

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:		
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>MR</i></div> <div>FIRST <i>MARK</i></div> <div>MI <i>I</i></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>P. Land</i></div> <div>SUFFIX</div> </div>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY RECEIVED APR 26 2024 <i>@ 3:26pm jd</i> City Secretary's Office </div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX:</div> <div>APT / SUITE #:</div> <div>CITY:</div> <div>STATE:</div> <div>ZIP CODE</div> </div> <div style="background-color: black; height: 40px; width: 100%;"></div>	<div>Date Received</div> <div>Date Hand-delivered or Date Postmarked</div>			
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="background-color: black; height: 30px; width: 100%;"></div>	<div>Receipt #</div> <div>Amount \$</div>			
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <i>MR</i></div> <div>FIRST <i>CASEY</i></div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <i>WANTS</i></div> <div>SUFFIX</div> </div>	<div>Date Processed</div> <div>Date Imaged</div>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <div style="font-family: cursive;"> <i>7950 MEADOW HILL DR</i> <i>KRISCO, TX 75033</i> </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <div style="font-family: cursive;"> <i>214 673-3604</i> </div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-family: cursive; font-size: 1.5em;"> <i>4 / 4 / 24</i> </div> </div> <div>THROUGH</div> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-family: cursive; font-size: 1.5em;"> <i>4 / 26 / 24</i> </div> </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="font-family: cursive; font-size: 1.5em;"> <i>5 / 4 / 24</i> </div> </div> <div> <div style="display: flex; justify-content: space-between;"> <div>ELECTION TYPE</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> <div></div> </div> </div> </div>				
12 OFFICE	<div>OFFICE HELD (if any)</div> <div style="font-family: cursive; font-size: 1.5em;"> <i>N/A</i> </div>	<div>13 OFFICE SOUGHT (if known)</div> <div style="font-family: cursive; font-size: 1.5em;"> <i>KRISCO City Council</i> </div>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: 0.8em;"> 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. </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; padding: 5px;"> <input type="checkbox"/> Additional Pages </td> <td style="padding: 5px;"> <div style="display: flex;"> <div style="width: 20%;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div> <div>COMMITTEE TYPE</div> <div>COMMITTEE NAME</div> <hr/> <div>COMMITTEE ADDRESS</div> <hr/> <div>COMMITTEE CAMPAIGN TREASURER NAME</div> <hr/> <div>COMMITTEE CAMPAIGN TREASURER ADDRESS</div> </div> </div> </td> </tr> </table>			<input type="checkbox"/> Additional Pages	<div style="display: flex;"> <div style="width: 20%;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div> <div>COMMITTEE TYPE</div> <div>COMMITTEE NAME</div> <hr/> <div>COMMITTEE ADDRESS</div> <hr/> <div>COMMITTEE CAMPAIGN TREASURER NAME</div> <hr/> <div>COMMITTEE CAMPAIGN TREASURER ADDRESS</div> </div> </div>
<input type="checkbox"/> Additional Pages	<div style="display: flex;"> <div style="width: 20%;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div> <div>COMMITTEE TYPE</div> <div>COMMITTEE NAME</div> <hr/> <div>COMMITTEE ADDRESS</div> <hr/> <div>COMMITTEE CAMPAIGN TREASURER NAME</div> <hr/> <div>COMMITTEE CAMPAIGN TREASURER ADDRESS</div> </div> </div>				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Mark P. Lind</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>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2960.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3512.67</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,893.22</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>10,000</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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Mark P. Lind* and my date of birth is [REDACTED]

My address is [REDACTED]

Executed in *Denton* (street) County, State of *TX* (city), on the *26* day of *4* (state), 20*24* (zip code) (country)

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Mark Piloni

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2960
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 725.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3512.50
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1600.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME MARK A. ALMO		3 Filer ID (Ethics Commission Filers)
4 Date 4-1-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REBECCA WHITEHORN	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 2416 PLAIN DELL DR LITTLE ROCK TX 75060		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 4-5-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARSHA FLEWELLING	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3018 CATHART CT KUNCO TX 75036		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 4-6-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LENA KROH	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6274 DALLAS DR KUNCO TX 75036		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 4-11-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: VERONICA BIKENSTOCK	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 12300 WINDING HAWK CANY KUNCO TX 75034		
Principal occupation / Job title (See Instructions) REUSA COUNCIL		Employer (See Instructions) SELF
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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>Mark A. Haddad</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-13-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>DANIEL PETKOVICH</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>4063 BEADMORE LN KILGORE TX 75033</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4-14-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JENNIFER OCHLOI</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>4585 ELMORE DR KILGORE TX 75034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-14-22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>QBBF ALLISON</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>7904 STALEY DR KILGORE TX 75034</i>		
Principal occupation / Job title (See Instructions) <i>STUDENT</i>		Employer (See Instructions)
Date <i>4-15-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>WHITNEY SIDDONS</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>3651 CHIDEN TRAIL KILGORE TX 75034</i>		
Principal occupation / Job title (See Instructions) <i>Interior Design</i>		Employer (See Instructions) <i>Self</i>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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>Mark P. Arnold</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4-16-24</i>	5 Full name of contributor <i>DAN STRICKLAND</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>925.00</i>	
6 Contributor address; City; State; Zip Code <i>850 CAPITAL LAKE DR KUNCO TX 75034</i>			
8 Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		9 Employer (See Instructions) <i>ECAM</i>	
Date <i>4-17-24</i>	Full name of contributor <i>LAURE DECKERT</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>20.00</i>	
Contributor address; City; State; Zip Code <i>12338 BENT TREE CIRCLE KUNCO TX 75033</i>			
Principal occupation / Job title (See Instructions) <i>REALTOR</i>		Employer (See Instructions)	
Date <i>4-17-24</i>	Full name of contributor <i>MIKE RAFFERTY</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>300.00</i>	
Contributor address; City; State; Zip Code <i>3948 BURNHAM LN KUNCO TX 75033</i>			
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>4-18-24</i>	Full name of contributor <i>DAVID CHALKER</i> <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>25.00</i>	
Contributor address; City; State; Zip Code <i>6705 CEDAR CLOUD LN KUNCO TX 75035</i>			
Principal occupation / Job title (See Instructions) <i>REALTOR</i>		Employer (See Instructions) <i>REMAF</i>	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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>Mark Alamed</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-21-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JAMES WILSON</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>3861 FLOW KUNO TX 75034</i>		
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>4-23-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ANDREW CECCHI</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>720 TELEMARK KUNO TX 75036</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4-24-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>JACQUELINE BLASSON</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>2117 MYERS CT GURLEY TX 76227</i>		
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>4-20-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>QUEEN: YOK</i>	Amount of contribution (\$) <i>20.00</i>
Contributor address; City; State; Zip Code <i>8817 SIENA TR CUMMINGS, TX 76227</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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>Mark P. Lano</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>4-26-24</i>	5 Full name of contributor <i>UNKNOWN SEX</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>20.00</i>
6 Contributor address; <i>No Info</i>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 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)	

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Mark P. Laxel</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4-25-24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Rudolf De Mool</u>	8 Amount of Contribution \$ <u>725.-</u>	9 In-kind contribution description <u>T-Tickets</u>
7 Contributor address; City; State; Zip Code <u>4701 PAXTON LANE FORT WORTH TX 76134</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>DE OPS DRIVEN HEAVYWEIGHT</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self</u>	
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 <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> 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 THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

LOANS**SCHEDULE E**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 E: <u>1</u>
2 FILER NAME <u>MARK A. LIND</u>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ <u>10,000</u>
5 Date of loan <u>2-21-23</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARK A. LIND</u>		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; _____ City; _____ State; _____ Zip Code <div style="background-color: black; width: 100%; height: 40px;"></div>		10 Interest rate
			11 Maturity date
12 Principal occupation / Job title (See Instructions) <u>CONSULTANT</u>		13 Employer (See Instructions) <u>SELF</u>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; _____ City; _____ State; _____ Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; _____ City; _____ State; _____ Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; _____ City; _____ State; _____ Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

Office held

Revised 11/15/2022

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 MARK P. LAUD	3 Filer ID (Ethics Commission Filers)
4 Date 4/19/24	5 Payee name DID	
6 Amount (\$) 188.07	7 Payee address; City; State; Zip Code 7210 MAINT KENEO TX 75033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Meat: 622T
	(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 4/19/24	Payee name Kenzo Printing	
Amount (\$) 675.22	Payee address; City; State; Zip Code 8585 Vonn Wesley St KENEO TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Mailed
	<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 4-22-24	Payee name STAPLES	
Amount (\$) 178.58	Payee address; City; State; Zip Code 3333 PENTON RD KENEO TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office	Description Supplies
	<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

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 MARK P. LAND	3 Filer ID (Ethics Commission Filers)
4 Date 4-3-24	5 Payee name HOPE FLOATS	
6 Amount (\$) 610.00	7 Payee address; City; State; Zip Code 1915 E VICTORY DR SAVANNAH GA 31404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISEMENT	(b) Description MAGAZINE
	(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		
Date 4/4/24	Payee name ALICE PLACE	
Amount (\$) 453.03	Payee address; City; State; Zip Code 1130 ALLEN EAST OLLINGTON TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISEMENT	Description PUSH CARDS
	<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		
Date 4/5/24	Payee name MARKET STREET	
Amount (\$) 39.97	Payee address; City; State; Zip Code 11999 DALLAS PKWY CLOUD TX 75033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description MEET & GREET
	<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		
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 MARK PILAUD	3 Filer ID (Ethics Commission Filers)
4 Date 4-22-24	5 Payee name SIGNARATA	
6 Amount (\$) 238.15	7 Payee address; City; State; Zip Code 9410 DALLAS AVE STE 160 FRENCO TX 75035	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(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 4-25-24	Payee name SIGNARATA	
Amount (\$) 270.63	Payee address; City; State; Zip Code 9410 DALLAS AVE STE 160 FRENCO TX 75035	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard Signs
	<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	Payee name	
Amount (\$)	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 <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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

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:	2 FILER NAME <i>Mark P. Lane</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date <i>2-27-24</i>	6 Payee name <i>Red Owl</i>	
7 Amount (\$) <i>1600.00</i>	8 Payee address; <i>10300 Kuz Ridge Dr Killeen, TX 75525</i>	City; State; Zip Code
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) <i>Advertising Consulting</i>	(b) Description <i>sign deployment</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		