18-24 Contributor address; City: State: Zip Code CC, 7x 78413	\$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Data Full name of contributor out-of-state PAC (ID#) Daya Wilbarn	Amount of contribution (\$)
8-20-24 Contributor address; City: State; Zip Code CC 7X 78415	\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
James E. Klein	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8-27-24 6 Contributor address; City; State; Zip Code CC TX 78414	\$250.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See I	Instructions)
Date Full name of contributor Sout-of-state PAC (ID# 26-420336	Amount of contribution (\$)
8-27-24 Contributor address; City; State; Zip Code Washington DC 2000	4110000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date Full name of contributor out-of-state PAC (ID=	Amount of contribution (\$)
8-29-24 Contributor address; City; State; Zip Code CC TX 784/.	2 \$25.00
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)
Date Full name of contributor Dout-of-state PAC (ID#	Amount of contribution (\$)
9-/-29 Contributor address; City; State; Zip Code CC 7X 78404	\$ 50.00
Principal occupation / Job title (See Instructions) Employer (See I	

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedula A1:				
2 FILER NAME	James E.Klein	3 Filer ID (Ethlcs Commission Filers)				
4 Date	5 Full name of contributor	7 Amount of contribution (\$)				
	Meil McQueen					
0 2 2 2	6 Contributor address; City; State; Zip Code					
9-2-24	CC TX 78412	\$100.00				
8 Principal occu						
	pation / Job title (See Instructions) 9 Employer (See In	structions)				
Date	Full name of contributor ☐ out-of-state PAC (ID#					
	Ruth Falek	· ·				
9-2-24	Contributor address; City; State; Zip Code	\$150,00				
'	CC TX 78411	#150,0				
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)				
	-					
Date	Full name of contributor ☐ out-of-stale PAC (ID≑	Amount of contribution (\$)				
	CCAFTCOPE.					
9-4-24	Contributor address; City; State; Zip Code	\$1000.00				
CC TX 78411						
Principal occu	pation / Job title (See Instructions) Employer (See In	etructions)				
	Cimpleyor (Gee ii)	34 44401137				
Date	Full name of contributor Solut-of-state PAC (ID# 26-4203364	Amount of contribution (\$)				
	Demacracy Engine 1/C					
0 100	Ormacracy Engine LLC. Contributor address; City; State; Zip Code	#110 711				
9-6-24	Washington DC 20001	, B/19.74				
Principal occu	pation / Job title (See Instructions) Employer (See In					
-		ou doctoria,				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE					
1	If contributor is out-of-state PAC, please see Instruction guide for addition	onal reporting requirements.				

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 Sames E. Klein						3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PAC	C (ID#:	}	7 Amount of contribution (\$)
		Theresa Preston-Wa	iner			
9-	9-24	6 Contributor address;	City;	State;	Zip Code	\$500.00
			Ross	CA	94957	
8	Principal occu	pation / Job title (See Instructions)		9 Emp	oloyer (See Instruct	ions)
	Date	Full name of contributor		C (ID#		Amount of contribution (\$)
		Jeanne Adams			İ	Amount of contribution (\$)
a-	13-24	Contributor address;	City;	State;	Zip Code	\$50.00
1	7 6 1		cc	TX	78404	400, 0
F	rincipal occup	ation / Job title (See Instructions)		Emp	loyer (See Instruct	ions)
						·
-	Date	Full name of contributor	Out-of-state PAC	: (ID#26-	4203364	Amount of contribution (\$)
Democracy Engine, LLC.						Amount of contribution (\$)
_	10 04	Contributor address;	City;	State;	Zip Code	\$ 95.95
9-	13-24	V	Vashinato	on D	C 2000/	10 10.10
Washington DC 2000/ Principal occupation / Job title (See Instructions) Employer (See Instructions)						ions)
						,
	Date	Full name of contributor	out-of-state PA6	C //D#		Amount of contribution (\$)
		Sally Clark Farris		-		Amount of contabolity (a)
9-	13-24	Contributor address;	City;	State;	Zip Code	\$100.00
ı	, ,		San Anto	NIO TX	78230	Ploor
F	Principal occup	eation / Job title (See Instructions)		T	oloyer (See Instruct	ions)
		444				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:		
2 FILER NAME	James E.Klei	'n		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
	Jennifer Bray					
9-13-24	6 Contributor address;	City;	State; Zip Code	\$100.00		
11001		cc	TX 78404	15/00.00		
8 Principal occi	pation / Job title (See Instructions)		9 Employer (See Instruc	l tions)		
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)		
	Elon Glickman			· · · · · · · · · · · · · · · · · · ·		
0 17 24	Contributor address;	City;	State; Zip Code	\$ 7.14		
9-17-24		New Orlea	ns LA 70119	D /411		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PA	c (iD+)	Amount of contribution (\$)		
	Violette Blumen	thal				
9-18-24	Contributor address;	City;	State; Zip Code	\$1.07		
1 10 - 1		Durham	NC 277/3	<i>1р</i> 1. 0 Т		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-stata PA	C (10#)	Amount of contribution (\$)		
0 10 011	Jeffrey Tymons Contributor address;			4.		
9-19-24	Contributor address;	City;	State; Zip Code 7841/	\$50.00		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
	ATTACH ADDIT If contributor is out-of-state PAC	IONAL COPIES , please see inst	OF THIS SCHEDULE AS No ruction guide for additional	IEEDED reporting requirements.		

SCHEDULE A1

The Instruction C	1 Total pages Schedule A1:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name	e of contributor 🔀 out-of-state PA	c (10#26-4203364)	7 Amount of contribution (\$)		
9-19-24 Demos		State; Zip Code	#962.84		
8 Principal occupation / Job tit	le (See Instructions)	9 Employer (See Instruct	ions)		
		c (10# C000 27342)	Amount of contribution (\$)		
	PAC Voluntary Fun or address; city; Washingto	State; Zip Code n D.C. 2000/	\$1000,00		
Principal occupation / Job title	e (See Instructions)	Employer (See Instructi	ons)		
Date Full name	of contributor	C (ID#)	Amount of contribution (\$)		
Contribut	or address; City;	State; Zip Code	-		
Principal occupation / Job titl	e (See Instructions)	Employer (See Instructi	ions)		
Date Full name	e of contributor 🔲 out-of-state PA	C (ID#)	Amount of contribution (\$)		
Contribut	or address; City;	State; Zip Code			
Principal occupation / Job titl	e (See Instructions)	Employer (See Instructi	ons)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME James E. Klein	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	UTIONS \$ 427.06
5 Date 6 Full name of contributor out-of-state PAC (ID#:	84// Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor	Amount of In-kind contribution Contribution \$ I description I Zip Code I Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (If any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF TH	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politic Credit Card Payment	Fees O Food/Beverage Expense P By Gift/Awards/Memorials Expense P	pan Repsyment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/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 h	ow to complete this form.				
1 Total pages Schedule F1:	James E.Klein		3 Filer ID (Ethics Commission Filers)			
7-6-24	5 Payee name Robert Chapa 7 Payee address;					
6 Amount (\$)		City;	State; Zip Code			
\$140.00	6018 Sweet Gum St	CC	TX 78415			
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description				
PURPOSE OF EXPENDITURE	printing expense	T-shirt	printing			
	(c) Check if travel outside of Texas. Complete Schedu	de T. Check if Austin	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
7-31-24	Gulf Coast Mailing Se	rvices	4			
Amount (\$)	Payee address;	City;	State; Zip Code			
\$82,27	6901 SP10	CC	TX 78412			
	Category (See Categories listed at the top of this schedu	ale) Description				
PURPOSE OF EXPENDITURE	printing expense	print p	nsh cards			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
8-28-24	Arrow Pisplay Signs					
Amount (\$)	Payee address;	City;	State; Zip Code			
#660,33	1343 S-Staples St	CC	TX 78404			
	Category (See Categories listed at the top of this schedu	(e) Description				
PURPOSE OF EXPENDITURE	printing expense	print yo	ard signs			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin.	TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	EGURIES I	-OR BUX 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 The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.		Transportation Ec Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule F1			4		3 Filer ID (Eth	hics Commission Filers)
4 Date 9-9-24	5 Payee na	·	<u>t </u>			
6 Amount (\$)	7 Payee ad			City;	State;	Zip Code
#811.88	1418 11	Morgan Are		CC	•	78404
8	(a) Categor	y (See Categories listed at the top of this	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	prin	iting expense		print co	ampaign	s19 ns
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if A	Austin, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name	A	Office sought		Office held
Date	Payee nar	me				
9-11-24	1	Coast Masling	Serv;	jees	•	
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
#93.10	6901 5	5P10		CC	TX	78412
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF Printing expenses print push care expenditure		rds				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expen			ing axpense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ıme				
9-19-24	ļ · -	w Display Sig	j n s			
Amount (\$)	Payee add			City;	State;	Zip Code
#81.19	1343	S. Staples St.		CC	TX	78404
	Category	(See Categories listed at the top of this s	schadule)	Description		
PURPOSE OF EXPENDITURE	prin	ting expense		print	stickers	
		Chack if travel outside of Texas, Complete So	ichedule T	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS N	EEDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 5 Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1	2 FILER NAME James E. Klein		3 Filer ID (Ethics Commission Filers)		
4 Date 9-20-24	5 Payee name Bali's Grill	-			
6 Amount (\$) \$150,00	7 Payee address; 3801 Agnes St.	City:	State; Zip Code		
8 PURPOSE OF EXPENDITURE	food/beverage expense tood for fown hall				
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-23-24	Gulf Coast Mailing	Services			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$93.10	6901 SPID	CC	TX 784/2		
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	printing expense	print p	ush cards		
,	Check if travel cutside of Texas. Complete Sche	edule T. Check if Austin	n, TX, oificeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (S)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Description			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEF	DED		