

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: 10																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dashed black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px dashed black;">FIRST Corey</td> <td style="width:30%; border-bottom: 1px dashed black;">MI R</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="border-bottom: 1px dashed black;">LAST Homer</td> <td style="border-bottom: 1px dashed black;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST Corey	MI R	NICKNAME	LAST Homer	SUFFIX	<div style="text-align: center; border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <p style="color: red; font-weight: bold; font-size: 1.2em;">APR 25 2025</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">McKinney ISD Superintendent's Office</p>														
MS / MRS / MR	FIRST Corey	MI R																				
NICKNAME	LAST Homer	SUFFIX																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2208 Forest Creek McKinney Tx 75072																					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 667-6587																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dashed black;">MS / MRS / MR</td> <td style="width:30%; border-bottom: 1px dashed black;">FIRST Geraldyn</td> <td style="width:30%; border-bottom: 1px dashed black;">MI M</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="border-bottom: 1px dashed black;">LAST Keder</td> <td style="border-bottom: 1px dashed black;">SUFFIX</td> </tr> </table>	MS / MRS / MR	FIRST Geraldyn	MI M	NICKNAME	LAST Keder	SUFFIX															
MS / MRS / MR	FIRST Geraldyn	MI M																				
NICKNAME	LAST Keder	SUFFIX																				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2409 Clublake Tr McKinney Tx 75072																					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 743-5465																					
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)											
<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)																			
<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																			
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em; color: blue;">3</td> <td style="text-align: center; font-size: 1.5em; color: blue;">/ 25</td> <td style="text-align: center; font-size: 1.5em; color: blue;">/ 25</td> <td></td> <td style="text-align: center; font-size: 1.5em; color: blue;">4</td> <td style="text-align: center; font-size: 1.5em; color: blue;">/ 23</td> <td style="text-align: center; font-size: 1.5em; color: blue;">/ 25</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	3	/ 25	/ 25		4	/ 23	/ 25					
Month	Day	Year	THROUGH	Month	Day	Year																
3	/ 25	/ 25		4	/ 23	/ 25																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">ELECTION DATE</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em; color: blue;">5</td> <td style="text-align: center; font-size: 1.5em; color: blue;">/ 3</td> <td style="text-align: center; font-size: 1.5em; color: blue;">/ 25</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	5	/ 3	/ 25	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				
ELECTION DATE			ELECTION TYPE																			
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																	
5	/ 3	/ 25	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) McKinney ISD Board of Trustees PAGE 3																				
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em; color: gray;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Additional Pages</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS											
COMMITTEE TYPE	COMMITTEE NAME																					
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS																					
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																					
<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS																					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Corey R. Homer

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *4,135.00*

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ *2,271.91*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *8,914.64*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

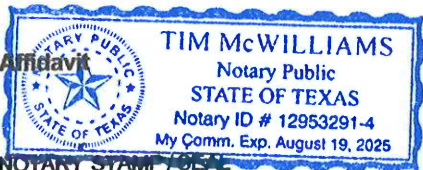
18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Corey R Homer

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by *Corey R Homer* this the *25th* day of *April*, 20*25*, 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

Tim McWilliams

Notary Public State of Texas

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Corey R Homer</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>4,135.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,271.91</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 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: 6
2 FILER NAME Carey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 3/28/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Joplin	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 407 Tennessee St. McKinney Tx 75069		
8 Principal occupation / Job title (See Instructions) Retired Attorney		9 Employer (See Instructions) Retired
Date 3/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Gaskins	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1 Hallshire Ct Dallas Tx 75228		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 3/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Lowe	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2702 Penny Lane McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Jim Bryce & Associates
Date 4/7	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janet Sela	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2716 Clublaks Tr McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self

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: 6
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinesh Hooda	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 9909 Virginia Pkwy McKinney Tx 75071		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Consulting Marvel, LLC
Date 4/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Akins	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 3012 Dustywood Dr. McKinney Tx 75071		
Principal occupation / Job title (See Instructions) Chief School Improvement + Federal Programs Offices		Employer (See Instructions) MISD
Date 4/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Valdershice	Amount of contribution (\$) \$ 25.00
Contributor address; City; State; Zip Code 2308 Highgate McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Director of Digital Marketing		Employer (See Instructions) Canes
Date 4/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Mueller	Amount of contribution (\$) \$ 30.00
Contributor address; City; State; Zip Code 2102 Torrey Pines Way McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) Stonebriar Community Church

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: 6
2 FILER NAME Corey R. Homer		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacy Egan	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2708 Lakesedge Dr McKinney Tx 75072		
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) SAHM
Date 4/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelby Dahl	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2101 Vintage Ct McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 4/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney Destrieck	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2407 Cayenne Dr McKinney Tx 75072		
Principal occupation / Job title (See Instructions) Museum Educator		Employer (See Instructions) Heard Museum
Date 4/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cade Pratt	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2053 W. Rosedale Str Apt 2527 Ft Worth Tx 76104		
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions) J Taylor

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:

6

2 FILER NAME

Corey R Homer

3 Filer ID (Ethics Commission Filers)

4 Date

4/10/25

5 Full name of contributor out-of-state PAC (ID#: _____)

Margaret Cotter-Lynch

6 Contributor address; City; State; Zip Code

106 S Bradley St. McKinney Tx 75069

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

Southeastern Oklahoma State University

Date

4/10/25

Full name of contributor out-of-state PAC (ID#: _____)

Lynn Chandler

Contributor address; City; State; Zip Code

2205 Stanford Ct McKinney Tx 75072

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Ebby Halliday Realtors

Date

4/10/25

Full name of contributor out-of-state PAC (ID#: _____)

Angela Bado

Contributor address; City; State; Zip Code

7002 Old York Rd McKinney Tx 75070

Amount of contribution (\$)

\$30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/25

Full name of contributor out-of-state PAC (ID#: _____)

Tessa Forbes

Contributor address; City; State; Zip Code

2403 Cayenne McKinney Tx 75070

Amount of contribution (\$)

\$75.00

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Self

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: 6
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Brooks	7 Amount of contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code 6200 Altamura Ln McKinney Tx 75071	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 4/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frances Baldwin	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 3400 Craig Dr Apt 1813 McKinney Tx 75070	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 4/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcy Baldwin	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Peace by Peace Counseling
Date 4/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Quach	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 2600 N Lake Forest Dr #704 McKinney Tx 75071	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) MISD

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: 6
2 FILER NAME Corey R Homer		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis Isaacks	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 4302 Meadow Hill McKinney Tx 75070		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Saunders Walsh + Beard
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.

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
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

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 F1: <u>1</u>	2 FILER NAME <u>Corey R Homer</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/16/25</u>	5 Payee name <u>Square</u>	
6 Amount (\$) <u>\$268.95</u>	7 Payee address; <u>Suite 815 55 Broadway Oakland CA 94612</u>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description <u>Credit Card Processing Fees</u>
	(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 <u>4/21/25</u>	Payee name <u>AGI Marketing</u>	
Amount (\$) <u>\$2,002.96</u>	Payee address; <u>1113 Hyde Park Dr McKinney Tx 75069</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>signs, mailers, pushcards</u>
	<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