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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>Tami Keeling</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)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,053.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,524.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1665.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

Tami Keeling
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tami Keeling this the 6th day of April, 2023, to certify which, witness my hand and seal of office.

ME Robles Signature of officer administering oath
ME Robles Printed name of officer administering oath
Notary Public for State of Texas 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)

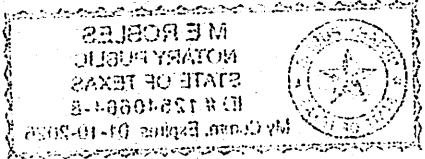
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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Tami Keeling</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>11,989.94</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>187.48</i>
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	\$ <i>11,387.83</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>2077.15</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>60.00</i>
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	\$

Time/Date

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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: 84
2 FILER NAME Nanette ^{my} Crainer Tami Keeling		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vic Morgan	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code 401 Edgewater Victoria TX 77904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Cole	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code P.O. Box 510 Victoria TX 77902		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Griffin	Amount of contribution (\$) \$ 1000
Contributor address; City; State; Zip Code 107 Buena Vista Ave Victoria, TX 77901		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenda Nickle	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 2901 John Stockbauer Victoria, TX 77901		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: MB9
2 FILER NAME Tami Keeling		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane Keller	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code P.O. Box 2119 Victoria, TX 77902		
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Keller Associates CPA, PLLC & Wealth Mgmt. LLC
Date 3/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Samples	Amount of contribution (\$) \$206.46
Contributor address; City; State; Zip Code 409 Woodlands Ln. Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nina Di Leo	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 407 W. Stayton Victoria, TX 77901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Porr	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 1036 Industrial Park, Victoria, TX 77905		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Diamond Fiberglass
<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>		

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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: 7889
2 FILER NAME Nanette Guiner ^{my} Tami Keeling		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Blanchard	7 Amount of contribution (\$) \$300
6 Contributor address; City; State; Zip Code 408 Tampa Dr. Victoria, TX. 77904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosemary Townsend	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 112 Spokane Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Judy Clegg	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 16400 NW Zac Lertz Pkwy. Victoria, TX 77905		
Principal occupation / Job title (See Instructions) Drag Racers		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Brown	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 2978 Colben Canyon Lake TX. 78133		
Principal occupation / Job title (See Instructions) Retired		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>		

Page 87

Monte Carlo Table

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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: 89
2 FILER NAME Nanette Gainer ^{my} Tami Keeling		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay McHoney	7 Amount of contribution (\$) \$1000
6 Contributor address; City; State; Zip Code 110 Spokane St. Victoria, TX 77904		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Morris Roberts Media
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvin Lack	Amount of contribution (\$) \$1000
Contributor address; City; State; Zip Code 2402 N. Wheeler St. Victoria, TX 77901		
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self-employed
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Buchanan	Amount of contribution (\$) \$2000
Contributor address; City; State; Zip Code 201 CreekrIDGE Dr. Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Roberts	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 301 Champions Row Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Retired Publisher		Employer (See Instructions) The Victoria Advocate
<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>		

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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 of Schedule A1: <i>my 89</i>
2 FILER NAME <i>Nanette Grainer Tami Keeling</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/9/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Stubblefield</i>	7 Amount of contribution (\$) <i>\$30</i>
	6 Contributor address; City; State; Zip Code <i>401 W. Brazos St. Victoria TX 77901</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Viola Saenz</i>	Amount of contribution (\$) <i>\$100</i>
	Contributor address; City; State; Zip Code <i>6010A Country Club Victoria TX 77904</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clay Cain</i>	Amount of contribution (\$) <i>\$250</i>
	Contributor address; City; State; Zip Code <i>1307 N. Glass St. Victoria TX 77901</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self-employed</i>
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Spencer Klotzman</i>	Amount of contribution (\$) <i>\$250</i>
	Contributor address; City; State; Zip Code <i>2301 N. Wheeler Victoria TX 77901</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self-employed</i>
<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>		

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Minister of Education

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For Mr. ...

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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: 489
2 FILER NAME Nanette Grauer ^{My} Tami Keeling		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penni Gietz	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 305 East Park Ave. Victoria, TX 77901		
8 Principal occupation / Job title (See Instructions) Community Volunteer		9 Employer (See Instructions)
Date 3/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meaghan Rotte	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 105 Flint Rock Ct. Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 3/11/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Astolfi	Amount of contribution (\$) \$103.48
Contributor address; City; State; Zip Code 402 Tampa Dr. Victoria TX 77904		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 3/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Zeplin	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 11355 Nursery Rd. ^{Yaukum} Victoria, TX. 77995		
Principal occupation / Job title (See Instructions) Homemaker		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>		

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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: 489
2 FILER NAME Nanette ^{My} Cramer Jani Keeling		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis A. Guerra	7 Amount of contribution (\$) #100
6 Contributor address; City; State; Zip Code P.O. Box 7874 Victoria, TX 77903		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Self-employed
Date 3/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Seerden	Amount of contribution (\$) #200
Contributor address; City; State; Zip Code P.O. Box 2938 Victoria, TX 77902		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Roth	Amount of contribution (\$) #400
Contributor address; City; State; Zip Code 6118 Country Club Dr. Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Toombs	Amount of contribution (\$) #100
Contributor address; City; State; Zip Code 110 Nottingham Victoria TX 77904		
Principal occupation / Job title (See Instructions) Retired / Caring		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>		

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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: <i>my 89</i>
2 FILER NAME <i>Nanette Gainer Tami Keeling</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Steves</i>	7 Amount of contribution (\$) <i>\$500</i>
6 Contributor address; City; State; Zip Code <i>6432 FM 1685 Victoria, TX 77905</i>		
8 Principal occupation / Job title (See Instructions) <i>Rancher</i>		9 Employer (See Instructions) <i>Self-employed</i>
Date <i>3/30/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy Hicks</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>414 Sail house Rockport, TX 78382</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>Investor</i>		<i>Self-employed</i>
Date <i>3/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melvin Lack</i>	Amount of contribution (\$) <i>\$187.48</i>
Contributor address; City; State; Zip Code <i>2402 N. Wheeler Victoria, TX 77901</i>		
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions) <i>Self-employed</i>
Date <i>2/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tami Keeling</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>112 Spokane Victoria, TX 77904</i>		
Principal occupation / Job title (See Instructions)		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>		

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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: 9
2 FILER NAME Tami Keeling		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash Donation - Unknown	7 Amount of contribution (\$) # 25
6 Contributor address; 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#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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: 1	
2 FILER NAME Nanette Crainer by Tami Keeling		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ # 187.48	
5 Date 3/19/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merlin Lack	8 Amount of Contribution \$ # 187.48	9 In-kind contribution description Fundraiser Beverages
7 Contributor address; City; State; Zip Code 2402 N. Wheeler Victoria, TX 77901		<input type="checkbox"/> 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 <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)			
<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>			

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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: pg 3	2 FILER NAME Nanette Gainer Tami Keeling	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date 2/28/23	5 Payee name Building Brands Marketing
--------------------------	--

6 Amount (\$) \$ 146.03	7 Payee address; 120 S. Main St. Suite 500	City; Victoria,	State; TX	Zip Code 77901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising & Printing Expenses	(b) Description Yard signs, push cards, mailers
	(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 3/4/23	Payee name Building Brands Marketing
-----------------------	--

Amount (\$) \$ 29.00	Payee address; 120 S. Main St. Suite 500	City; Victoria,	State; TX	Zip Code 77901
--------------------------------	--	---------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Hosting
	<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
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Date 3/20/23	Payee name Outburst Advertising
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Amount (\$) \$ 926.30	Payee address; 5003 John Steckbauer Dr. STE J	City; Victoria,	State; TX	Zip Code 77904
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses Printing Expenses	Description Cards, Buttons, T-shirts
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 43	2 FILER NAME Monette Gainer Tami Keeling	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/23	5 Payee name Lamar Advertising	
6 Amount (\$) \$1500.00	7 Payee address; 4507 N. Main St	City; State; Zip Code Victoria, TX 77904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Billboards
	(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 3/31/23	Payee name Building Brands Marketing	
Amount (\$) \$6775.53	Payee address; 120 S. Main St. Suite 500	City; State; Zip Code Victoria, TX 77901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Printing Expense	Description Signs, media, printing & postage of mailer
	<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 7/1/23-2/1/23	Payee name Prosperity Bank	
Amount (\$) \$100.15	Payee address; 101 S. Main St	City; State; Zip Code Victoria TX 77901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Service fees & checks
	<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

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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: <i>1/45</i>	2 FILER NAME <i>Tami Keeling</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/1/23</i> <i>4/4/23</i>	5 Payee name <i>PayPal</i>	
6 Amount (\$) <i>\$110.82</i>	7 Payee address; <i>2211 N 1st St.</i>	City; State; Zip Code <i>San Jose California 95131</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Processing fee</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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 41	2 FILER NAME Tami Keeling	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ - 0-
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5 Date 12/23/22	6 Payee name Building Brands Marketing
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7 Amount (\$) #2054.85	8 Payee address; City; State; Zip Code 120 S. Main St., Suite 500 Victoria, TX 77901
----------------------------------	--

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Launch Pkg.
	(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	Candidate / Officeholder name	Office sought	Office held
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Date 2/16/23	Payee name Building Brands Marketing
------------------------	--

Amount (\$) #22.30	Payee address; City; State; Zip Code 120 S. Main St., Suite 500 Victoria, TX 77901
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Hosting
	<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

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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 Nanette Gainer Tami Keding	3 Filer ID (Ethics Commission Filers)
4 Date 12/23/22	5 Payee name Building Brands Marketing	
6 Amount (\$) \$2054.85 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City; State; Zip Code 120 S. Main St. Suite 500 Victoria, TX 77901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Launch Pkg.
	(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 2/16/23	Payee name Building Brands Marketing	
Amount (\$) \$22.30 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 120 S. Main St. Suite 500 Victoria, Tx 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Hosting
	<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 3/10/23	Payee name Victoria County Election	
Amount (\$) \$60 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2805 N Navarro, Suite 500 Victoria, TX 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing of registered voter rolls.
	<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

7-4-82

Wanted to see you about
the new program

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7-4-82

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